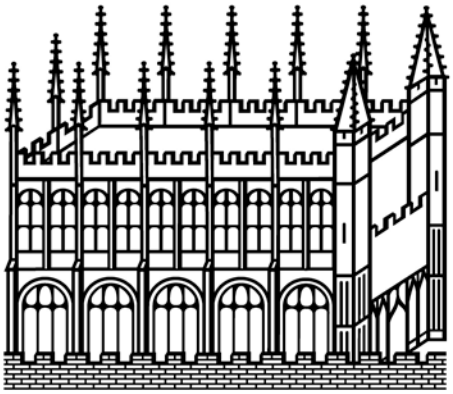

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CLINICAL LECTURES ON THE DISEASES PECULIAR TO WOMEN.

By Lombe Atthill, M.D. Dub.,

Fellow and Examiner in Midwifery King and Queen's College of Physicians; Obstetric Physician to the Adelaide Hospital, Dublin.

LECTURE IV.

Dysmenorrhœa—Definition—Membrane thrown off during—Spasmodic—Inflammatory—Cause of pain in—Typical case of—Treatment of—Mechanical—Surgical treatment of.

Intimately connected with the subject of amenorrhœa is that of painful menstruation or dysmenorrhœa, as it is termed; a subject the pathology of which is still far from being clearly understood. Menstruation like all the other functions of the body to be perfectly normal should be painless, but in point of fact, the majority of women suffer more or less pain and discomfort before the appearance of, or during the flow, while in many the sufferings are very severe. In dysmenorrhœa as a general rule the pain commences about twenty-four hours before the discharge appears, increasing in severity as the period approaches sometimes becoming so intense that the patient cannot move about, but is compelled to lie down and even to roll in agony on the bed, occasionally too nausea and even vomiting occur. In due time the discharge appears, and then in many instances relief is obtained; sometimes however the pain lasts during the whole period, or becomes paroxysmal, and again not very unfrequently clots and sometimes shreds are expelled per vaginam, and instances are recorded in which large pieces of membrane, and even a perfect cast of the entire cavity of the uterus have thus come away during attacks of painful menstruation. This dysmenorrhœal membrane is probably an exfoliation from the mucous membrane which lines the cavity of the uterus, and is most likely the result of chronic inflammation. Its expulsion has on some occasions given rise to the suspicion of pregnancy, a suspicion which a careful examination of the bag will speedily dissipate, as of course all trace of an ovum is wanting.

Authors differ greatly as to the nature of the causes producing painful menstruation, no theory has of late years been so prominently brought forward, or so warmly advocated as the mechanical one. Mechanical dysmenorrhœa and obstructive dysmenorrhœa are terms you will hear constantly made use of. Now while admitting that mechanical obstruction to the exit of the menstrual discharge occurs, I doubt that it is as frequently a cause of painful menstruation as is generally stated, nor can I admit the correctness of the axiom laid down by Dr. Marion Sims, "that there can be no dysmenorrhœa, properly speaking, unless there be some mechanical obstacle to the egress of the flow at some point between the os internum and the os externum, or throughout the whole cervical canal."* Such an unqualified assertion made by a writer of such acknowledged weight is calculated to produce much mischief, by inducing surgeons to have recourse to operative interference for the relief of dysmenorrhœa, which in many cases may be wholly unnecessary. For practical purposes I think it sufficient to class cases of dysmenorrhœa under three heads—namely: 1st. Spasmodic; 2nd. Inflammatory; and 3rd. Mechanical dysmenorrhœa.

In spasmodic dysmenorrhœa, the pain as in the other forms precedes the appearance of the discharge. In the majority of cases it is met with either in delicate girls of feeble constitution, and leuco-phlegmatic temperament or again in women of full habit, especially if they lead an inactive life. I have pointed out to you from time to time numerous examples of this form of painful menstruation in sempstresses, and in poorly fed over-worked servants. In these cases the flow

* "Uterine Surgery." P. 143.

is in general scanty and its appearance does not bring any marked relief, the pain continuing more or less during the whole of the period, it is not however always equally severe but is paroxysmal, being less so while the patient is warm, but becoming aggravated by the least exposure to cold. This form of dysmenorrhœa is by some writers described as neuralgic, its true nature however is very obscure, but its attacks can almost with certainty be cut short by the administration of sedatives and anti-spasmodics; and these are the remedies you should prescribe. I generally give a pill containing half a grain of opium, one of Indian hemp, and two of camphor at bed time, a combination which seldom fails to give at least temporary relief, or if for any reason opium is objectionable I substitute for it two grains of the extract of conium.

When the attacks have become habitual and the patient is consequently obliged to have recourse regularly to the use of medicines to obtain relief, I usually direct her to have by her ready for use a mixture containing two drachms of sulphuric ether, half a drachm of the liquor opii sedativus, three drachms of the tincture of hyoscyamus, one drachm of the hydrate of chloral, two drachms of the spirits of chloroform, and water sufficient to make a six ounce mixture of this she should take a table spoonful every two hours. She should bathe the feet at bed time, and if prevented by the pain from sleeping take a full dose of the hydrate of chloral. This treatment is however only palliative, and as the cause generally lies in some fault of the constitution or system at large, our object should be to correct that condition by treatment carried out during the interval between the menstrual periods, if you can detect symptoms of imperfect digestion their removal is sometimes followed by relief of the dysmenorrhœa, while if the patient be anæmic the exhibition of iron, or sometimes of arsenic, is of the greatest use. I am convinced however that many cases of spasmodic dysmenorrhœa are due to congestion of the lining membrane of the uterus, and that this is specially the case in women of full habit who lead indolent lives, and in whom great benefit follows, the adoption of more abstemious diet and more active habits, together with occasional use of saline purgatives.

Inflammatory or congestive dysmenorrhœa is a common affection and the sufferings due to it are often very acute, the pain however is generally relieved by the appearance of the menstrual flow, a fact capable of easy explanation, for the loss of blood relieves the congestion which has existed just as it would a similar condition existing in any other part of the body. In this form the uterus or at least its lining membrane is in a state of chronic inflammation, sometimes also there is associated with it an ulcerated condition of the cervical canal, sexual intercourse is generally painful, this being due to extreme sensibility of the cervix, a not uncommon result of chronic inflammation of that part of the womb. In the spasmodic form of dysmenorrhœa the pain is nearly always referred to the back, or to the lower portion of the abdomen. In inflammatory dysmenorrhœa on the other hand it is often more intense along the edge of the false ribs on the left side, shooting up to the shoulder, and down to the ovary of that side, pressure too over the ovary causes pain.

Now to what is all this suffering due? are we to believe, as is held by many that it is caused by retention of the menstrual discharge, and consequent distension of the uterus by fluid, a result supposed to be due to the closure of the os internum by the swelling of the mucous membrane which occurs in consequence of the venous congestion always present at the commencement of each menstrual period. That this may be a cause of painful menstruation I admit, but that it is a very frequent one I much doubt, the history of the following case is very instructive, and bears on the point under consideration. The patient a lady, æt. twenty-eight, who has borne five children, the youngest but fifteen months old, recently came under my care, her sufferings date back several years, and in the interval she has been twice confined. She suffered pain over the uterus, shooting up under the left breast and round to the back for two or three days before the menstrual period, which always appeared regularly. She suffered great pain during the first day of the flow, then it gradually subsided and she enjoyed comparative ease for a time. Sexual intercourse has been for a long time back attended with pain. She did not complain of introduction of the finger into the vagina, but the moment it touched the cervix she cried out, stating however that the pain this caused was quite different from that experienced at the menstrual period. The sound passed with the greatest facility through the os internum, but though there was no obstruction to its passage, the moment it reached that point, she suffered the greatest agony and though she had been previously free from it, at once experienced the peculiar shooting pain from which she suffered so much during the menstrual period. Now this case throws some light on at least one variety of inflammatory dysmenorrhœa. No obstruction existed here, yet menstruation was excessively painful, and paroxysms of pain exactly similar to that from which she suffered during menstruation, were caused by the passage of the sound through the os internum. I believe that this patient was suffering from chronic endometritis, that the mucous membrane lining the lower portion of the cavity and the os internum, was specially engaged, that when the uterus become congested, as occurs at each monthly period, this inflammatory condition being necessarily aggravated, caused the acute pain from which she suffered, and that this was relieved when the flow set as other congestions are relieved by local depletion. I think further that the sufferings experienced by many women at each catamenial period are not mechanical, but are due to congestion of the portion of the lining membrane of the uterus indicted. The catamenial congestion rendering acutely sensitive a part which though in an unhealthy state was not before the seat of pain, it is quite possible, and indeed very probable that the swelling and thickening of the mucous membrane which takes place when this congestion occurs, may in numerous cases be sufficient to close the os internum, and thus actually oppose a mechanical obstruction to the exit of the menstrual discharge, but I cannot concur in the commonly held idea that it is the general cause of painful menstruation or agree with Dr. Marion Sims who says: "that if there be much pain either preceding its eruption or during the flow there will generally be a physical condition to account for it, and this will be of a nature to obstruct mechanically the egress of the fluid from the cavity of the womb, the obstruction may be the result of inflammation and attendant turgescence of the cervical mucous membrane whereby this canal becomes narrowed merely by the tumefaction of its lining coat, but by far the most frequent cause of obstruction is purely anatomical and mechanical." Now in the case I have just alluded to, the canal of the cervix was so patulous that I do not think it possible the lining membrane could swell to such an extent as to close the passage, and if the patient's sufferings was in this case due to mechanical causes, why should the passage of the sound reproduce so exactly the pain of the menstrual period? In my opinion it was caused by the os internum being in an unhealthy condition, and that therefore anything which increased the existing irritation, whether that were the passage of the sound or the congestion consequent on the approach of the menstrual period equally caused pain, in fine while admitting the mechanical theory as serving to explain a certain proportion of cases of dysmenorrhœa, I deny that it does so even in the majority of cases. The occurance of congestion and inflammation causing dysmenorrhœa is of course well known, and in the foregoing remarks I merely desire to point out that in my opinion the pain is at, or immediately beyond the junction of the body with the cervix uteri, that the cause of the pain in many instances is endometritis, and that it is not necessarily due to any actual obstruction to the exit of

the menstrual discharge. The treatment of inflammatory dysmenorrhœa includes three indications.

1st. The removal of all causes keeping up the existing irritation. Foremost among these is the abstinence from sexual intercourse, for not only does the act itself generally cause pain and therefore must be injurious, but the occurrence of conception is to be specially avoided. Horse exercise, fatiguing walks, or even household occupations which necessitate much standing should be given up, while the occurrence of constipation is to be guarded against.

2nd. The inflammatory condition of the uterus is to be relieved by local depletion either by means of leeches applied before the menstrual period or by puncturing the cervix uteri and encouraging the bleeding; this latter treatment you have seen me carry out repeatedly with considerable benefit. It is not suitable to the case of young unmarried girls as it necessitates the use of the speculum, in them the leeches should be applied to the inside of the thighs, but in married women to the cervix uteri itself. Mild purgatives should also be from time to time administered, when by these means you have succeeded in relieving the congestion of the uterus, considerable benefit will be derived from blisters applied over the sacrum or to the abdomen a little above the pubes.

3rd. If the case be of long standing and that the symptoms though relieved do not entirely disappear, showing that a certain amount of endometritis still exists, I recommend you to cauterize the cervical canal and even in many cases the whole interior of the uterus with strong nitric acid. I shall on a future occasion explain to you the mode of carrying out this safe and indeed painless treatment. One other method of relieving these forms of painful menstruation depending on chronic inflammation of the uterus is so simple and so frequently efficacious that I must allude to it, namely, the use of glycerine. I do not think it suitable to the early stages of the affection, but it often answers admirably after you have carried out for some time more active treatment, it is specially useful if from the presence of ulceration or any other cause you have applied any strong caustic to the cervix, and as sometimes happens an unhealthy irritable sore remains. In such cases a pledget of cotton soaked in glycerine and introduced into the vagina will in twenty-four hours perfectly clean the sore, while the copious watery discharge which it produces will greatly relieve the local congestion. In chronic cases the injection of a few drops of pure glycerine into the cavity of the uterus two or three times a week as recommended by Dr. Marion Sims is very useful. I may here add that glycerine is the only fluid I ever inject into the uterus excepting in cases of hæmorrhage which threaten to terminate fatally. I have met with but little benefit from the exhibition of medicines in inflammatory dysmenorrhœa. Where ovarian excitement exists bromide of potassium in twenty grain doses three times a day sometimes does good, the bichloride of mercury in small dose and continued for a considerable time has been recommended by several writers, for myself I must say it has disappointed my expectations. Purgatives, especially the saline seem to me the only medicines capable of producing real benefit; these to do good should be exhibited just before the menstrual period.

It remains for us to consider those forms of dysmenorrhœa which depend on mechanical causes. Of these there are three varieties—namely, those in which the cervical canal is so flexed as to obstruct the escape of the menstrual discharge; secondly, those in which inflammation or congestion of the lining membrane exists to such an extent as to cause temporary closure of the canal or of the os internum, and thirdly, those in which from some congenital malformation or acquired cause the os internum or the cervical canal throughout its entire length is permanently narrow and constructed. To this last may be added those cases in which fibrous tumours are met with in connexion with and often probably causing dysmenorrhœa.

Painful or difficult menstruation is frequently met with in women in whom the uterus is flexed, but though flexions of the uterus may and certainly do sometimes interfere with the exit of the menstrual flow, they certainly seldom do so unless the flexion be complicated by the existence of chronic inflammation, or the presence of a fibroid. In such case we should certainly endeavour to relieve the flexion and see if by replacing the fundus in its normal position, and supporting it there by a pessary, we can relieve the patient before having recourse to surgical means, which are less suitable in this than in any of the other forms of mechanical dysmenorrhœa. I have already so fully explained my views as to the chief cause of the dysmenorrhœa in cases of inflammatory swelling of the lining membrane of the uterus, that I have but to repeat that though not in my opinion of very frequent occurrence, cases are met with in which the os internum or some portion of the cervical canal becomes so narrowed in consequence of the tumefaction of the parts as to present a mechanical impediment to the discharge of the menses; in such cases if the treatment I have already recommended fail, I have no hesitation in having recourse to surgical treatment with the view of procuring relief; indeed it is obvious that an operation which divides the cervix so freely as does that introduced by Sir James Simpson must be calculated to give permanent relief to the congested organ. I only say again that the operation should not be had recourse to till other means have failed, including the dilatation of the cervix by means of sea tangle tents. I may here take the opportunity of saying once for all, that I unhesitatingly condemn the use of any of the metal instruments which have been suggested for the purpose of dilating the cervix; their use is attended with danger, as they act too rapidly and sometimes rupture the uterine fibres, several cases of severe inflammation and even of death are on record as following their use, while the sea tangle is perfectly harmless. A contracted os, looking almost like a pin hole and leading up to a narrow cervix uteri is not unfrequently seen; this condition is almost invariably associated with sterility, and very often with dysmenorrhœa also, you saw last week a very good example of this in the case of the young woman who sought relief for the latter affection. Menstruation is with her both painful and scanty, the os uteri so small as hardly to admit the point of a probe; there is no doubt the cervical canal is in this case unduly contracted. I think such cases as hers are fair subjects for operation, for no other treatment will be productive of permanent benefit, but beware of holding out hopes to your patient, that by submitting to the operation she will gain more than relief from the suffering caused by the dysmenorrhœa, the operation has been proposed and performed for the relief of sterility. As far as my experience goes it has resulted in failure, in other words it is in my opinion a legitimate proceeding, if performed with the view of curing cases of dysmenorrhœa, in which other treatment has failed, or is inapplicable, but that it is not warranted in cases of sterility, because the narrow os and contracted cervical canal are not the cause of the sterility, but merely an index of some congenital condition or defect in the uterus itself which hinders conception; what that defective condition may be we do not at present know.

But the patient I have first alluded to is averse to undergoing any operation, and I have therefore introduced a slender and short stemmed galvanic pessary. She has worn it for a fortnight and now tells you that she feels easier. You saw that I had some difficulty in introducing it mainly because the uterus is slightly ante-flected. I had accordially to expose the os with the duck-bill speculum, then to seize and draw down the cervix with a fine hook, and while the womb was thus fixed to slip in the stem of the pessary. You must always adopt this method when difficulty occurs in the introduction of these instruments. I have known much good to result in such cases as the foregoing from this simple treatment, it is at least worth trying before advising that an operation should be performed.

Now with respect to the operation itself, we are indebted for its introduction to Sir J. Simpson, who for a time practised it very extensively, though I believe that before his death his views on this point were considerably modified, and that he did not perform it nearly so frequently as he had done at an earlier period of his career. His method of performing the operation was by passing an instrument termed a bistourie cachée through the canal of the cervix and within the os internum. It contained but one blade which when the instrument had penetrated to the requisite depth was made to protrude, the extent of the protrusion being regulated by a screw; the incision commenced at the os internum, and as the instrument was withdrawn it incised gradually, and more deeply the substance of the cervix till it divided the vaginal portion quite through, the instrument had then to be turned reintroduced, and the other side divided in like manner, this re-introduction is very objectionable, and consequently various knives have been invented with the view of obviating it. Those proposed by Dr. Savage, and Dr. Greenhalgh are both good instruments. I give the preference however to the former. It is furnished with two blades, the cutting edge of edge being directed outwards, but as the back of each blade when the instrument is closed projects beyond the cutting edge of its fellow which it thus overlaps, its introduction into the cervix can be safely effected, but it is generally necessary to dilate the cervical canal before this step can be effected; this indeed is generally necessary no matter what instrument is used, two pieces of sea-tangle will however open the canal sufficiently for the purpose; you should then, having exposed the os by means of the duck-bill speculum, proceed to introduce the knife slowly, taking care that it does not pass unnecessarily far into the uterus, the blades should then be expanded slowly and only to a very limited extent at first, for if this precaution be neglected you will divide the os internum too deeply, a proceeding which may cause alarming hæmorrhage and is nearly certain to be followed subsequently by such excessive eversion of the lips of the womb as to leave the neck patulous and gaping to an extensive degree; this condition exists in a patient at present under my care who was operated on more than ten years ago. When the blades are clear of the os internum they are to be expanded more widely, but I think it safer not to divide the vaginal portion of the cervix with them, but to complete this part of the operation subsequently by means of a pair of curved scissors. Dr. Marion Sims varies the operation by dividing first one and then the other side of the vaginal portion of cervix with a pair of bent narrow bladed scissors, he then passes a narrow bladed knife through the os internum and cuts from within outwards. The operation of dividing the cervix uteri is not devoid of danger; it has, though not in my practice, been followed by fatal results. I have known very alarming hæmorrhage to occur both at the time and also some hours subsequently, you should therefore be always prepared for this contingency and be provided with a solution of the perchloride of iron in glycerine; with this you should invariably brush over the divided surface, and should hæmorrhage occur insert a pledget of cotton saturated with it into the cervix and then plug the vagina. The operation itself seldom causes pain, and if the woman be healthy the chance of inflammation following is not great, still extreme care should be taken to guard against such occurring, and she should be kept in bed for several days. There is often a great tendency in the incisions to unite; to prevent this Dr. Coglan has suggested the insertion of a thin roll of lead, this answers the purpose very well. It is sometimes necessary to introduce and leave in the cervix an expanding spring tent, but not unfrequently these precautions may be dispensed with. Dr. Graily Hewitt recommends with the view of preventing contraction, and at the same time of keeping the canal straight, that the patient wear for some time subsequently an ebony stem pessary, a proceeding which in many cases would doubtless be useful.

NATIONAL HEALTH.

(A Lecture delivered at the Royal College of Physicians of England.)

By Dr. Acland, F.R.S.,
Regius Professor of Medicine in the University of Oxford.

Part III.—*Continued.*

I would refer to the report of the Sanitary Commission for details as to the medical officers of health, and their official coadjutors, as well for discussions concerning the area over which they should act. The good working of the *local authorities* does not depend entirely upon their constitution. Bentham evidently relied on the *central authority* for regulating and instructing the local executive. The Bill introduced by Mr. Goschen, arrived at the same result. By Part VI. and a few clauses in Part VIII. of that Bill, the central authority was to consist of a Minister, who should preside over the public health, relief of the poor, and all local government connected therewith. The subjects now distributed through various offices, would be united under the direction of this Minister. It is a misfortune that in consequence of being linked with the complex and difficult cognate question of incidence of local taxation, the clauses which would have made the strong central health office were withdrawn with the fiscal portions. They were not necessarily connected. The executive, indeed, once remodelled, would have fresh powers to adjust further detail. It would be wholly premature, if it were becoming, here to inquire into the detailed construction of the office of the Health Minister. Suffice it that, when that portion of the Bill has passed, the prevention of disease, and the promotion of national health will take equal rank with the first preservative functions of the State, and everything else connected with the office and its executive will fall into place.

The office will start with a staff connected with every spot in the country. The kind of complementary aid, and the extent of aid which the office may require, will be quickly discovered, and all that is valuable in the functions described in Bentham's crabbed system will be performed. In connection with these functions it may not be out of place to quote from the Sanitary Commission the following details.

Under the minister there would be sub-departments for—

"*a.* Law of local government.
"*b.* Engineering.
"*c.* Registration and statistics.
"*d.* Relief of poor
"*e.* Medical care of public health and poor.
"*f.* Legislation bearing on the profession of medicine.

"III. A body of inspectors attached to the Health Office. These are to be of two kinds, as at present, with a third body of consulting experts.

"1st. General inspectors attached to, and generally residing in the 'registration divisions,' 'poor-law districts,' or (as they will also be) 'public health areas.'

"2nd. Special inspectors, viz., legal, engineering, scientific, and medical.

"3rd. Special experts, whose names should be attached to the Office, and who should advise professionally on special points for special fees, such persons to be appointed for five years and re-eligible.

"4th. Then will be required local clerks of unions, and of town councils, local surveyors under local boards and unions, local public health (medical) officers of local boards, unions, parishes, subordinate executive officers.

"No office now existing need be destroyed. Some will be amplified. A few more clerks will be required at the Central Office, and an arrangement made for obtaining

special advice when needed, in aid of the permanent staff of the office, and of the inspectors.

"The advantages are many. Not only will the plan be efficient and complete, but it will be economical. The work of the Local Government, Law, and Engineering departments, of the Registrar-General, of the Poor-law Board, of the medical adviser of the Privy Council, will be harmonized, and will never be chargeable either with unnecessary repetitions or with omission, as at present. So also, neither money nor skill will be wasted.

"All reports bearing on public health will be connected one with the other, mutually illustrating each other. They will cover the whole ground of the science of prevention of disease, which has become both so important and serious for the well-being of old and densely-peopled countries. The connection of the office of the Minister of Health with the medical profession, 4,000 members of which would be in direct relation to him, would in itself be beneficial to the whole country. It would disseminate established scientific knowledge uniformly through the country districts, affecting not the medical men only, but the clergy and the schools, doing in that way alone as much at least as direct legislation for the same purpose could do. It would bring to light in every corner all that could be advanced as bearing on the physical condition of the masses of the people, while all crude theories or impracticable plans would instantly fade before the experience of the Central Office.

"The publications of the statistical department would exhibit what could be shown of the progress of sickness. They might give also useful deductions from local meteorological and scientific observations, in connection with those of Kew, the Government Meteorological Office, the Meteorological Society of Scotland, and such private enterprises as those of Mr. George Symonds on rainfall. They would furnish data for sanitary maps, which can only be of any worth when carefully constructed on rigorous local knowledge, and they would in time get rid of the fallacious application of conclusions deduced from averages, and erroneously applied to particular places or instances. In this way, the real causes of variation in death-rate would be more surely ascertained than at present.

"Great encouragement should be given to the local public health officers to send in any observations which would promote the progress of accurate knowledge.

"The British Public Health Reports thus constructed, printed in an uniform 8vo. form, stitched in five parts, (legal, statistical, engineering, medical (including medico-legal), and general papers of inspectors), would be a series of great value. The Central Office should immediately on the first issue of the collected series make arrangement for regular interchange with all foreign countries of similar reports, according to the established usages of academies. These documents should be accessible for reference in the public health library of the minister, to all persons connected with the department.

"Public health laboratories should be maintained or aided by grants from time to time. In them not only points bearing on the general pathology of man and animals, would be from time to time investigated under the best guidance, but persons would be trained to be thoroughly qualified in all medico-legal questions. Hereby some of the scandal of ex-parte scientific witnesses might be checked or removed. Such laboratories should be aided or maintained as well in the metropolis as in some of the great towns where scientific institutions and medical schools exist, *e.g.*, Oxford, Cambridge, Birmingham, Leeds, Newcastle, Bristol. These centres are conveniently situated for various sections of the kingdom. From the state-aided laboratories the inspectors would obtain analyses of waters, or in disputed cases, of any substances requiring examination."

The following passage also demands special consideration :—

"In giving a judgment on the question of State organisation relative to public health, much of the general tenor of modern legislation with respect to our internal economy should be present to the mind. It must therefore be remembered that those who will be responsible for local sanitary administration will have collectively, if not individually, to administer Acts bearing on the following subjects :—

"§ 10. 1. Plans bearing on sanitary engineering or on local government, *i.e.*, drainage, sewerage, water supply, baths and washhouses, nuisances, offensive trades, smoke, public places of recreation, streets and roads, buildings, cellars, and lodgings, burial-grounds, mortuaries, appointments of officers, artisans' dwellings, labourers' dwellings.

"2. Care of personal health and safety, *i.e.*, health in factories and workshops, mines, bakehouses, dangerous occupations.

"3. Regulation of quality of food, *i.e.*, adulterations, markets, diseased cattle, slaughter-houses.

"4. Medical, *i.e.*, prevention of disease, epidemics, endemics, syphilitic disease, small-pox, (vaccination), quarantine, lunacy, hospitals, whether, first, rate supported, such as workhouse hospitals, or hospitals under local boards, or secondly, voluntary, whether general or special, endowed or subscriptional county or small village hospitals, or hospitals for the insane, and prisons, sale and adulteration of drugs, poisons, supervision of reports of officers of health.

"5. To which must be added medico-legal arbitrations."

An important step has been recently taken by Dr. Stokes, the Regius Professor of Medicine in Dublin, and his colleagues. They have instituted an examination with the view of granting a diploma in the subjects bearing on National Health, or, as it is sometimes called, State Medicine. This examination, of which full particulars are given at the end of the present Essay, will comprise certain parts of Law, Engineering, Pathology, Vital and Sanitary Statistics, Chemistry, Meteorology, and Medical Jurisprudence. That such opportunity of systematically learning what is essential to the maintenance of the national health should be now given by Trinity College, Dublin, (*a*) does great honour to that enlightened body. It is to be hoped that ere long, a learned compendium of the required knowledge will issue from the Irish press. Any one who has studied this subject knows, that in consequence of the labours of Parkes (*b*), Simon (*c*), Farr (*d*), Seaton (*e*), Glen (*f*), Rumsey (*g*), Rawlinson (*h*), Stewart (*i*), Tom Taylor (*j*), A. S. Taylor (*k*), Christison, Miss Nightingale (*l*), the London, Liverpool, and Glasgow Medical Officers of Health, and in other countries, Quetelet (*m*), Pettenkofer

(*a*) See Appendix B.

(*b*) Parkes, E. A., "A Manual of Practical Hygiene, prepared especially for use in the Medical Service of the Army." 3rd edit. London, 1869.

(*c*) Simon, J., "Reports of the Medical Officer of the Privy Council. 1858—70."

(*d*) Farr, W., "Yearly Reports" in Registrar-General's Reports.

(*e*) Seaton, E. C., "A Handbook of Vaccination." London, 1868.

(*f*) Glen, W. C., "The Law Relating to the Public Health and Local Government in Relation to Sanitary and other Matters." 5th edit. London, 1869.

(*g*) Rumsey, H. W., "On State Medicine in Great Britain and Ireland." London, 1867.

(*h*) Rawlinson, R., Various Government Reports.

(*i*) Stewart, Dr. A. P. and E. Jenkins. "The Medical and Legal Aspects of Sanitary Reform."

(*j*) Taylor, Tom, Various Government Reports.

(*k*) Taylor, A. S., "Principles and Practice of Medical Jurisprudence." London, 1865.

(*l*) Nightingale, Florence, Various Sanitary Works, especially India.

(*m*) Quetelet, A., "Physique sociale, ou essai sur le développement des facultés de l'homme. 2 vols. Bruxelles, 1869.
"Anthropométrie ou mesure des différentes facultes de l'homme." Bruxelles, 1870.

(*a*), Michel Levy (*b*), Hammond (*c*), Bowditch (*d*), Derby (*d*), and other persons, have amassed so much valuable matters that the time is come when selection and abridgement are indispensable for the guidance of the student.

I must apologise for the length to which these simple thoughts have led me. They are uttered now because the time is certainly come when we must all endeavour, in our yearnings for the material improvement of our people, thoroughly to comprehend the fundamental and combined laws of Physiological and Social science on which our nature rests. Their complexity depends chiefly on the mutual action or re-action of matter and of mind in individuals, together with some superadded perturbation of civilised life, from which the savage is exempt (*e*). The laws of our material nature are as absolute as those of the unreasoning brutes. But, in some particulars, they are entirely subject to our will, which is not the case with any other creatures. It cannot be said, indeed, of the past life of the human race,

> "Old age and experience, hand in hand,
> Lead it to death, and make it understand,
> After a season so painful and so long,
> That all our life we have been in the Wrong ;"

but this nevertheless is true, that historical and political experience, combined with the inter-communication of ideas by telegraph, and of persons by steam, is changing the conception, the conditions, and future of humanity, whether for good or for evil, with wholly unprecedented rapidity ; and this is so, not in one country, but surely and steadily through the whole world. It is quite certain that education, acting with political causes, will modify the structure of old countries. It is quite certain that education, if possible without due attention to the material conditions of the people, will add mental suffering to physical. The modifications in the material state of man will be happily effected, in proportion as they coincide with the laws of the universe, or run athwart them. Every attempted rebellion against their spiritual or material conditions will necessarily end in certain and deep disaster to the rebellious race. Our sanitary regulations must be based on a right comprehension of these laws ; on a conviction that material advantages, though essential for man, are not all ; that material comforts, will not remedy the results of immorality ; and that wisely devised sanitary arrangements, the attainment of which, even by compulsion, has not yet been achieved, would in all probability be spontaneously carried out by an educated, free, and God-fearing people.

PRACTICAL OBSTETRICS—No. 2.

By Francis E. Clarke, B.A., M.B. Dub., &c.

About eleven o'clock p.m., on the 26th of January last, I was summoned to extract an afterbirth from a woman who had been confined early in the afternoon, but, notwithstanding the efforts of the midwife in attendance, the third stage of labour had failed to be completed. On arrival about an hour subsequently, I found the placenta retained most rigidly. There was no hæmorrhage but traction on the funis gave the sensation of most powerful counter-resistance. As no result seemed likely to accrue from any further delay, I accordingly proceeded at once to introduce my hand into the uterus though slowly of necessity owing to the pelvis being small and to the presence of considerable spastic contraction about the cervix. Finding the greater portion of the fundus intimately adherent to the placenta and the womb firmly contracted throughout, I endeavoured to break down the adhesion as gently as possible, and after much patient and extremely gentle perseverance, removed it, but found on the extrusion of my hand that a portion of it had been left behind ; again I introduced my hand and detached as much of the remainder as possible, still manipulating with the greatest care, but on the re-withdrawal of my hand and the detached portion of placenta which remained, most violent hæmorrhage ensued which, with the very greatest difficulty I arrested by means of the cold water douche vigorously and copiously applied, and pressure ; the latter of which I had kept up manually for fully an hour after the cessation of hæmorrhage, when I substituted a hard pad and tight-binder firmly secured. Stimulants I administered pretty freely at the time as there was necessity, and prescribed ergot and gallic acid in mixture. On the evening of the third day symptoms of acute metritis made their appearance, and I at once ordered warm applications to the abdomen and exhibited calomel and opium (twelve grains of the former to be well rubbed up in two scruples of the pulv. cretæ co. cum opio., and a sixth part taken every two hours). Under this treatment she became slightly mercurialised, and all untoward symptoms speedily subsided, the woman subsequently making a most satisfactory recovery.

Hæmorrhage continuing subsequent to the completion of the second stage coincident with retention of the placenta is usually said to be present in cases of morbid adhesion and somewhat indicative of that causation of retention in the differential diagnosis betwixt it and hour-glass, or other irregular uterine contractions which also prevent normal expulsion of the placenta. In the case I have so briefly cited there was not a trace of hæmorrhage nor do I believe it for a moment to be unique with regard to this. I should rather imagine the presence of hæmorrhage to be variable in this as in other complications depending much on the normal contractile power of the muscular fibres and on the usual proximate and remote influences which either promote or retard uterine contraction in the parturient female after the expulsion of the fœtus. The extent and position also of the adherent portion most likely tend materially to modify the production or extent of hæmorrhage according as the action of the circular fibres be more or less impaired by the placental adhesion and consequent mechanical restraint. When the uterus contracts evenly over the adherent placenta, its cavity is so completely filled there seems no more reason why hæmorrhage should result than in the case of an irregularly contracted womb incarcerating an afterbirth, which otherwise would come away easily in which case there is very frequently none at all ; but the very fact of the presence of the placental mass in the uterus tends to prevent the secure contraction of that organ. The absence of hæmorrhage in the instance previously recited was, I apprehend, owing to the firm and regular pressure exerted over the placenta by the contracted womb, and to the large extent of surface over which the adhesion extended ; the cervix was firmly contracted which rendered the introduction of my hand tedious, and this contraction appeared to be general throughout the entire viscus without any irregularity of distribution, and I query if its production was not favoured likewise by the situation of the adhesion which seemed to me to be the fundus, and we can readily conceive by calling to mind the manner in which the uterus contracts, how irregular the contractile influence would be were an adhesion at one side, and how little on the contrary its normal contractions would be influenced by adhesion seated fairly at the fundus. Where there are two or more spots adherent with an intervening portion or portions free there must be hæmorrhage of an extensive character, contraction

(*a*) Pettenkofer, M. "Die Cholera und die Bodenbeschaffenheit in der k.k. osterreichischen Provinz Krain." Munchen, 186[illegible].

(*b*) Michel Levy, "Traité d'hygiéne publique et privée." 5th edit. Paris, 18[illegible]9.

(*c*) Hammond, W. A., "A Treatise on Hygiene, with special reference to the Military Service." Philadelphia, [illegible]868.

(*d*) Bowditch and Derby, "Reports of the State Board of Health of Massachusetts."
Many of these authors have contributed far more than is here named.

(*e*) See Ruggles, op. cit. Letter I.

being mechanically impeded and interspaces left where, through want of contraction, the gaping vessels remain patent to the extreme danger of the patient.

There is no operation in midwifery requiring greater care than the extraction of a placenta retained by morbid adhesion ; for in addition to the ordinary danger of rupturing the uterus when introduction of the hand is necessary, there is extreme difficulty to be encountered in avoiding a wound of the internal coat of the womb or setting up acute endometritis when detaching the placenta, and the great expediency at the same time of persevering in order that the entire mass may be removed. Where the extent of adherent surface is so great as it was in the present case, it is extremely difficult, and I should think sometimes, impossible to remove the placenta entire. I failed to do so, and the question, not only then, but ever since, appeared to me to be doubtful, though of great practical importance whether re-introduction of the hand is advisable with a view toward the removal of the remaining portion. Such was my practice on the occasion in question, but the subsequent hæmorrhage was so great the woman was well nigh losing her life from its immediate effect, but had I not done so and extracted after detaching the retained piece of placenta, I have no doubt but putrefactive consequences would have been fatal, pyæmia, uterine phlebitis, metritis, or some kindred affection. Indeed, I am uncertain whether the metritic symptoms which supervened were owing to the result of manipulation, or to a very small shred of placenta which I believe I left even after the second manipulative interference. It may be advanced theoretically that the entire placenta should be removed at once, so that re-introduction would be unnecessary, but when the extent of adhesion is so great and the amount of contraction so powerful, it becomes simply impossible in practice ; and it seemed to me preferable to risk the hæmorrhage and the danger of wounding the uterine tissue by prolonging and repeating my endeavours than to leave the patient so imminently in danger of ultimate consequences from retention of a portion of placenta most liable to putrefy, control over the former being much more in the power of the obstetrician than the cure of the latter is in that of the physician, and besides, a very small piece of retained placenta may, by preventing a permanent contraction, entail in itself a most dangerous, if not, fatal hæmorrhage. That such an undetached and unextracted portion of afterbirth may be the hystogenetic origin of a subsequent uterine polypus is easily conceivable, and has some years since been demonstrated by Dr. Stadfeldt in an essay translated by that accomplished linguist, Dr. W. D. Moore, for the *Dublin Quarterly Journal*, and were this result alone in the prospective, a complete removal of all placental *débris* would be so desirable as I think even to indicate the advisability of a second manual attempt in case it should be required, the operator at the same time not failing to bear in mind the danger of severe hæmorrhage occurring after the second withdrawal of his hand.

Regarding the treatment I pursued ultimately—headache, hot skin, rigors, furred tongue, nausea, in fact, the ordinary symptoms of aggravated pyrexia, with suppression of the lochia and abdominal pain and throbbing centred over the seat of the uterus were indications which I considered sufficient to urge a prompt and vigorous exhibition of calomel and opium. I first satisfied myself thoroughly as to diagnosis, felt no doubt it was metritis I had to deal with, and lost not a moment's delay in administering *mercury ;* in the first place because even my short experience has aroused me confidently to its great value *if given early enough* in inflammatory affections of the uterus or its appendages ; secondly, because I feared the supervention of uterine phlebitis and pyæmic absorption and believed the pre-exhibition of mercury to be the only weapon of the least utility in my possession ; and thirdly, inasmuch as although I believe it to be almost specific when given early enough after the first appearance of the symptoms, yet its administration subsequently is, I fear, nearly valueless, at all events, its therapeutic value is decidedly lessened by delay, whilst the patho-genesis of physical disease is too rapidly being developed toward a state of maturity, whose morbific effects the physician unhappily finds too frequently invincible.

Rare, though morbid adhesion, between uterus and placenta may be considered, statistics demonstrate its existence much more frequently than is generally supposed. I know of one very successful obstetrician, a man of long and large experience in England, and of well-merited reputation, who disbelieves the existence of such a condition, having removed, by manual introduction, many placentæ without once discovering a morbid adhesion. Such scepticism, ridiculous though it be, may be readily conceived, when after long experience, not a single example presented itself. The great danger, however, caused by the complication when it does arise, and the difficulty and disagreeable nature of the necessary operative interference suffice to claim for its consideration considerable importance with the thoughtful mind, and although we are aware of several pathological conditions giving rise to it, amyloid degeneration, carcinoma, inflammatory action, &c., yet I imagine there still remains much to be solved regarding it, as it seems not unlikely that the amount of hæmorrhage to be expected is, to no inconsiderable a degree, modified in each respective instance by the condition from whence the morbid adhesion originates, whilst the prognosis also would necessarily vary accordingly. In this case which was one of difficulty and danger, I am of course not in ignorance of the fact that a more skilful and experienced obstetrician might, by the assistance of such accomplished tact and acumen of which I cannot boast, possibly have removed the placenta entire in the first instance and avoided in a great measure the extreme danger of hæmorrhage which was so nearly fatal, but I think, nevertheless, that the careful attention bestowed during the operation, the precautions taken to check the hæmorrhage, and, in no small degree, the subsequent treatment, did contribute materially in producing the successful result which eventuated.

SURGICAL NOTES FROM THE FRANCO-PRUSSIAN WAR.

(Continued.)

By J. C. P. Widdup, L.R.C.S.I., L.K.Q.C.P.I.
(Irish Ambulance).

To enter minutely into the subject of gun-shot injuries of the foot, and to dwell at any length on the various stages passed over by the many such cases I have witnessed, on their progress of recovery or the reverse, would take up more time and occupy a larger space than is my present intention to devote to the subject, as I wish to make a few comments on wounds implicating other parts of the body, more deserving of notice from their singular character and peculiarity of position. I shall pass on to a class of wounds still more hopeless, and whether operated on by resection or amputation, has seldom during this war rewarded the operator with satisfactory results. I allude to bullet wounds of the knee-joint and head of the tibia. One case of this kind in particular I shall mention, as affording an exception to the general result of such cases during the campaign.

At the battle of Artenay, which took place on the 1st, 2nd and 3rd, of last December, it is already well known how much the French army suffered from insufficiency in their medical and commissariat departments, and how that wounded men had been left lying on the field for many hours when the ground was covered with snow, and their clothing of that light description altogether inadequate to resist the intense cold. On the day previous to the bombardment of Patay, a pale emaciated looking man was brought to me suffering from a bullet wound which entered his left knee-joint by the outer edge of the patella and passing downwards and inwards, came out

through the inner tuberosity of the tibia. Synovial fluid and blood were coming through both apertures, and his suffering as might be expected from the severity of his injury, was most intense ; the fact of his having remained on the field for upwards of eight hours in the depth of winter, with merely a thin piece of tent cloth to protect him from the severity of the weather, did not tend to improve his chances of recovery. in addition to this, it was necessary to convey him a distance of twenty-four miles before anything in the way of comfort could be got for him. Upon arriving at Chateaudun, where our hospitals were situated, his nervous system was so thoroughly unstrung, that any allusion to operative interference only tended to make him the more miserable, and no argument would induce him to consent. Taking all things into consideration, I thought it better to let the poor fellow remain quiet, in hopes that after a short time he would survive his hardships and allow me to operate on his knee, when his condition was somewhat better. To allay his suffering I kept him on large doses of opium, which he would call out for night and day. Two days after his entry into hospital, the inflammation around the joint extended for some distance up the thigh, but after leeching and poulticing it somewhat decreased. Subsequently suppuration set in, and the discharge came away in large quantities. Abscesses extended above the patella where, upon slight pressure, the pus would well through the bullet openings showing the communication which existed. He got five grains of quinine each day, which agreed with him so well, that to my satisfaction his general health began to improve and he could take his food with something like a relish. Still no persuasion would induce him to consent to operation, and I began to think his obstinacy would eventually be his executioner. No bad symptoms however arose, and after some time, small pieces of bone would continually come away from the openings, which seemed to ameliorate his sufferings ; the abscess above the patella closed in and became less apparent, and the circumference of the parts gradually diminished. The patient himself always hopeful of his condition. appeared quite happy at the progress of events, he would sit up in his bed during the day enlivening his companions with anecdotes of his adventures and declare himself to be far better situated than his comrades in the army, who were enduring the hardships which he had endured while with them ; though only three weeks had elapsed since his entry into hospital from the field, he looked forward to his recovery as a matter of certainty, and was always disconcerted when told that the joint was immoveably fixed, and that in case he recovered from the injury he should be satisfied to walk without bending his knee. More than once I caught him endeavouring to flex his leg, but feeling some pain in doing so, he desisted after a few attempts. I applied mercurial ointment and plaster round the joint according to Scott's method, cut in such a manner as to leave the bullet holes exposed and give the discharge full vent ; daily he improved in health and strength, and daily the tenderness on pressure became less acute, the bones became firmly anchylosed, no pain was experienced upon pressing on the instep, and I left him with every sign and symptom to warrant me in believing his recovery will be a complete one. This is of course one of those exceptional contradictory cases which can form the basis of no rule, except that it is a difficult matter to pronounce with any degree of accuracy upon the issue of cases, where frequent experience would point to a fatal termination. At the same battle of Artenay I saw a case somewhat similar, where a Prussian officer was shot through the middle of the patella, which bone was of course broken into fragments, and the bullet having passed through the joint came out in the popliteal space, not however injuring the artery ; he was amputated through the lower third of the thigh by Dr. Baxter, and was afterwards removed by the Prussians on their way to Orleans, so I know nothing of his subsequent history. It has been the universal practice in all case where the knee-joint is penetrated, either to resect it or amputate the limb, and as I before mentioned, resection became the more popular of the two during the latter period of the campaign ; but under the following conditions, penetration may be so far simulated as to deceive the most practised surgeons, especially if the patient be seen a couple of days after the receipt of the injury when the synovial fluid has ceased to show itself, where from the violent concussion of a bullet passing through the adjoining structures, the most aggravated form of synovitis involves the joint where the bullet coming in contact with a hard structure, changes its course, and passing around through the soft parts, comes out at a point corresponding to where its exit might be expected, had it not been turned aside ; and where, from fusion and locking of the parts as is most frequently the case, it becomes a dangerous matter to make use of the probe too freely. I merely mention this, because I have seen more than one instance, where operation was performed, and the joint in reality unimplicated. Gun-shot wounds are not seen in every day practice, and no book or verbal information will efficiently prepare men to treat what in itself may be considered a most complicated branch to the voluminous tree of the science of surgery. The subject has changed and re-changed so often, according to the experiences of so many men, or the most acceptable theory of authors —there has been no war engaged in that old ideas have not been laid aside, and new ones advocated, or *vice versa*. That a man acting on the ordinary principles of common sense, treating the symptoms as he sees them, and using a certain amount of caution in his practice, will, in the end, be more likely to have a larger percentage of successful cases, than one who bases his treatment entirely on the ideas of others, and tries to couple what he sees in reality with what he has read of in books.

Bullet wounds penetrating the pelvis, as might be expected, were mostly all fatal. I had one case, however, which recovered, and from the peculiar circumstances attending it, I may mention it as being perhaps the most curious one I encountered during the war. After the engagement at Varize, a young soldier was picked up by one of our waggons, and brought into Chateaudun. The ball entered about an inch to the left side of the os coccyx, without making any aperture of exit ; urine was coming freely through the wound, and he complained of great pain. His story (which may be accepted with reserve), was that sometime after being wounded, he felt a great desire to stool, and upon straining, passed a large quantity of blood, and believes he also passed the bullet, it seems incomprehensible that the bullet should pass the rectum into the bladder (that it entered the latter, was evidenced beyond all doubt, from the urine passing through the wound), and having expended its force, fell back from the bladder into the rectum—I passed a catheter, but could find no sign of the bullet, so leaving the catheter in, and having given him a dose of opium to allay his suffering, I placed him lying on his side, and applied charpie dressing to his wound. On the following day, I found that the dressing was quite dry, and that all the urine had come through the catheter. There had been no motion from his bowels, nor was there any sign of blood or purulent matter by the rectum. On the third day, I gave him a small fluid injection, which cleared out the lower bowel, but no sign of anything sanguineous came away—urine continued to come by the catheter which was of course renewed. On the fourth day, I found he had removed the catheter during the night, and said he could pass urine without it, this, however, was an unsafe proceeding, so I again left it in his bladder, the wound appeared getting on well, and his only bad symptom was the unceasing pain in the region of his bladder, and all through his pelvis. On the seventh day, I removed the catheter, but passed it whenever he required to make water, he was constantly calling out for sleeping draughts. On the tenth day,

upon removing the dressings, I perceived a dark matter appearing from the wound. Catching in a forceps, I drew it away, it proved to be a portion of his coat, which had entered with the ball. After this, his sufferings were much abated, and there was no longer any necessity for giving him opium. In three weeks he was able to limp about on crutches. Owing to some slight paralysis of his lower extremities, he found a difficulty in walking, but his general health was good, and he was gaining strength each day; the wound was quite healed, and he only suffered now and then from shooting pains in the lower part of his abdomen. It is more than likely his story of having passed the bullet and a quantity of blood is untrue, and it seems equally probable that the ball having entered the bladder became encysted, and remained there, for during the latter period of his illness, he experienced no difficulty in passing urine, while the shooting pains in his abdomen may be consistent with a lesion of the kind having taken place. His health was always good, and the partial paralysis of his lower extremities—probably due to the laceration of some nervous trunk, was rapidly disappearing when I last saw him. My apprehension at first was, that lithotomy would have to be performed, but as he suffered so little inconvenience, and matters progressed so favourably, it is likely he will add one case more to the many on record, where bullets have remained for years encysted in the human body, without their locality being known, or their presence occasioning any bad consequences to the subject.

(To be continued.)

EXCISION OF ELBOW AND KNEE-JOINTS.

By John Elliott, A.M, M.B., Waterford.

In June 1869, I excised the elbow of a young woman, (Mary Costello), æt. eighteen, who for more than two years had been labouring under strumous disease of the joint which was laid open by abscess, with abscesses also extending up the humerus. Very high inflammatory action followed the operation, so that I thought it right to keep the parts irrigated for a fortnight or longer by cotton wick leading from a reservoir. Two sinuses leading down to uncovered bone followed, and did not close till twelve months had elapsed.

As the limbs now hang by the side, the humerus forms with the forearm an angle of 123° but the parts can be flexed on each other through an arc of 31°. Pronation and supination are perfect, and there is complete use of the wrist, thumb, and fingers, in fact of the whole hand. So the limb is still a very useful one and much more serviceable than an artificial substitute would be.

Margaret Power, æt. about thirty, and for some years subject to previous rheumatic attacks, began about five years since to suffer from pain in the left knee, which gradually became so severe and continuous as to give her little respite by day or by night, and finally was attended with permanent flexion and rigidity of the joint aggravated by frequent painful startings.

As she had undergone a variety of treatment both local and constitutional without relief, and her health, strength and spirits were giving way under constant suffering, I was inclined either to amputate above the knee or to excise it in the spring of 1870. Some doubt however was thrown on the diagnosis of the case, I was therefore induced to temporise and tried the actual cautery over and round the joint. This was followed by some alleviation of pain which, however, was slight and not permanent. The summer and autumn wore on with manifest deterioration of her condition, and in the ensuing month of November, it became obvious that unless relief could be procured the case would terminate fatally.

Accordingly, with the concurrence of all whom I had consulted and with the patient's willing consent, on the 15th of that month I undertook the operation of excision, having the co-operation of Dr. Burkitt, my colleague in the Workhouse Hospital, and also the kind assistance of Dr. George Mackesy and Dr. O'Neill, of this city.

When the joint had been laid open by the H incision, the synovia which escaped was observed to be not larger in quantity than usual. It was also quite transparent without the smallest purulent admixture. The cartilages on both the femur and tibia were however deeply eroded. When I had cut off the top of the tibia and the condyles of the femur, I was induced from some suspicious appearances on the section of the latter to remove another thin slice. We then found that the segments of the limb would not lie in a straightly extended position, and so in order to bring them into the desired apposition, I removed another wedge-shaped portion from the end of the femur —the thick end of the wedge looking forward—and thus obtained the required rectification. The patella seemed healthy and therefore was not meddled with, nor were the ham-string tendons divided—two omissions which I had no reason to regret. Lastly, an opening was made with a large trocar through the soft parts towards the outer side of the popliteal space, to provide a ready exit for any possible accumulation of pus, a precaution which in the sequel was happily found to be unnecessary. Little blood was lost, nor did any artery require ligature or torsion. The skin was brought together with nine or ten points of suture, and a piece of wet lint was laid over the wound and covered with waterproof cotton cloth drawn round and under the limb, which was then deposited in a box splint made expressly for the occasion, and so constructed that the sides and foot piece were separately removeable, thus permitting complete inspection and examination as well as the necessary attention to cleanliness and renewal of the dressings, without causing the slightest displacement or even disturbance of the parts. One opening was made in the back of the splint to receive the point of the heel, and another just under the site of the operation where the parts rested on a small air-pillow, to the equable support of which we probably owed our immunity from bagging or pocketing of pus. The extension necessary to steady the parts was made with a broad strip of adhesive plaister, which passed from the top of the tibia down one side of the leg, under the foot leaving a loop there, and up as far on the other side. That part which passed down the outside of the leg was kept to the front of the lateral mesial line, and that which passed up the inside was kept behind it, so as to obviate the tendency which the foot has to rotate outwards on such occasions. Over the adhesive plaister the leg was bandaged from the foot upwards with an elastic roller. This part of the apparatus required neither renewal or re-adjustment till the patient left her bed some three months afterwards. An elastic tape passed from the loop below the foot to the foot piece. Finally the space between the limb and the sides of the box splint was packed with curled hair—as recommended by Mr. Butcher—which I found very valuable from its firmness and elasticity.

As the operation was performed in the afternoon and had been rather tedious with a proportional large expenditure of chloroform, she remained under its influence in the evening and no opiate was administered. Next day apparently from the same cause, there was anorexia with vomiting and a good deal of prostration. I therefore put her on small doses of prussic acid combined with tincture of nux vomica, which settled the stomach, and in the course of a day or two completely restored the appetite. During the second day I was also able to procure for her use a large water pillow which extended from the nates to the neck, and was of the greatest possible benefit, as the comfort it gave alleviated the irksomeness of maintaining the same posture, and prevented restlessness. The night's rest was secured by a hypodermic dose of 1-5th grain of hydrochlorate morphia qualified with 1-100th grain of sulphate atropiæ.

Being now relieved from all pain and taking her meals with a good appetite as well as a moderate proportion of stimulants, the case went on so favourably that the wound in the soft parts had united before the end of the second week, with the exception of a sinus at the bottom of which the probe detected a point of bare bone.

During the third week the air unfortunately escaped during the night from the small air-pillow. The displacement thus caused was followed by an access of what the patient herself called "mad pain." I then found it desirable to supplement the evening hypodermic dose of morphia with gr. xv of hydrate chloral to be given at two or three a.m. As the parts became hot and tender, I laid over them a piece of wet spongio-piline, and in view of her constitutional peculiarities I put her on the use of ioduret potassæ. This pain subsided in the course of a week with no other local bad result than the formation of another sinus below the patella. I then left off the hypodermic dose of morphia and atropine and substituted for it a double dose of the chloral hydrate, giving 15 grains at bed hour and 10 grains more if found necessary early in the morning. The sinus which then formed as well as that which more immediately followed the operation had closed before the end of January, when I discontinued the chloral as I thought it produced a lowering effect, and she slept well without it.

About the middle of February finding the parts were tolerant of pressure, I moulded on them at each side a piece of thick gutta percha softened in hot water and enclosed in a double layer of linen, by means of which they could be fastened on. I preferred this apparatus to a starch bandage, because if from an access of pain or tenderness, to which she was at that time still liable, it became irksome, it could be readily removed as well as re-applied. On the 26th February, she left her bed for the first time, after I had further strengthened the limb with a strong but narrow splint reaching from the trocanter to the heel, and secured to the limb at both places and also at two intervening distances.

From that time she began to move about the ward on crutches, and now she is able to take exercise in the open air.

She has gained flesh and strength since the operation, and her appetite is good, but her convalescence was for some time retarded by anomalous febrile attacks attended with palpitation of the heart, to which she had long been liable. They have now almost entirely ceased.

With respect to the limb as seen from the front it lies quite straight, viewed laterally the thigh makes with the leg an angle of 168° or 170° which can be lessened on flexion to about 160°. The patella adheres firmly to the subjacent parts, and she is able easily to raise the limb from the bed as she lies on her back, but it is evident that complete and general bony union has not yet taken place, though consolidation continues to make progress. The shortening is rather more than three and a-half inches.

Hospital Reports.

MIDDLESEX HOSPITAL.

We have previously given some notes of the year's work at this hospital derived from the valuable reports of the Registrar's; we now add a few others. From the carefully compiled tables it appears that one hundred and twenty-three cases of acute and subacute rheumatism were under treatment during the year; 56 males and 67 females. Of these, 108 cases, 50 males and 58 females, were admitted during the year 1870. Three cases died; 13 remain under treatment. Of the 110 patients who left the hospital, reliable data were so far obtained as to the cardiac affection in 78. The details of the other cases were either incomplete or not sufficiently trustworthy for the purpose of drawing accurate conclusions from them. Of these 78 cases, 38 were males and 40 females. Recent heart mischief occurred in 50 of these—in 25, or 67·7 per cent. of the males, and 25, or 62·5 per cent. of the females. Of the 78 cases, 28 were apparently unaffected by recent cardiac mischief, but in four of these there was old valvular disease.

Complications.—In 9 bronchitis, in 1 broncho-pneumonia, in 4 pneumonia, in 3 pleuritis, in 3 pleuro-pneumonia, in 9 tonsillitis, in 1 epistaxis, in 1 menorrhagia, in 1 epilepsy (to which, however, the patient had long been subject), in 2 hysteria, in 1 mania, in 1 peritonitis, in 1 enteric fever, in 6 albuminuria (believed in several cases to be due to embolism of the kidney), in 1 otorrhœa, in 1 diarrhœa, in 1 abscess in the axilla, in 1 acne, in 1 pompholynx, in 3 erythema, and in 2 herpes labialis.

Family History.—A reliable family history, so far as rheumatism is concerned, was obtained in 73 cases. Of these a history of rheumatism was traced in 38, affecting one or more members of the family. Of 27 cases in which the family history as regards nervous diseases were obtained, 9 were found to present the following history. In 2 families epilepsy was traced, in 1 epilepsy and mania, in 1 mania, in 3 "fits," the precise nature of which was not ascertained, and in one family one member was deaf and dumb and another very hysterical. In 5 of these cases a rheumatic family history was also present. The average total duration of illness of those patients who 9 cases were completed was 46·8 days.

Treatment.—The alkaline method of treatment was adopted in almost every instance. Exceptions are noticed in the tables. A narcotic was not unfrequently given to produce sleep, and during convalescence some tonic with or without iron.

The next disease of which full tables are given by the Medical Registrar is chorea, of which 11 cases were under treatment—1 male and 10 females. The average age of the patients was 14·7 years. Of this number 3 were discharged convalescent, 5 relieved, and 1 unrelieved. One patient died, and another remains in the hospital. Cardiac valvular disease was present in 2 cases, and doubtfully so in a third; and there was some cardiac abnormality of an indefinite character, such as irregularity in action of the heart, and roughness of the cardiac sounds, in 4 cases. There was a previous rheumatic history in both the patients who were affected by valvular disease of the heart. In 5 of the 11 cases a history of rheumatism was obtained. In 6 the patients had suffered from either one or two previous attacks of chorea. There was obtained a history apparently of epileptic convulsions in 3 cases. In 8 cases in which details were obtained, there was a family history, in 1 of rheumatism, and in 4 of nervous affections. A history of fright prior to the commencement of the symptoms was obtained in 3 cases; the exciting cause was doubtful in 6 others. Many of the cases were very obstinate. The average duration of the disease at the time the patients were admitted was about eight weeks. In the case which suddenly proved fatal the necropsy showed that there was consideable congestion of the membranes of the brain. The left vertebral artery contained a firm embolus about five lines in length, completely plugging the canal of the artery immediately beneath the lower border of the medulla oblongata. A similar plug protruded from the cut orifice of the carotid artery, just as it entered the cavity of the cranium. The brain was rather soft, and particularly the anterior part of the corpus callosum, the neighbouring parts of the hemisphere, and the pons varolii; but microscopical examination afforded no abnormal appearances. There were soft and recent vegetations on the mitral valve, and slight pericarditis. The spleen and kidneys were the seat of numerous embolisms of recent date.

Health of London.—In the Metropolis, last week, 1,938 births and 1,296 deaths were registered, the former being 236 and the latter 49 below the average. Zymotic or preventible disease caused 393 deaths, of which 232 were from small-pox, atal cases having increased in the southern and western districts.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 5, 1871.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

No more fitting opportunity can, perhaps, be taken than the very eve of the election to make a startling revelation.

It is high time the Fellows were informed of some of the proceedings of those who would exclude them from their proper sphere of action. We do not publish the information for the purpose of influencing the poll to-morrow, but to open the eyes of all the Fellows to the gross abuses that require redress, and we select the occasion that Fellows may, if they like, talk it over and take action. We propose, then, to explain the notice that has lately been given, of a Resolution having been passed, that all legal opinions taken by the College should be laid before the Council. It arose in this way—

On account of the disposition of Fellows to insist on their right to elect the College representative in the General Medical Council, it appears that the President and Vice-Presidents took Counsel's opinion, and presented a little bill of £25, which they wished to pass as ordinary law charges. Some of the members of the College Council seem to have thought such a bill of costs should be explained before the accounts were passed, and so far pressed their views that the officials were reluctantly compelled to give information. It then appeared that the money had been spent in obtaining Counsel's opinion that, *on the case put to him*, Mr. Quain was legally elected. The question was not as to the propriety of the high officials spending College money in such a manner, but as to whether such action should be concealed from the Council. If so, the Council must be impotent, and all the liberal additions made at the last few elections would still leave the government of the College in a state disgraceful to a free country and a liberal profession.

We ask the Fellows who will vote to-morrow, whether the facts we have taken upon ourselves to reveal are not more important to the interests of the College and of the Profession, than any statements that have been put forward in any quarter. They may enquire, but above all they ought to act. The liberal members of the Council, who have done what they could, should be supported by new men of the same quality. When we find what is continually going on, we almost despair of the College being made what it well might be; but once more we would urge prompt action on the Fellows, assuring them that unless they are earnest and united their cause will be lost.

POISONING BY CHOCOLATE CREAMS.

A very sad event of this nature has been investigated by a coroner's jury at Brighton. The following evidence, taken from a report in the *Brighton Examiner*, is of a kind to cause much alarm :—

"Dr. Letheby, Professor of Chemistry at the London Hospital, deposed that on Friday evening last he received from Inspector Gibbs a paper parcel, containing a wide-mouth pint glass bottle, and two small paper parcels. The bottle was tied over and sealed, and it was labelled, 'Stomach and its contents, with a piece of the liver, of a boy four and a-half years old.' Witness carefully examined the stomach and found it had been opened. It had a perfectly natural appearance, showing no sign of the action of any irritant whatever. In the bottle there were two ounces and a quarter of a brownish liquid, the contents of the stomach, which had a slight odour of chocolate, and the appearance of chocolate. In it he found some small pieces of meat, partially digested, a small piece of lettuce, and three or four grains of wheat—whole wheat. Witness had carefully examined them for poison, both mineral and organic. They were quite free from mineral poison, but they contained nearly a quarter of a grain of strychnia. Of the two other parcels to which witness had referred, one was labelled 'No. 1. June 13th, 1871. Received the enclosed from Charles David Miller.—W. Gibbs, Inspector.' The parcel contained several chocolates. There were four kinds—pink, red, white, and brown. He found the colouring matter to contain a preparation of alum and cochineal, not soluble in spirit. He found no trace of poison in the pink chocolates, but there was strychnia in the white ones—or in one of the white ones. The other parcel was marked : 'No. 2. June 13th, 1871. Received the enclosed from Miss Annie Meadows.—W. Gibbs, Inspector.' That parcel contained two kinds of 'chocolate creams,' rose, pink, and white ones. They were quite free from deleterous matter, and the colouring matter was different from the others. Witness had heard the account of the symptoms connected with the death of the deceased; they were those of poisoning by strychnia; and witness had no doubt, from the quantity of strychnia found in the stomach, that the child died from the effect of that poison. There was, in fact, enough strychnia in the stomach to kill a child of that age.

"By the coroner: Strychnia was not likely to have been used in the manufacture of bon-bons in any way. It was not used in the preparation of confectionery at all. It was used as a vermin-killer—to kill rats and mice, and so on."

It was shown that the Brighton confectioner purchased his chocolate creams from a London manufacturer, who had been in business thirty-two years, and the coroner thought this sufficient to exculpate him. At the same time it was admitted that rat-poison was purchased by the men employed in the manufactory, as also was cream of tartar, which is used in the process.

The coroner recommended the jury to give a verdict in accordance with the medical evidence as to the cause of death, and to say there was no evidence to show how the strychnia got into the creams. This was done. The jury

exonerated all parties, but suggested that there might be a little more care about using vermin-poison.

It will be understood from this by the public that a new danger of a terrible kind lurks in confectionery. The instances that have occurred of poisonous substances being used as colouring or flavouring ingredients were bad enough, but men hoped that first-class houses would not be guilty of such frauds. But here it would appear the integrity of manufacturer and vendor cannot protect us, unless they will at once banish the custom of poisoning the vermin. The mistake of a servant in using the vermin-poison instead of some other substance, may scatter death far and wide. Imagine the awful mistake of strychnia going into tons of bon-bons about to be scattered throughout the kingdom, possibly exported to all parts of the world.

We are decidedly of opinion that it is by no means justifiable to use poison for vermin or other purposes in any place where confectionery or other edibles are manufactured or sold. Admitting that the jury were but right to exonerate all concerned in this case, we maintain that its occurrence is so distinct a warning of the danger of some such accident, that should another case occur from such cause it will be wilful neglect on the part of those who use poison where bon-bons are made or stored.

If death itself having occurred is not sufficient warning, what is? The answer to that question will not, we fancy, be a pleasant one, should another accident happen.

SCOTLAND.

EDINBURGH.

Dr. Christison.—About two years ago, several gentlemen in token of their great regard for Professor Christison, and of the eminent services he had rendered to the university, resolved to procure for the university a bust of him, executed while he was still in full vigour and vitality. The subscription in every case was limited to one guinea, and so rapidly did the contributions flow in, that in a very short time the list had to be closed, as the committee found they had too much money for the purpose they had in view. With the surplus funds it was resolved to present a *replica* of the bust to Professor Christison's family. On Thursday, Sir Alexander Grant as chairman of the committee of subscribers, formally presented the bust to the Chancellor and Senatus. This unprecedented honour conferred on Dr. Christison will, we are sure, be considered by every member of the profession as a just tribute of respect to that distinguished man.

Craig *v* Jex Blake.—Judgment has been given on the appeal by the defender in this case. The first division have unanimously rejected the appeal, sustained Lord Mure's ruling, and granted expenses to the pursuer.

Notes on Current Topics.

Protection from Poisoning.

The antagonism between the Pharmaceutical Society and the Government continues in much the same stage as when we last reported progress to our readers. The Council of the Society, after the example of the Communist Government, obstinately maintain their neck or nothing opposition to the Pharmacy Amendment Bill, although they must be aware that Mr. Foster has only to lift his finger to make it law, and although the honourable gentleman has distinctly told them that he will lift the finger if they don't consent to voluntary reform.

On the 24th of June, the Society's Council sent a memorial to the Privy Council asking for the withdrawal of the Bill on the ground—firstly—that the chemists don't like it; secondly, that doctors' surgeries ought to be included in its operation; thirdly, that the power of removing from the Register a chemist convicted of an offence under the Act is too stringent; fourthly, that the definition of a poison which should be subject to the precautionary regulations is too vague; fifthly, that the Irish Act does not enforce poison precautions; sixthly, that the precautions would increase liability to accident instead of diminishing it. This memorial was presented to Mr. Forster by a deputation, but produced a disastrous effect. Mr. Forster absolutely refused to listen to any arguments coming from a deputation which refused to amend and wished to destroy the Bill. He said that he had expected to hear the provisions of the Bill discussed, and perhaps improvements suggested; and, with a view to the consideration of suggestions, he had arranged for the presence of Mr. Simon and Mr. Jenkyns from the office of the Government draftsman. He should have been pleased to hear anything which might have been said by those desirous of improvement, but thought that there could not be useful discussion with a body of gentlemen who would only be content with the rejection of the Bill. He further promised that the Bill should not be read a second time before July 3rd. He referred to the Act, and remarked that the intention of the Parliament of 1868, that there should be compulsory regulations, was shown by the first clause, and he did not think that the views of the present Parliament would be different. He should be prepared to meet the opponents of the Bill if they would raise in Parliament the direct issue whether the legislation of 1868 should be revoked; but in any event, although the period of the year would be in favour of opponents to the measure, he must accept the issue, and, whilst conceding reasonable time, be understood as intending to press for the principle of the Bill.

In other words, Mr. Forster said that the Parliament which gave vitality to the Pharmaceutical Society wished for compulsory precautions. If the Society liked to surrender their authority as Guardians of Pharmacy, he might allow them to do so; but in any other event, he insisted on regulations, and would not even talk about any other proposition. The deputation wanted him to state what he would give them in the way of concession; but he desired them to ask for what they wanted, and he would consider whether he might yield it.

The Government is evidently very angry, and has taken an attitude of command, which they very seldom assume towards a public body, and which binds them to abate nothing of their orders.

We have already said that, in one point, we entirely concede the justice of the Society's representations, and we consider that it would be unjust and one-sided legislation which would compel chemists to set their houses in order, and allow medical medicine vendors to dispense in any way they liked. The memorial of the Pharmaceutical Council says, on this point, that the danger connected with powerful medicines is either, firstly, inherent to the poison,

or, secondly, it belongs to the person dealing with it. If the first presumption be accepted, the State should demand from all citizens the same compliance with regulations: to the second supposition we must emphatically object that there are no grounds for fixing this stigma either upon the Society we represent, or upon the general body of chemists and druggists. The unequal action of this Bill is strikingly shown in the case of Glasgow, where there are about sixty chemists and one hundred and twenty open surgeries kept by medical practitioners, and undistinguishable from the shops of the chemists in their appearance and in the business carried on. The deputation from Glasgow which waited upon the Council of the Pharmaceutical Society has most forcibly shown that the Bill would drive from the shops of the chemists to those of the surgeons all that numerous class of poorer customers requiring remedies that this Bill says may only be supplied by the chemist in a "poison bottle."

Inasmuch as we have not the least belief that anything which the chemists can do will defeat the Bill, we trust that the Council of the Society will, at the eleventh hour, have the sense to retreat from their untenable and unreasonable position, and evince a readiness to do their duty to the public, securing to themselves a "clear stage and no favour," which the Government is evidently disposed to give them.

Irregular Consultations.

Dr. Gordon, of Dublin, has addressed the *British Medical Journal* in reply to the letter of "A Consulting Physician" which we published last week. The full text of the letter is not printed by our contemporary, but enough of it is given to show that Dr. Gordon contrasts favourably the social status of the Irish Profession with that of their English brethren. He says,—"In all matters of medical etiquette the Irish Branch of the Medical Profession is immeasureably in advance of the Profession in England," and "such matters as partnerships—club attendances for sixpence or threepence per head, and all such other trade partnerships as are every week to be found in the pages of the *Journal* are utterly unknown to respectable practitioners in Ireland."

This is, at least, a *tu quoque* argument, but so far as it goes we entirely concur with Dr. Gordon. The veriest drudgery of the beggarliest dispensary in Connaught is, socially and actually, superior to the miserable shop doctoring and contract physicking which Dr. Gordon characterises as existing in England. But we see no relevancy of that fact to the subject of consultation with quacks, beside which, as a crime against medical etiquette, the least reputable chandlery doctoring in England is a venial sin. We are not able to say how far such coquetting with medical pretenders exists in England, but we hope that the purism of Ireland in matters of professional honour, for which Dr. Gordon takes so much credit, will continue to vindicate itself, as it ought, against even the suspicion of palliating such proceedings.

Tea or ——!

"A breakfast table with 'Simpson' in the cream-jug, alum and potato in the bread, lard in the butter, and a decoction of horse-nails and willow leaves in the tea-pot, is not an appetising display of viands, and yet we are coming to it," says the *Daily News*. "We might as well grow our tea at home, if it is to consist of willow leaves. We have succeeded pretty well in manufacturing port-wine *without* grapes, and champagne *without* wine, and it is strange if we cannot—having once got the hint from them—improve on the rogueries of the heathen Chinese."

The importation of caterpillars' filth, rotten leaves, and iron filings, which last year was sold under different names, has been again publicly noticed by Dr. Letheby, with as little result as on a former occasion. Six hundred half chests, or about 30,000 lbs., have just been placed in the market, and part of it is, as we write, sickening the poor purchasers, who pay 3s. per lb. for what cost retailers—the papers inform us—from ¼d. to ¾d. per lb.!

There are practical difficulties in stopping this trade, but the City authorities seem to be doing their best. But then the authority of the City does not extend far, and therefore the cargoes can be discharged outside the City jurisdiction.

Baby-Farming in Scotland.

Before the Select Committee Mr. Wm. Cameron said, that he believed the rate of infant mortality was largely increased by the negligence of those who undertook the care of children. Baby-farming prevailed in Edinburgh and Glasgow to a very large extent, and he invariably found that the children were in a squalid, miserable, and emaciated condition, without proper food, and sometimes without a bed to lie down upon; while the nurses, in many cases, lived a life of gross intemperance. In one house at Portobello he found eight children under the care of two old women, and he had reason to believe there were many similar cases in Scotland. He had no hesitation in saying that children were taken in with the deliberate intention that, by a course of neglect, their lives should be sacrificed; and as in many cases a lump sum was paid down to the baby-farmer, this result was not long delayed. Dr. Cameron, of Glasgow, gave similar evidence. He expressed his belief that there was a great deal of criminal or culpable neglect which resulted in the death of the children which were accepted by baby-farmers. In cases where weekly payments were made for the children, it invariably happened that the amount paid was not sufficient to provide healthy food, and the child therefore had to put up with unwholesome food until it succumbed. The procuration of abortion prevailed very largely in Scotland, particularly in Glasgow; and he urged the necessity of compelling the registration of still-born children, and a system of inspection of all houses where children were taken in to nurse.

Liability of Druggists for the Effects of Counter Practice..

At the Sheffield County Court last week, a saw carpenter sought to recover from a chemist and druggist, damages alleged to have been sustained through the administration of improper medicine.

The plaintiff was passing along the street when the defendant, who was near his shop door, asked him how he was. Plaintiff replied that he was not very well, upon which the defendant recommended him to have a pennyworth of his pills. He took the pills as advised, but received no benefit from them, and he informed the defendant of this as he passed his shop the day but one afterwards. The defendant thereupon said that plaintiff's

liver was out of order, and told him he had better take some of his liver pills, supplying him with a box containing twenty, and instructing him to take six per day. This he did for three days, and on the fourth morning he took the remaining two. After commencing work on the fourth day he was taken very ill while at work; he became very weak, his tongue was swollen, his teeth loose, and salivation set in. So ill did he become, that he fell down and had to be taken home. A surgeon who was sent for, attended him at his home for nearly a fortnight, and gave it as his opinion that his illness was the effect of extreme salivation. He then went into the Sheffield Hospital, and for sixteen weeks was unable to work. It was contended that the defendant, if he represented himself as skilled in diseases such as he said the plaintiff was suffering from, ought to have given him proper directions in reference to the medicine, but simply said, "try my pills."

The judge said that the law was that every person who held himself out as following any skilful employment was bound to bring to the exercise of it a reasonable amount of skill. This applied to medical men, but not to chemists and druggists, who were simply sellers of drugs. There was a case in which a person went to a blacksmith to have a tooth drawn, and the latter broke his jaw. He sued for damages, and the Court held that there was no cause of action, because the man should not have gone to a blacksmith under such circumstances.

A chemist and druggist could not administer medicines for profit. If a man would be so great a fool as to go to a chemist and take any pills that he might give him, it was his own fault. The matter having been argued at some length, his Honour decided that there was no case for the jury.

The ordinary practice of mankind was not to go to chemists and druggists as if they were medical men, but to go to a medical man first, obtain his advice, and then go to the chemist and druggist for the drugs that had been prescribed. In the present case the plaintiff first went to the chemist and druggist, and took the pills which he recommended. It might be that the plaintiff had been injured by the pills, but in his opinion that made no case for the jury. There was no skill required by a chemist and druggist, who did not hold himself out as a possessor of skill. It was the same as if the plaintiff had taken pills which he (the Judge) had recommended as very valuable for his complaint. He (the Judge) would not be liable under such circumstances, he should direct the jury to find verdict for the defendant.

Adulteration of Lard.

The *Canada Pharmaceutical Journal* recounts that some time ago, the stock of prepared lard being exhausted, a quantity was procured from a respectable pork dealer. It was beautifully white; so much so, that the writer was led to question his ability to produce anything equal to it. The first trial was in preparing ointment of nitrate of mercury. The colour, when the mercurial solution was added, was the reverse of citrine, indeed, decidedly saturnine, developing in a short time to a full slate colour. Surprised at this unprecedented result, the usual precautions having been taken as to temperature, etc., the lard was suspected, and, on examination, was found to contain a large proportion of lime. Some time after, being in conversation with a lard-renderer, a hint was dropped as to the relation of lime to colour, when the information was confidentially imparted that a common practice among lard dealers was to mix from two to five per cent. of milk of lime with the melted lard. A saponaceous compound is formed, which is not only pearly white, but will allow of the stirring in, during cooling, of twenty-five per cent. of water. So much for appearances.

The Proposed Appointment of an Irish Union Apothecary.

The Commissioners, alluding to this subject in their Irish Poor-law Report, recommend supplementing the present provisions of the law by a defined mode of appointing the officer, and by the establishment of a Board of Management representing the several unions combined But it would be impossible to do this on so large a scale as that contemplated by the recent order, and they now think that several groups of unions, each with a central depot, and each with a separate officer, appointed and superintended by a representative board of management, would work very well, and relieve them from a responsibility as the immediate supervising authority which they ought not, perhaps, to undertake.

These establishments, with the assistance of experts in chemical analysis, might answer the purpose effectually of securing reliable drugs for the treatment of the sick under the Poor-law and Medical Charities Act.

They would not be disposed, however, to exercise these powers in regard to unions which did not consent to be combined for the purposes in question.

A Grudging Retractation.

The *Lancet* is unable to deny the gross blunder it has committed; but, unfortunately for its own reputation, it seems unwilling to make an honest confession. Mr. Stoddart's letter, which we quoted from the *Pharmaceutical Journal*, is referred to in last week's *Lancet* in that limbo to which it consigns so many half-rejected communications—its "Notices to Correspondents"—apparently in the hope that there it will be overlooked. Still we will take the grudging retractation for what it is worth, and will rescue it from our contemporary's "dust-heap," as we have heard that limbo called, and thus show that we are only actuated by a desire to promulgate the truth. The *Lancet*, pretending to address Mr. Stoddart in its Notices to Correspondents, as if he had written to it, confesses it cannot name a substance which gives a spectrum coincident with that of blood. Of course it cannot; and thus it has been compelled to acknowledge, what it ought in common honesty to have avowed, its hasty and ignorant pretensions in attempting to depreciate the value of the micro-spectroscope, as a means of discovering blood.

Proposed Establishment of Government Village Hospitals in Ireland.

In their Twenty-first Annual Report, the Commissioners called attention to the remarkable degree of immunity from epidemic disease observed in Ireland since the close of the famine period. If an epidemic influence were to set in, the fever hospitals attached to the workhouses, which have superseded the county fever hospitals almost universally, would be found in many unions inadequate to meet a serious outbreak of fever, not only as to the

number of beds, but more especially as to their remoteness from populous localities in which an epidemic might appear.

The Commissioners are of opinion that no more effectual way of protecting this country against future invasions of epidemic disease, and of affording in ordinary times effectual medical relief to the sick poor residing at a distance from the workhouse hospitals could be adopted than by establishing, where it may be necessary, what are in England called "Village Hospitals," attached to the dispensaries, and placed under the care of the Dispensary Medical Officers in each case. In other words, we would, if funds were forthcoming, advocate adding to the Dispensary in populous districts remote from the workhouse, buildings comprising at least two wards for either sex, apable of containing from five to ten beds each, according to the circumstances of the district. The additional cost of such an establishment to the union would consist of the salary and maintenance of a nurse tender, and a fair addition, if requisite, to the salary of the medical officer, and the providing of beds, bedding, &c., for the patients.

As regards the cost of the buildings; such auxiliaries to the present system of Poor-law hospital relief would, in our opinion, have the first claim on whatever part of the surplus of the Irish Church Fund might become hereafter available for such uses, and if an advance on securiy of that fund could at once be made, it would be put to immediate use in a considerable number of unions.

Homœopathic Conversions.

Dr. Payne, in the last issue of the *Monthly Homœopathic Review*, publishes a paper "On the Dose," the tendency of which is so directly in the line of a recantation of infinitesimalism, that it seems worthy of quotation: Dr. Payne says—

"We ask then, not only the question, what dose will cure *(perhaps, in many cases a high dilutive dose will cure if time be allowed)*, but we ask what dose will cure most quickly . . . the nearer we get to the physiological power of the drug, so we get the quickest curative power. . . . Determine the smallest quantity which will produce the physiological effect, then the dose, just short of that, *is the most efficient curative dose.* . . . Loyalty in homœopathy consists not in high dilutionism."

It would be a satisfaction to be made aware whether this is bad Homœopathy or good allopathy? It is altogether too sensible to come within the pale of homœoquackery.

A New Vesicant.

In the Australian *Medical Journal*, Dr. Wylie, Surgeon to Hamilton Hospital, states that, during his residence in the island of Java, he found that a vesicant was extensively used in medical practice the name or existence of which he had never before heard of.

Like cantharides, tinct. andol andol is obtained from a fly. It is found in China in great abundance. It is of a dull, dirty leaden colour, about twice the size of a Spanish fly, and in general appearance not unlike a large Australian blow-fly. The tincture is the only preparation he had seen. The Dutch apothecaries prepare it from the fly, which they import in considerable quantity from the Celestial Empire.

The tincture of andol andol is most convenient as a blistering fluid, being painted on the part to be vesicated, just as tincture of iodine is used. It dries on the skin in a few seconds after application, and vesicates most effectually in from three to four hours. Before applying it, however, the skin of the part to be blistered should be washed first with soap and water, and then with common vinegar.

Ever since he first heard of it until now, Dr. Wylie had used tinct. andol andol and never found it fail.

The Royal Commission on the Contagious Diseases Act.

The *North British Daily Mail* notes letters which have been received by members of the committee of the Association for the Repeal of the Contagious Diseases Acts. From these it appears that the Royal Commission have, by a majority of thirteen to six, reported in favour of the repeal of Acts 1866 and 1869. Three of the prominent members of the association for promoting the extension of these Acts—Admiral Collinson, Sir Walter James, and Prof. Huxley—are stated to have voted with the majority, and to have made speeches to the effect that they came on the Commission believing the Acts were wise and beneficial, and have been convinced by the evidence laid before it that they were mistaken.

Toe Disease.

A San Domingo despatch of the 6th ult. furnishes the following:—"The toe disease is spreading. Over a thousand persons afflicted with it are in hospital." This is believed to be a sort of leprosy, a disease prevalent in various forms among the negroes of the West India Islands. In the English islands it is known as yaws, crab yaws, and cocabay. In some cases the extremities become shrivelled and gradually decay, finally dropping off joint by joint. In other instances the disease is confined to the soles of the feet, commencing with a small hard kernel, from which fibrous-like radiations grow The foot swells and becomes misshapen, and when a sore is formed, the loss of the limb, and in many cases of life itself, follows. In adults these disease are considered incurable, but in young children a very singular remedy is adopted. A hut of bamboo, covered with cocoa-branches, is built. A sort of couch, on which the child can partially recline, is placed inside, with the seat about three feet from the ground. On the floor in front of the couch a fire is lighted, and over it, at some distance above the fire, an iron pot three parts filled with water is placed. The child is laid upon the couch, and the foot affected with yaws is put into the water, which is kept almost at boiling heat. The child remains in this position for about a fortnight, some person attending to its wants day and night and looking after the fire. The negroes call this killing the yaws. It is well known that a complete cure is effected by this singular mode of treatment. This dreadful disease is certainly communicated by contact. The negroes, who fear it worse than the small-pox or cholera, warn their barefooted children never to walk in the tracks of another person when the soil is damp, as it is their firm conviction that the disease is generally acquired in this way.

The Fever in Buenos Ayres.

THE official return to date gives the total number of 13,403 deaths. But other returns, from private and impartial sources, confidently state the total to be over 26,000. In one block of low buildings seventy corpses were found in such a state that no one could bury them, so the whole block was burnt, bodies and all; and a whole family of five were found dead and deserted after many days in a shut-up house.

Sectarianism in Medicine.

AN agitation, which is fraught with the most serious considerations as regards the administration of the Irish Medical Charities, and the interests of those engaged in their working has been set on foot within the last fortnight, in connection with the vacant office of dispensary medical officer in Kingstown. A very lengthened manifesto has issued from the pen of a local ecclesiastical dignitary, which propounds ideas alike repulsive to common sense and justice, and to medical equality. The object of the agitation thus inaugurated, is to show that no medical man should be allowed to take medical charge of a dispensary, unless he is of the same religion as his patients, and as a necessary consequence that the whole of the medical charities of Ireland should be handed over to persons possessing one religion. It is sought to give a colour of reason to this monstrous dogma by arguing that craniotomy is an abomination to the Roman Catholic Church, and that, therefore, anyone who might, could, would, or should, under any circumstances, consider that operation advisable, is unfit to do obstetric duty amongst the Irish poor. The *sequitur* of this argument which the author of the manifesto does not avoid, is that all obstetricians who craniotomise, are guilty of spiritual murder.

We know notning of sectarian quirks of this sort. There fittest use is to get up election steam, to heat the angry passions of the mob, and to foster hatred, envy, and malice between neighbours and fellow men; but we do know that, practically, craniotomy is almost unknown in dispensary practice, and it is plain that however frequent the cases for its employment, it never could be possible if the religious views of the patient or her family forbade. But it deeply concerns us that the pestilential aroma of religious venom which has been instilled day by day into all things Irish, should now intrude itself into the charitable medical succour of the sick poor. The Good Samaritan put behind him the religious bigotry of the Levite, whose sectarianism forced him to "pass by on the other side." Let us hope Poor-law medical officers will be allowed peacefully to follow the same good example, and that common compassion will yet prove superior to the dogmata of any sect, whether Orange or Romish.

Pantaleoni v. the "Tablet."

THE *Tablet* has to pay £250 damages for libel on our very good friend and able contributor, Dr. Pantaleoni. We have not much sympathy for the proprietor, inasmuch as the libel complained of was persisted in in spite of denial. It was to the effect that the doctor had reinstalled two convicts in office at the hospital of San Gennaro. As Dr. Pantaleoni informed the editor that at the time of the alleged event he was an exile from Rome, one might naturally have looked for a withdrawal of the statement. This act of justice was, however, refused, and our Italian *confrère* appealed to an English court. Dr. Vaughan, of the *Tablet*, thus brought to book, admitted there was no foundation for the libel, and apologised. It is to be regretted that the *Tablet* should not have been ready to confess its error until compelled to do so. Dr. Pantaleoni's vindication is, however, complete.

Vaccino-Syphilis.

AT the concluding meeting of the Session of the Royal Medical and Chirurgical Society, the report on this subject was presented. The committee admit that the cases they were appointed to investigate have been accurately described by Mr. Hutchinson and Mr. Warren Tay.

THE Liebig's Extract of Meat Company slaughtered 88,869 head of cattle last year.

THE annual election of Councillors in the Royal College of Surgeons of England, takes place to-morrow.

DR. LANKESTER, during a recent inquest, made the startling announcement that over 300 dead children were found in the streets of London every year.

THE health of Paris has been much improved by cleansing the sewers with solutions of phenic acid and chloride of lime.

AN Examination of Candidates for Commissions in the Medical Department of Her Majesty's Army, will be held in London on the 9th of August next.

ON Thursday last a marble bust of Dr. Christison, the distinguished professor of materia medica in the University of Edinburgh, was presented to the Library of that Institution, by Sir Alexander Grant, on behalf of the contributors.

No doubt there will be a keen competition for the new appointment, announced in another column, of Resident Assistant-Physician to the new St. Thomas's Hospital. The latest day for receiving applications of candidates is next Tuesday week.

AT an inquest held in London, on Friday, on the bodies of twins, it was shown that death resulted from the carelessness of the chemist, who supplied poisonous powders instead of rhubarb ordered by the surgeon. This is but another instance of the abominable way poisons are stored in apothecaries' shops.

A HORRIBLE atrocity reaches us from China. On the 4th of May a ship, with more than 600 coolies on board, caught fire, great suspicion existing as to the cause. The captain and crew escaped, but 600 coolies, with the hatches battened down, were left in the hold, in the language of an eye-witness, "to stew in their own fat." Not one of the 600 escaping this fearful death.

THE *Gazzet. Farm. Ital.* advocates the addition of chloral hydrate to cod-liver oil; it renders it much less

nauseous, and prevents the night sweats of the phthisical patient, induces sleep, and creates appetite. It is prepared as follows:—"10 gr. pure chloral hydrate crystals with 190 gr. cod-liver oil, digested in a sand-bath with gentle heat. Dose, 6 table spoonfuls daily."

The worthy Treasurer of St. Thomas's Hospital, Sir Francis Hicks, has fallen foul of the Borough Rifle Volunteers, in not allowing them to form a guard of honour to Her Majesty upon the opening of the new buildings. It appears to be a rule that when any public pageant or royal ceremony takes place, and the volunteer force is called into requisition, the corps whose head quarters is nearest the scene is selected for this privilege, and when, upon the present occasion, the colonel of the regiment wrote to ask why a distant company had been chosen, Sir Francis replied, that as the First Surrey had done it before they should do it again. The Borough Rifles naturally felt aggrieved, and our contemporary, *The Volunteer*, remarks that the authorities of the Hospital have acted in a most questionable manner.

THE annual meeting of the Female Medical Society was held last week, the college is intended to be self-supporting, but this point has not yet been attained, and funds are required to provide a museum of illustration and a library of reference, as well as to consolidate the institution by means of a Royal Charter. The report stated, that during the session ninety-eight had availed themselves of the Society's Obstetrical College, fifty-one of these were single, twenty-six married, and twenty-one widowed wives or widows of clergymen or medical men. Most of them attended the lectures with a view to practising as skilled midwives. Two ladies had been recommended by the committee for responsible professional positions in connection with the Birmingham Lying-in Hospital; two of the past students, Mrs. Thorne, and Miss Chaplin, are now studying for the degree of Doctor of Medicine at Edinburgh. A resolution was passed condemning the present system, by which the whole medical teaching of the United Kingdom is monopolised by a few privileged schools; this being, it was urged, injurious alike to medical teaching, the profession, and the public at large. It was also resolved that, in view of the probable opening of the Edinburgh University to lady students, the Society should confine itself to the establishment of a high-class school of obstetrics for women.

A GENTLEMAN who signs himself "Edward Haughton, M.D." and is, we believe, the proprietor of a hydropathic establishment, was reported by the daily press as having, at a meeting of vaccino-phobiacs at Exeter Hall, spoken against the protective efficacy of vaccination. He replies in a letter to the *Post* in which the following passages occur:—

"The Medical Profession, as a body, is not answerable for the tone of some journalists, who seem to conclude that if vaccination be admitted to have any protective virtue, the compulsory law is completely justified. . . . I would say that in order to justify so arbitrary a measure we ought to be in a position to affirm that vaccination never does harm. The answer to this is obvious; there are several thousand persons now actually ill in London from re-vaccination. . . . Careless vaccination has often propagated hereditary disease, and the man who has the effrontery to assert the contrary is quite ignorant of the literature of the subject. . . . Vaccination is a preventive of the individual to a large extent, but all epidemics prove that it fails to protect the community."

The reasoning here is uniquely vaccino-maniac. Truly, it is not reasonable that we should be expected to find argumentative brains for such people. Nevertheless, we must observe that compulsory vaccination can neither be justified because it has "*any*" protective virtue, nor condemned because it "*never*" does harm. No one with an unsoftened brain would suggest that vaccination should be enforced if it only protected a few persons, or that it should be abandoned if it were conclusively shown (which it has not been) that it occasionally did harm. The matter is one altogether of balance between the good achieved and the harm risked, and as the undeniable good is, in this case infinite, and the risk of injury infinitesimal, it is the most contemptible display of puerility to special plead as Dr. Haughton does.

To complete the absurdity, we may observe that, it is perfectly unproven that vaccination has in any number of case "propagated hereditary disease," and glaringly false that it "fails to protect the community.

But how can one argue with persons who are utterly impermeable to facts or to reason?

Literature.

TRANSACTIONS OF THE PATHOLOGICAL SOCIETY OF LONDON. Vol. XXI.

[SECOND NOTICE.]

Diseases of the Organs of Digestion.

THE first case, by J. D. Hill, is entitled, "True Diaphragmatic Hernia with Stricture of the Œsophagus." This is a remarkable case, as the patient lived to be fifty-four, and yet the hernia of the stomach and part of the duodenum had been congenital, and placed in the right pleural cavity. In addition, a stricture of the œsophagus, close to the stomach had formed within the last year of the man's life, due to schirrus growth. Our space forbids of our entering further into the details. Nos. 3, 4, and 5, by Drs. Clapton, Murchison, and Peacock, are examples of fatal bleeding from the opening of small vessels in the stomach; at least, in two of them, for in the last case it was the splenic artery was opened. All these cases are worth perusal. No. 9, by J. W. Legg. M.D., who was indebted to Sir W. Jenner for the opportunity of giving the case, is a truly remarkable one which we wish we could give details. It is entitled, "Congenital Constriction of the Ileo-cæcal Orifice; Dilatation of the Ileum; Retention of Fruit Stones in Jejunum and Ileum." Even with this state the patient lived to be thirty-two years of age; but we must refer our readers to the volume for the details of this unique case. No. 14, by H. W. Fuller, M.D., is entitled, "Polypoid Growth in the Bowel, giving rise to Intussusception." It would seem that the patient, a girl of twenty-one, had laboured under the disease from the age of twelve. It is not easy, we must say, to understand how it could have existed so long. In addition to the polypus which caused the invagination, there were as many as thirty others higher up in the ileum. The actual cause of death arose from ulceration and perforation. No. 17, by J. J. Bristowe, M.D., is entitled, "Peritoneal Cancer." We notice it as it was a case in which the diagnosis must have been very uncertain. Towards the last the patient's

mind was quite heavy; almost comatose. The author expresses his wonder at this; for the brain, he says, was all but healthy. When, however, we refer to the account given we find there was an excess of serum in the sub-arachnoid tissue, and "marked congestion of pia mater." We believe that such a state is quite capable of affecting the mental powers.

Diseases of the liver form a sub-section in this portion of the volume. Amongst the cases we notice several where syphilitic growths affected this organ. We hope this idea is not being carried too far. One, for instance, No. 19, is entitled, "Syphilitic Cirrhosis of the Liver." The organ was atrophied. Now, we do say that the syphilitic poison may not have attacked it, but, as the patient had led an irregular life we do say that these habits had, most probably, very much to say to this state. On reading further on the report of the committee appointed to investigate this case, we now find that they did not consider this liver syphilitic; but curious enough they look upon its etiology as still obscure. Again, No. 21, by Henry Morris, is entitled, "Syphilitic Disease of the Liver, associated with Amyloid Disease of all the Viscera and Peritonitis, in an imperfectly developed girl, aged twenty years." It has rarely fallen to our lot to find a case more strangely misinterpreted than this one. Here is a girl with no history whatever of syphilis, and born of healthy parents, with no marks on her person. She remained healthy, too, till her eleventh year, when she gets ophthalmia. This was followed by sore throat, deafness, ozæna, ascites, peritonitis, and disease of both the kidneys and liver. In fact she was a mass of disease, all of which is attributed to syphilis!!! For ourselves we cannot believe this to be the correct view. The whole history of the case is opposed to it. It is infinitely more probable that the poor girl was a delicate strumous child, and that one and all the diseases were due to this predisposition. We have seen all the diseases this patient had, and without any syphilis. The case is a very good example of the way in which the judgment is led astray when certain notions are taken up as they seem to us to be in London at the present time, in reference to the poison of syphilis. But the subject is too extensive to pursue further at present. Case 23, by J. Murray, M.D., is entitled, "Extravasation of Blood into the Liver, Ovaries, and under the Serous Surfaces, in a case of death from Ante-partum Hæmorrhage." We notice this case as the author considered the cause of fatal bleeding as being obscure. The patient, it is to be observed, was unmarried; a point which is not dwelt on; though we believe it capable of modifying largely everything connected with pregnancy. Nor is a word said about the placenta; though the case may have been one of placenta prævia; at least, the symptoms are very like that complication. It would have been well had a committee investigated this case closely. The next two cases, by Drs. Murchison and Tuckwell, are examples of gall-stones, one in the bile duct and the other the hepatic duct; they are each of interest in their way and will well repay perusal. No. 27, by J. F. Payne, consists of two cases of "Suppuration in the Liver, consequent on irritation in the Vermiform Appendix." In the first of these cases a pin was found in the appendix; but it does not appear to have caused any acute inflammation. In the second case ulceration of the appendix existed; though no foreign body was found.

Diseases of the Genito Urinary Organs.

The first two cases, by Drs. Roberts and Murchison, are entitled, "Villous Disease of the Kidney, and the same affecting both the Kidneys and Bladder. In each case there was hæmaturia, and in one the passage of the blood-clot down the ureter gave rise to the symptoms of calculus. In neither does it seem as if there was any malignant growth, though from the state of the mucous membrane it is possible, had the patient lived longer, such would have been found. No. 3, by T. Whipham, M.B., consists of two cases where most extensive disease of the kidneys existed, of the cystic variety, and yet where there was almost an entire absence of symptoms during life. No. 6, by A. Leared, M.D., is a case of "Cancer of the Kidney and of the Liver." The patient—a member of the Profession—was sixty-four years of age, and suffered for several years from diffused abdominal pain, this was followed by bloody urine, and then a tumour was detected over the left kidney, and this was painful on pressure. Finally, the liver enlarged and also became tender. The examination disclosed malignant disease of the left kidney, with the liver full of Farr's tubercles. It is not to be wondered at that this case was very obscure, and for a long time considered to be one of calculus of the kidney. Nos. 8 and 9, by Drs. Dickinson and Crisp, are each examples of sacculated kidney; one having calculi, and the other none. We notice them as each, during life, presented very great difficulty of diagnosis, and we need not say how much the character of the physician depends on this point. Nos. 10 and 11, by Drs. Cayley and Dickinson, are examples of "Acute Renal Dropsy, without Albuminuria." We are long familiar with this fact, in connection with the anasarca of scarlatina; but it is as well that it should be re-stated. At Berlin it would seem as if the presence of albumen were the exception, and not the rule, as with us. No. 12, by Sir H. Thompson, is "a Case of Vascular Tumour of the Bladder possessing unusual characters." The fungus which grew in the fundus of bladder had assumed the pedunculated form, and each—for there were two—was the size of a fig. No. 14, by Drs. Holmes and Williams, is entitled, "Cast of a Calculus, which weighed twenty-five ounces, and which was removed from the bladder after death." This is a very interesting crse, and occurred in the person of Sir T. Adams, who lived in the time of Charles the Second. The patient was eighty-one years of age. Independent of the great size of the stone, there are other points in the patient's history which will well repay perusal. There is also an engraving of the stone itself, and of the exact size it had reached. No. 18, by H. W. Fuller, M.D., is a case where "Hair and Cheesy Matter passed by the Urethra." This is a very well detailed, but at the same time, most obscure case. It occurred in a female of fifty; but we cannot refer to it more here. No. 21, by H. Arnott, is a very elaborate report, we may call it, on "Fifty-seven cases of Cancer of the Uterus." To those interested in this particular branch of medicine, the report must prove most useful.

Amongst the diseases of the osseous system we notice several of much interest. Thus, No. 4, by W. F. Clarke, is an example of recovery after compound fracture of the skull, with loss of brain-substance. The patient was a boy of twelve, and the fracture extended into the orbit. The injury was followed by hernia cerebri. Yet, with all these symptoms the boy seems to have made a complete recovery. No. 5, by G. Lawson, is a still more remarkable case. The title, all we can give, will afford some idea of the nature of the case: "Sudden appearance of a large Elastic Pulsating Tumour, immediately over an opening in the Frontal Bone, which was made eighteen months previously, by the Trephine, for the removal of depressed fragments of bone pressing into the substance of the Brain; rapid subsidence of the swelling immediately on the outbreak of a copious Herpetic Eruption." The only point we should notice is whether the swelling of the brain had any connection with the herpetic eruption. We think not; but that the subsidence of the swelling was clearly due to the fact that the tumour was punctured, and gave exit to a large quantity of serous fluid.

In the section on "Tumours" we observe a number that possess a high degree of interest; but our limits forbid us to do more than refer to them. In the conclud-

ing part of the volume will be found some interesting examples of disease as it appears amongst the lower animals. Amongst these we would particularly notice the paper by Dr. Crisp "On Calculi." This may be called a *resumé*, and contains not only a great deal that is curious, but also what is highly practical in its bearings. It proves too, contrary to the opinion of many, that calculous complaints occur with great frequency in some parts of India, and we must repeat that this essay is, in every aspect, valuable.

We cannot conclude our brief, and necessarily imperfect, notice of this volume without adding that we have read its contents with very great interest and improvement, and, valuable as many of its predecessors have been, we believe we are correct in saying that the present exceeds all the others in the important matter it contains, and in the great accuracy of detail of most, if not all, the cases. It is scarcely necessary to add that the volume is admirably got up, and illustrated by many engravings and plates; some of the latter being coloured.

PUNCTUALLY on the 30th June Braithwaite's "Retrospect"* reached us, and afforded the opportunity which we never like to miss of looking through its pages and noting the skill displayed in the selection of its contents from our own columns and those of our contemporaries. The alphabetical synopsis of the most practical articles in the volume is a most interesting feature. It shows at a glance what are in the opinion of two able editors, the chief indications of treatment published by different writers during the half-year.

Correspondence.

THE BRITISH MEDICAL ASSOCIATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have the honour to request publication of the accompanying correspondence, and to subscribe myself.

Your most obedient servant,

SAMPSON GAMGEE,

18 Broad street, Birmingham, June 26, 1871.

WILLIAM D. HUSBAND, Esq., F.R.C.S., J.P., *President of the Council of the British Medical Association.*

MY DEAR SIR,—The more carefully I consider the notices of motion for the next annual meeting of the Association, published in your name in the *British Medical Journal*, the more deeply am I impressed with the sense of their great importance.

The laws of the Association are, I believe, twenty-seven in number, and of these no less than twelve are affected, several radically, by your notices of motion. I think our associates might be assisted in forming a correct estimate of the changes you propose to effect, if you deemed it advisable to direct the publication in an early number of the *Journal* of the laws as they are now in force, and as they would be if your notices of motion became law.

It appears that you propose that the secretary shall no longer be a member of the council or of the committee of council, but that such officer shall henceforward reside in London, and devote the whole of his time to the business management of the Association, and of the *Journal* office. Without venturing to express any opinion on the advisability of effecting such a change, I submit that it is not merely an administrative alteration, but deeply affecting the fundamental principles on which the Association was founded.

When it was deemed advisable to change the name of our body from the Provincial to the British Medical Association, it was generally felt to be in the interest of the profession to maintain the independence of the Association from those metropolitan influences which have hitherto centred so powerfully in the medical corporations, and have militated, in favour of the few, against the general interest of the great body of practitioners throughout the country.

The events of late years have not detracted from the cogency of arguments formally held to be valid in favour of an independent organisation of the profession.

It has been stated that as at present administered, the British Medical Association has become practically a great joint-stock enterprise for the publication of a weekly journal which absorbs nearly the whole of the Association income. Hitherto the independent action of the secretary, a medical practitioner residing in the provinces, and having a seat in the council and the committee of council, has secured to the great body of practitioners an official representative, not under the control of the *Journal;* but if the secretary is to be reduced practically to the position of a paid clerk residing in London, and charged with the business management of the *Journal* office as well as of the Association, he must be subordinate to the editor, or, in business matters be co-ordinate with him in authority; the latter alternative would be incompatible with good government, while the former would eventually lead to such a centralisation of power in the editor of the *Journal* as to render him practically for the time being, the master of the Association.

I do not observe that you contemplate making any alteration in law 23, concerning the audit of accounts. Hitherto it has been held, though by no means unanimously, that the independent position of the secretary and the editor acted, to some extent, as a check in the financial arrangement. If, however, you propose to make the secretary a clerk in great part subordinate to the editor of the journal, an official public auditor of the accounts could scarcely fail to give very general satisfaction, the more so since no official denial has been given to the rumour current on very good authority, that the funds of the Association have lately suffered materially from the action, which I do not attempt to characterise, of one of its subordinate servants.

The British Medical Association has adopted a policy with the avowed intention of influencing the legislature in the reform of the Medical Acts, five of our most distinguished associates amongst the leaders of the medical profession in the three kingdoms have recently resigned all connection with the Association on a question vitally affecting its management. Is it too much to presume that you have taken these facts into full consideration with your colleagues on the committee of council before giving the notices of motion to which I have referred? If this assumption be correct, is it not reasonable to look to you for a statement of the reasons which have lead you at so critical a period in its history, to propose such extensive organic changes in the management of the Association.

Since your proposals open up the whole question of the government of our body, it is essential that full opportunity be given for discussion, and I suggest that you give notice of a special meeting during the approaching annual meeting for the discussion of your notices of motion.

I intend forwarding copies of this communication to the medical journals, but shall not do so before the 27th inst., so that I may transmit with it a copy of any reply with which you may favour me.

I am, dear Sir, faithfully yours,

SAMPSON GAMGEE,

18 Broad street, Birmingham, June 24, 1871.

MY DEAR SIR,—The most important alteration in the laws, of which I have at the request of the committee of council, given notice in the journal will only be proposed at Plymouth, if the members agree to the proposal which will be submitted to them to improve the business working of the Association and *Journal* office.

The committee of council will fully submit to the council, and if the council approves, to the meeting, the reasons which have induced it to recommend the proposed changes in the working of the Association. These changes can in no way lead, as you fear to metropolitan or editorial supremacy, as the election of the governing body by the members generally (so vast a proportion of whom reside in the provinces), will not be affected. The meeting must decide when the discussion on the report of the council shall be taken.

I had, before receiving your note, taken steps to have the

* "Retrospect of Medicine, January to June 1871." Edited by W. Braithwaite, M.D., and James Braithwaite, M.D. London, : Simpson, Marshall, and Co.

proposed alterations in the laws printed in the *Journal* in a form which will render them more intelligible to the members.

I am, yours very truly,

W. D. HUSBAND.

36 Bootham, York, June 26, 1871.

Sampson Gamgee, Esq., F.R.S.E.

MY DEAR SIR,—I lose no time in thanking you for prompt and kindly courteous acknowledgement of mine, 24th inst.

I regret that I cannot attach the importance, which I generally do to your opinions, to the statement, that the changes you propose "can in no way lead to Metropolitan or editorial supremacy, as the election of the governing body by the members generally (so vast a proportion of whom reside in the provinces) will not be affected."

The government of the Association professedly based on representative principles, has so far as I am informed, no parallel in any representative assembly or society in the world. The nominally supreme council has no control over the Association, as a distinguished associate once cogently put up, during a recess of 361 days in the year. Whatever be the theory of our constitution—a most legitimate matter for difference of opinion, the practical effect is scarcely open to question. Take for instance the ensuing year, hopefully looked forward to by medical reformers. Who will wield the power of the Association when its president resides at Plymouth, the president of the Council at York, the treasurer at Bath, and the members of the council be scattered in units over the three kingdoms, while 37 Great Queen street, or some such central office in the metropolis, will be the head quarters of the editor, and of his subordinate officer, who will combine the functions of business manager of the *Journal*, and of secretary of the Association? A fact not to be forgotten is, that no provision is made in the laws, or in your notices of motion either for a public audit or for substantial security being given by paid servants who may have the handling of the whole income of the Asssociation.

I am happy to think that this discussion is not with yourself personally, for whom I have always entertained most sincere respect. You have confirmed my anticipations that the notices of motion of the most important alterations of laws have been given at the request of the committee of council, and I therefore hold myself at liberty, to promote, or take part in, such measures as may be deemed necessary for bringing to an issue on public grounds, questions, which however solved, cannot fail to exercise an important influence on the future of the Association, and on the best interests of the medical profession.

According to previous intimation I forward copy of our correspondence to all the medical journals.

I remain, very faithfully yours,

SAMPSON GAMGEE.

18 Broad street, Birmingham, 26th June, 1871.

To WILLIAM D. HUSBAND, Esq.

CAUTION TO IRISH ASSISTANTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—I have been constantly in the habit of giving strong advice to gentlemen educated in the Irish medical schools, not to come to England as assistants without first acquiring a practical acquaintance with *apothecary's work*, which is required from every medical assistant in England. Hospital dispensing is of no use, because it is wholly a different thing from private dispensing in England. I have written emphatically on this point in my "Via Medica."

As a melancholy result of disregarding this advice, I desire to relate what has just occurred.

A young gentleman producing excellent testimonials from Dr. Shuldham Henry, of Belfast, Professor Andrews, Dr. O. Hare, Dr. Gordon, Dr. Dill, Dr. Seaton Reid, Dr. Hodges, and two Presbyterian ministers, obtained an appointment near London, with a client personally known to me as a gentleman of kindly disposition and considerate temper. With the testimonials mentioned above was one from the proprietor of a Medical Hall in Belfast, speaking of the candidate's skilful treatment of disease, &c. On his arrival, my client found the young gentleman so wholly incompetent to attend to his dispensing, that he was compelled *at once to dismiss him*, as he was about to put two drachms of sp. ammon. aromat into ℥iss mixture, for a child of three months old! The assistant had no idea, moreover, of the manipulation necessary in the surgery of a general practitioner in England. This is a flagrant case which will cause great inconvenience to my client, but greater suffering and inconvenience to the young gentleman engaged as assistant. I desire to make it as public as possible through your colums as a caution to those who think that they can learn dispensing and apothecary's work *after* they have entered upon their duties in England.

I am, dear Sir, yours faithfully,

J. BAXTER LANGLEY, LL.D., M.R.C.S., &c.

50 Lincoln's-inn-fields, London.

ABORTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Women appear to look upon abortions as trifles scarcely worthy of note, entirely ignoring the fact that health may be permanently damaged. A gunner's wife for a length of time went on washing, thrice changed her lodgings whilst suffering from hæmorrhage, associated with partially detached blighted ovum, and at last giving up when too late, she died of exhaustion. Causes at various times assigned—washing, wringing clothes, over-lifting, carrying children, boxes, baths, fenders, trays, marches, travelling, specially by rail, falls, fatigue, dancing, romping, running, squabbling; ague, bronchitis, cholera, constipation, debility, epilepsy, fevers, syphilis; early marriages, weakly histories, extremes of temperature, over nursing, rapid pregnancies, tooth extraction, taking emetics or purgative; fright induced by fire, shipwreck, earthquake, storms, seeing death, deformities, exciting dramas, Blondin pretending to fall off the high rope, mental emotion, hearing bad news, or loud noises, specially firing, sudden fear induced by horses, dogs, drunkards, wolves, ghosts, rats in a cupboard, or on board-ship, having a pocket picked, walking at the Crystal Palace, standing at the Queen's Drawing-room, going over the Woolwich Arsenal, toiling up the steps at Dover; ill-treatment, blows, sea-sickness, habit, worry.

Your obedient servant,

F. R. H.

OBITUARY.

THE LATE PROFESSOR ANSELME PAYEN.

WE hear with regret the death of this eminent French chemist, whose name will doubtless be familiar to most of our readers in connection with food analyses. He was born in Paris, January 17th, 1795. He was elected member of the Institute in 1842. In early life he had the management of a factory where the sugar was extracted from beetroot. Afterwards, after having had charge of other chemical works, he became Professor of Industrial Chemistry in the Paris School of Arts and Sciences. We may mention amongst his scientific and chemical researches his work on the "Conversion of Starch into Dextrine and Grape-sugar," and his investigations on Diastase. He experimented on the physical and chemical properties of different vegetable tissues, and the chemistry of the nutrition of plants. He wrote on the distinctive characters of animal compared with vegetable tissue, and made experiments on the gastric juice. At different periods of his life he made various investigations on gun cotton, the potato disease, manuret, and other subjects. He was quite recently one of a Special Commission, nominated to make a report on disinfectants, and was very active in the matter of food-supply which the recent lamentable war rendered so necessarily urgent and interesting to Frenchmen of science and ability.

THE LATE MR. SIMS SHAW.

AMONGST the many victories lately claimed by death from our ranks the name of the late Mr. Ollive Sims Shaw, of Stockport, deserves mention. He was articled at the commencement of his professional career to a general

practitioner of Stockport, and was a pupil at the Stockport Infirmary, finishing his curriculum at Guy's Hospital. After taking M.R.C.S., he became Assistant Medical Officer to the Gloucester Lunatic Asylum, and was subsequently appointed House-Surgeon to the West Derby Union, where, overworked by the present epidemic of typhus fever, he, after a short illness, succumbed to the disease. He was amiable in his deportment towards others, unfailing in the performance of his duties, and unbendingly conscientious in all things. He gave great promise for future years.

THE LATE DR. DAUN, OF EDINBURGH.

THE Profession has lost one of its most venerable members in the person of the late Robert Daun, M.D., M.R.C.P., F.R.C.S., Deputy Inspector General of Hospitals, &c., who has recently died at the advanced age of ninety-one. He was born at Insch, in Scotland, April 16th, 1785, being the eldest son of the parish clergyman. He was educated at the Elgin Grammar School, and afterwards became a medical student at Aberdeen. When only nineteen he became a member of the London College of Physicians, and entered the army as assistant surgeon at an early age. He was almost immediately drafted to India, being first in the 22nd Light Dragoons and afterwards in the 59th Foot. Returning to England in 1814, he exchanged into the Scots Greys, and served at the battle of Waterloo and with the army in France. He again went to India in 1820, and finally returned to England in 1825. In consequence of his vast experience in the treatment of cholera, he was chosen Deputy-Inspector General of Hospitals, in which capacity, on the occasion of the great epidemic of 1831-32, he went to the infected districts, and received the thanks of Government for his services on this occasion. He was frequently consulted on cholera, and once restored two apparently hopeless cases by saline injections. He retired some time since, residing successively in London, Aberdeen, St. Andrew, and, at the time of his death, at Edinburgh.

Medical News.

British Pharmaceutical Conference.—The meeting for the present year will be held in August, at Edinburgh, in the Craigie Hall, St. Andrew's Square, under the presidency of Mr. W. W. Stoddart, F.C.S., F.G.S. On Tuesday, the 1st, at 10 a.m., the President will deliver an address : the reading and discussion of papers on pharmaceutical subjects will then commence, be continued in the afternoon till 4.30, and be carried on during Wednesday ; an adjournment from 12.30 till 2.0 taking place each day. Gentlemen engaged upon any investigation, are reminded that papers are expected to be sent in to the secretaries a few days before the Annual Meeting, accompanied by a short abstract for insertion in the local and other newspapers. Authors are specially requested to send the titles of their papers to either of the general secretaries two or three weeks before the Annual Meeting. The subjects will then be appropriately advertised, and thus full interest be secured. The objects of this Association of pharmacologists and chemists and druggists are—(1) to increase the common stock of pharmaceutical knowledge ; and (2) to promote friendly intercourse amongst those engaged in pharmacy. In addition to the other means of attaining these ends, the conference annually presents to members a handsome octavo volume of 500 or 600 pages, containing the proceedings at the yearly meeting and a report on the progress of pharmacy, or year-book, comprising abstracts of papers on pharmacy, materia medica, therapeutics, and chemistry, and new preparations, processes, and formulæ, published at home and abroad during each year. Nearly the whole of the conference funds are devoted to the production of this book, no pains being spared to make it the desk companion of the year, and an invaluable permanent work of reference for every chemist and druggist. Either of the honorary general secretaries Professor Attfield, 17 Bloomsbury square, London, W.C., and Mr. R. Reynolds, 13 Briggate, Leeds, will give further information.

Another Monstrosity.—The American papers chronicle the birth of a new "two-headed nightingale" with but one body, two heads, four arms, two perfectly developed legs and feet on one side, and on the other one large imperfectly formed leg with eight toes upon the foot, and presenting the general appearance of the "consolidation of two legs into one." One head sleeps while the other is awake ; and, while one head with its corresponding leg or legs is convulsed with infantine grief, the other smiles sweetly upon and coos at its nurse. This "infant phenomenon" has been "interviewed" by several intelligent reporters from the New York papers, and the physicians are of opinion that it will probably live.

Apothecaries' Hall, London.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, the 29th June, 1871 :—Charles Clay, M.R.C.S., of King's College, London ; William Goodson, of the Westminster Hospital ; Robert Alexander Lithgow, Downpatrick, Ireland, of Guy's Hospital ; Horace Mansell Maybury, M.R.C.S, of St. Thomas's Hospital ; Edward Rice Morgan, of King's College, London ; George Holthy Pinder, M.R.C.S., Manchester School of Medicine ; and Frederick Skaife, of St. Bartholomew's Hospital. On the same day John Walter Scott, student of Guy's Hospital, passed his primary professional examination. At the recent competitive examination for the prizes in botany, given annually by the Society of Apothecaries to medical students who are in attendance on the second summer session of their medical studies, the successful candidates were :—First, Sydney Howard Vines, of Guy's Hospital, a gold medal ; second, Edward Markham Skerritt, of University College, a silver medal and a book.

Southampton.—The deaths from small-pox remain about stationary thirteen as again fourteen of previous week. The guardians and magistrates seem to be quite unable to get on comfortably. A long report in the *Southampton Times*, of a scene between the mayor, medical officer, and master of the workhouse, seems to show that the authorities are rather pugnacious. We would suggest to all parties the propriety of ascertaining their respective legal rights, before attempting to enforce what they fancy them to be, and in all cases to keep their tempers. Dr. Hearne writes to a local paper to the effect that the authorities comply with the law as they understand it, without possessing, so far as can be seen, a particle of knowledge bearing upon its effective execution. He adds "it is admitted that the arms of patients have been scratched by hundreds, without any examination of results ; it is further affirmed, incredible as it may appear, that uninformed people have been advised by their medical attendants that they themselves were competent to distinguish the true, genuine cow-pox from the spurious ! This being an admitted fact ; what legitimate ground of complaint can be preferred against uninformed authorities should they adopt the cheapest mode of vaccination for the public, and thereby effect an enormous saving to the ratepayers ? If there has not been strict compliance either with the letter or the spirit of the Vaccination Act will the ratepayers endorse the conduct of the guardians, in the payment of hundreds of pounds for work so executed ?"

Cholera in Russia.—According to the latest reports from St. Petersburgh, up to June 12 cholera was still persisting, although in a modified and less deadly degree. By last reports from St. Petersburgh, there were 79 cases of cholera from 29th May to 11th June, of these, 32 recovered and 38 were fatal. Number of cases under treatment June 11th, 143. Although, however, cholera has in a great measure decreased, it may again advance. From the 20th to the 27th of May, there was a decided increase of the epidemic, the number of admissions to the hospitals increasing to 21, double that of the preceding weeks. The deaths in this week were 9. During the three following days the deaths were three. On the 30th there were 32 cases under treatment. Cases of *foudroyant* cholera were rarer, and the disease yields more easily to treatment. The epidemic continues however, although diminishing, may at any time again extend. Among the conditions favourable to its spread must be ranked the humidity of the atmosphere. The weather, however, has cleared up according to our last reports. The total number of cases from August 29th, 1870, to June 12th, 1871, inclusive, are 4,622, of which 2,609 recovered, and 1,848 were fatal. We may now look forward with some faint shadow of certainty to a favourable termination of the outbreak at no very distant epoch.

Gleanings.

Spontaneous Generation.

LET us dwell, for a moment, on a still nobler use of the microscope. In the hands of Dr. Beale, a distinguished English physician, it has done what all the philosophers, and all the theologians, and all scientific talent combined, had previously failed to accomplish. It has demolished the materialistic and atheistic doctrine of "spontaneous generation;" just as the discovery of an apparently insignificant fossil, the "*Asterolepsis of Stromness*," in a little far-off seaport of the Orkneys, by the lamented Hugh Miller, gave the death-blow to the no less atheistic "*development theory*," so interestingly set forth in the "Vestiges of Creation," a book which most of you have probably already nearly forgotten. It is impossible to give you any very definite idea of how Dr. Beale upset the spontaneous generation theory with his microscope, and his book showing "how to work" it, without going into a history of the development of this theory and its supposed facts, from the great Schwann, with whom it may be said to have originated, through Robin, and the French school, to Darwin and Darwinism. Suffice it to say, that Darwin erected his atheistic temple on what he terms the "primordial form." But Beale proves, by his microscope, and its skilful use, that there *is* no such form, and that therefore this temple is founded on sand or something even less substantial. He proves that there can be no development from a primordial form or vegetable cell into an animal, because the microscope shows that all vegetable cells have double walls, while animal cells have single walls; while it gives this further confirmation—that, if you give *organic* nourishment to a double-walled or a *vegetable* cell, it dies, whereas *inorganic* food causes it to spring up and grow. The reverse happens with the single-walled, or *animal* cell. All this is a matter of sight, not of speculation; what not only Dr. Beale, but any other microscopist may see. Thus we perceive how wonderfully, how mysteriously God manifests His truths unto us; how intimately blended are the interests of science and religion, and how absurd the efforts of those who, from a want of appreciation of scientific investigations and truths, have sought to array them in antagonism.

"Who would suppose," says Dr. Acland, in his inaugural address before the British Medical Association, "that the question of spontaneous generation, so keenly debated from a very early period, to our own year and day, need have any bearing on practice? Yet see how the observations of Pasteur are connected with the questions of infection, nay, more, of suppuration, and (as shown to be probable by Prof. Lister) of surgical treatment. It would, indeed, be a great point if we could prove that no germs, carriers of disease, spontaneously originate, but must always come from a progenitor-cell. If so, there would be just a hope that some disease might be effectually stamped out." It is not too much to expect, I think, that the microscope will, ere long prove this. From an address "On the Objects and Aims of Medical Science," in *New York Medical Journal*, May.

Extract of Meat.

THE "Extractum Carnis," known as Liebig's, is now extensively employed in medical practice. Now and then doubts are expressed relative to the nutritive value of the commercial extracts, and, occasionally, undesirable effects follow their administration. It is well known that the extract, whether prepared in the open air by the Liebig process, or *in vacuo* by the Borden method, can contain no albumen. The albumen is coagulated, and therefore excluded during the manufacture, so that the extract consists, as shown by E. Reichart's analysis, of

Water separable at 110°C. - - -	16
Mineral constituents - - - -	18·20
Nitrogen - - - - - - -	9·51

The extract is rich in potassium salts.

Dr. Kemmerich has recently published in *Schmidt's Jahrbucher*, a detailed account of the physiological effect. An estimate of the nutritive value of the extract just referred to given.

He found by experiments on living animals, that extractum carnis in the form of soup, also meat broths and gravies of ordinary concentration, and free from seasoning, produce in the stomach active hyperæmia of its mucous membrane, especially at the gastric follicles. Hence, he concludes that extract of meat increases the activity of the follicles and hastens the secretion of gastric juice.

There is, moreover, a noticeable change in the character of the cardiac pulsation. The throb becomes more frequent, much stronger, arterial tension is increased, the pulse is made full and more rapid. He noticed also that a person by taking a little over one hundred grains of meat extract in the morning, experiences a slight elevation of temperature of the body above that of another person in substantially the same condition, and this elevation is followed by a corresponding depression.

The increase of temperature may be attributed to the increased circulation of the blood and consequently augmented oxidation of the tissues.

The extract of meat affords nutriment, but its improper use may be very injurious.

Dr. Kemmerich's study of the nutritive value was conducted by means of experiments on two dogs of the same birth and weight, subjected to the same vital conditions. To the food of one the mineral salts of meat extract were added, to the food of the other an equal quantity of common salt. The food was for both "animal albumen" separated from the aqueous solution of the muscle of the horse. The dog fed on the meat extract and albumen soon weighed more than the other. In the course of six weeks the dog fed on salt was hardly able to stand, while the other was bright and energetic.

The conditions were then reversed with very remarkable results. In a fortnight the reduced dog was fully restored, and in four weeks excelled the other in bodily vigour.

Dr. Kemmerich concludes that the extract of meat is a true restorative stimulant, with the further advantage of affording elaborated material for the formation of tissues.—*Bowdoin Scientific Review.*

NOTICES TO CORRESPONDENTS.

DR. MACKIE has kindly furnished us with "Statistics of Venereal Disease in the Army," a portion of which we hope to give in our next. These Statistics will, we opine, be of considerable value just now.

STUDENT.—The Annual Distribution of Prizes at St. Mary's Hospital, will take place to-morrow at four o'clock.

DR. DAVID DUMBREEK, Inspector-General of Hospitals, was on Monday last, invested by Her Majesty, the Queen, with the honour of knighthood.

The following communications are in type, and will appear, if possible in our next:

Dr. Letheby, "On the Purification of Water."
R. Hanslip Sers, "Further Hints how to make Vaccination more Efficacious."
R. Uniacke Ronayne, "On the causes and cure of Prostatic Stricture."
J. L. Milton, "On the Treatment of Eczema."
J. Morgan, "On the Nature of the Venereal Poison."

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The Half-yearly Retrospect of Medicine. Edited by Drs. W. and J. Braithwaite. London: Simpkin, Marshall, & Co.

Selected Obstetrical and Gynæcological Works of Sir James Y. Simpson, Bart. Edited by J. Watt Black, M.D. Edinburgh: A. & C. Black.

Rapport sur L'Ambulance de l'Ambassade d'Autriche-Hongrie.

The Medical Jurisprudence of Insanity. By J. H. Balfour Browne, Esq., Barrister-at-Law. London: J. & A. Churchill.

The Half-yearly Abstract of the Medical Sciences. Edited by W. Donnell Stone, M.D. London: J. & A. Churchill.

Women and Doctors, or Medical Despotism in England. By Mrs. Hume-Rothery.

The Westminster Review; Detroit Review of Medicine; Boston Medical Journal; Woodhull's Weekly; Science Gossip; Practitioner; Journal of Mental Science; British Journal of Dental Science.

VACANCIES.

Royal Orthopædic Hospital, London. Resident House-Surgeon and Apothecary. Salary £100, with residence and partial board. (See advt.)
St. Thomas's Hospital, Westminster. Resident Assistant Physician. Salary £100 per annum with board and residence. (See advt).
Middlesex Hospital. Lectureship on Physiology to the Medical College.
St. Peter's Hospital for Stone, London. House-Susgeon. Salary £50, with residence and partial board.
Metropolitan Free Hospital. Assistant Physician. Honorary.
Hackney Union. Dispenser. Salary £100 per annum.
Farnham Union. Medical Officer for the Aldershot District. Salary £50.
Blackburn Infirmary. House-Surgeon. Salary £80, with board.
Suffolk General Hospital. Physician. Honorary.
Broadmoor Lunatic Asylum. Assistant Medical Officer, increasing salary, commencing £175 per annum. (See advt).

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 12, 1871.

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ON THE NATURE OF THE VENEREAL POISON

AS TESTED BY

DIRECT PROOFS AND PRACTICAL OBSERVATIONS.

By Mr. Morgan, F.R.C.S.I., M.D., Univ. Dub.

Surgeon to Mercers's, and to the Westmoreland Lock Hospital, Dublin; Professor of Surgical and Descriptive Anatomy; R.C.S.I. &c.

In the Medical Press of June 21st, 1871, I have quoted from Mr. Wallace's records a very remarkable case of artificial inoculation, producing in a healthy patient suffering from gonorrhœa only; the characteristic pustule, sore, and suppurating bubo of the soft or non-infecting type, followed in due course by constitutional signs, but with a total absence of the incubatory period supposed to precede the appearance of a true syphilitic sore; yet Mr. Wallace's experiments have been endlessly cited in works on venereal, as proving the necessary incubative period of the syphilitic virus, when inoculated (as it is too evident he did) on healthy patients. This case so frequently alluded to as an evidence of the incubation essential to true syphilis, is given by Mr. Wallace in the *Lancet*, July 8, 1837. He himself remarks that an inoculation on a healthy man produced a "primary in a month afterwards." But if the history he gives be examined, it is, I think, evident the sore was but a *re*-ulceration, and that the original inoculation practised on August 10th, shewed "a red line surrounding it" on August 14th. The inoculation was practised on a rubbed surface the size of a shilling. This is quoted by writers as an illustrative example of true syphilitic incubation, sore, and constitutional infection, and is much dwelt on by the supporters of the dual theory, as a valuable evidence; but it is remarkable when we pursue his comments that the very succeeding cases are totally subversive of this suggestion.

The next case given is one of inoculation on a healthy man, August 19th, showing areola, &c., by the 24th, followed by constitutional signs.

Another case, August 6th, 1834,* he inoculated a healthy man from a primary pustular sore. On August 8th the punctures had "caused inflammation and a white ulcer with a sharp edge;" and on October 28th constitutional signs showed themselves, and "the secondary symptoms though mild were clearly pustular."

Another case, March 3rd,† he inoculated a healthy man with matter from a suppurating bubo "at the moment of opening it." On March 5th each puncture produced inflammation; on May 8th, sore throat, and then pains, rash, &c.

While such cases as the last are so plainly recorded, it is to be regretted that they should not also be alluded to; while the first has been so very frequently called on to support the doctrine of incubation, which is entirely disproved by the latter.

The following direct proofs are very interesting, and afford important evidence as to the essential characters of the infecting sore. The pustules were identical with those produced from soft sores on auto-inoculated patients, or with those produced from irritated true hard sores on infected patients, or from the vaginal discharge of infected patients on others also infected. The phenomena are the same, the difference in the appearances seeming to be in Mr. Wallace's cases dependent on the virus being applied by a "cut," or by "rubbing off the skin," or by "a blister." But the type was that of the "tumid" secreting ulcer.

The proposal lately mentioned by Mr. Lee, that pustules occurred in syphilitic patients with ease, because of their peculiar constitution, is overborne by these experiments made so long before the question of duality or of syphilisation was introduced, and they are the more worthy of careful consideration as bearing on the present vexed question of the unicisty or the variation by descent of the venereal sores. Mr. Wallace's note books abound in cases of sores and suppurating bubos, followed by secondary

* See *Lancet*, p. 616, vol. 2., 1836 and 1837.
† *Ibid* p. 617 and 62

symptoms ; in fact it seems to have been the rule, as I hope to show in future remarks. The following experiments illustrate the production of pustules from secondary lesions, the sequence of constitutional signs, and the usual history of pustular or simple sores.

Case No. 2.

July 7.—Philip Wall, suffering from gonorrhœa of a week's standing and for the first time; he was inoculated on the right thigh with the urethral discharge of J. McManus, a syphilitic patient, in whom the gonorrhœa had been artificially produced, by passing down the urethra the gonorrhœal matter of another patient, J. K., aged nineteen (who had the gonorrhœa sixteen days on him at the time); P.W. was also inoculated on his left thigh, and at the orifice of his urethra, with his own gonorrhœal matter.

July 17.—These inoculations failed. He was now inoculated on the right thigh from the sore on the thigh of Richard Bradshaw (whose history is given below, and whose sores were of a secondary nature—Case No. 5), and on the left from the urethra, which Richard Bradshaw had also superficially ulcerated.

July 19.—All the punctures have inflamed, and each has formed a sort of vesicular pustule ; the base is not hard.

July 20.—The spots are rather less inflamed : he says they are still painful.

July 21.—The spots are all encrusted, and have ulcers under the crusts, with well-marked areola.

July 28.—The bases of all are very tumid.

July 29.—All the sores remarkable for their tumidity of base.

August 6.—Ulcers are elevated, complains of soreness.

August 9.—Sores are elevated and could be sliced off with a knife,

September 5.—Sores on thigh are now healed a week ; glands in left groin are swelling ; feels weak.

September 19.—Left thigh has assumed a condylomatous aspect ; tumour in groin ; papular rash at back of neck.

October 6.—Has a mottled rash ; small and brown scaly spots ; left groin glands a little enlarged ; sore on thigh healed.

November 23.—Superficial ulcer of both tonsils ; hair falling, &c.

N.B.—In this case, the inoculations from a secondary ulcer of the thigh and from a superficially ulcerated urethral orifice which felt hard, produced the same phenomena in two to three days, they were introduced by "cuts." The rash appeared in seventy-four days from inoculation, the sores lasted about forty days.

His own gonorrhœal discharge failed, and that artificially produced in a syphilitic patient also failed.

Case No. 3.

July 19.—J. F. applied, labouring under an uneasy feel in his urethra and some in his testes. Applied matter from the sore on the thigh of Richard Bradshaw (Case No. 5), to his right thigh, and that from the urethra of Richard Bradshaw to his left.

July 21.—All have inflamed ; have cut him on the common skin of the penis, and applied the matter from the sore on the back of the leg of J. McManus (a patient infected by a sore accompanied by a suppurating bubo).

July 24.—The extent of the spots on the thigh has increased ; the pustules and scabs formed are superficial ; the cuticle detached at the circumference ; the spot at the dorsum of the penis, which was cut, has not inflamed.

July 26.—The areolæ are very tumid ; the ulcers fully formed and cupped ; have passed into urethra the matter from J. McM's leg, and the ulcers on the dorsum of penis of P. M. (which have been before described in the Medical Press, June 21, 1871, as artificially produced).

July 28.—There is no running from the urethra.

August 7.—The sores are still painful, brown in colour, margin raised, tumid base ; no running from urethra.

August 10.—The sores are increased in size, still brownish, their margins raised, but their surface not so high ; not so painful as before.

September 6.—The ulcers are now all healing, he has suffered much ; the ulcers had an unhealthy phagedænic appearance ; the new formed skin is callous looking. He says he has pains and stitches through him ; the people are noticing he looks badly. He is married, but has not given any disease to his wife.

N.B.—In this case the effects of R. Bradshaw's secondary ulcer and of his ulcerated urethra are identical. On the third day the inoculations inflamed ; on the fifth day pustules and scabs are formed ; on the seventh day the areola is marked. The product of a secondary ulcer, and of artificially produced syphilitic sore, passed into the urethra was inert, producing neither sore or discharge.

By September 6th, forty-nine days after inoculation, the sores were healing, and cachexia commencing.

Case No. 4.

May 26.—John T—, a man labouring under an epheloid eruption ; applied a blister, and applied the mattter of Richard Sheridan to the sore (the history of R. S. is that of a sore and suppurating bubo), the blistered surface being previously scraped with a lancet.

July 17.—No effect. Inoculated with matter of Richard Bradshaw (Case No. 5), in one part, with that from the orifice of the urethra ; and in another from the ulcer on his thigh.

July 21.—Both seem inflamed, one more than the other.

July 25.—Both the inoculated spots have formed crusts, surrounded by areolæ ; on raising these crusts excavated ulcers with a sharp edge and white superficies exposed.

July 29.—The ulcers are fully formed ; superior white edge, sharp, &c. They have very much the appearance of secondary ulcers.

August 7.—The ulcers are dry and their surface raised ; no pain or areola. *No further history is given, as Mr. Wallace's notes soon terminated.*

N.B.—In this instance the patient was suffering from no venereal disease. The first inoculation failed, though derived from a patient whose sore was accompanied by a suppurating bubo.

The second, derived from a secondary ulcer, and from a superficially ulcerated urethra succeeded, producing the characteristic appearance in four days, and perfect ulcers in twelve days. There was no incubatory period in this case, in which there was no antecedent history of syphilis, and where, unquestionably, the inoculative virus was derived from a secondary lesion, producing a pustule, "with crust," with "areola," and with "sharp white edge."

Case No. 5.

June 20.—Richard Bradshaw, æt. twenty-one, has an ulcer of a white colour, rather superficial on the left side of the corona ; the edge next prepuce is red for fourteen days ; and a gonorrhœa for a week ; got both at the same time. Has had gonorrhœa twice before.

July 17.—Sore unhealed and gonorrhœa still continuing ; the orifice of the urethra is superficially ulcerated, and has extended all round ; it feels hard ; the glands in both groins are swelled, but not much inflamed. He is covered with rash, which he says he has six or seven weeks ; has two large thick crusts an the outside of his right thigh ; removed the crusts and found it to be a granulating sore ; with this P. W., the preceding case was inoculated on the thigh on the same day, July 17th.

July 19.—Penis less swollen ; rash paler ; sore on right thigh, healing fast, &c.

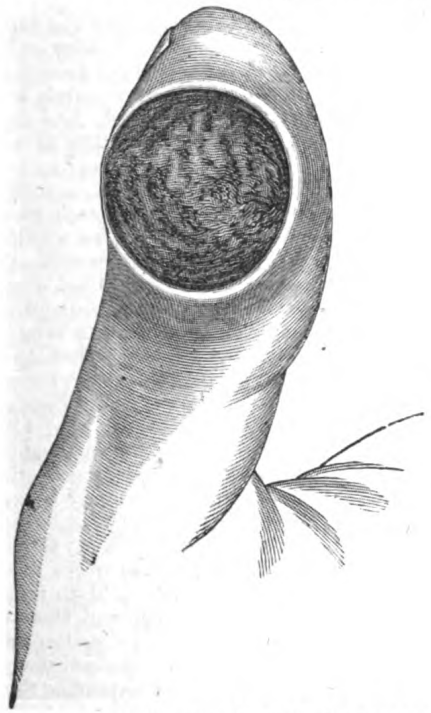
This case is remarkable as furnishing a secondary matter from the outside of the thigh, which produces a characteristic pustule in forty-eight hours followed by a sore, exactly as can be produced from the vaginal discharge of an infected female, (*Dublin Quarterly Journal*, August, 1870), on those already infected, yet in these instances the

recipients were not previously infected, as is evidenced by the regular succession of constitutional signs. Those who hold that a person suffering from constitutional syphilis (as this man was, for he had rash six or seven weeks), cannot be again the subject of a syphilitic sore; must admit that the sore on the penis was not "a true syphilitic sore" and as the phenomena of both were alike, we must look upon them as being, the one on the thigh a direct secondary, and that on the penis a derivative of a secondary lesion in the female received in coitu.

The question of the production of constitutional syphilis from the introduction of a secondary virus, though with the initiatory phenomena of a soft (so-called), non-infecting, or simple sore, is evidenced in these instances. Mr. Wallace has noted at an earlier period the inoculation of condylomata on an infected person. I give his words:—

"T. C., December, 1830.—Condylomata, psoriasis, excoriation of glands, mottled skin, pain in elbow, &c. Was a patient five months previously for gonorrhœa and abscess in perineo. He was inoculated with condylomatous matter in the arm, and produced an ugly ulcer, &c."

He also in 1833 relates the history of three inoculations with condylomatous matter, the second of which so exactly corresponds wi h one I related in the MEDICAL PRESS of March 8th, 1871, that I have had a *fac simile* of Mr Wallaces notes lithographed, and interleaved, so that each reader can satisfy himself of the candour and accuracy, of the notator. In these remarks he proves the auto-inoculability of anal condylomata. He proves the inoculability of the same condylomata on "a sound person," producing exactly the appearances of a case I have had lately under treatment, representing the accidental inoculation of a wound on the thumb of a sound male of twenty-seven, followed by constitutional signs, appearing on the fourth day of contact with mucous patches of a syphilitic infant—as shown in the illustration. "*The elevated rim or margin of a whitish-brown colour, spreading to the size of a halfpenny*," is accurately described in Mr. Wallace's notes in 1833—nearly forty years ago. He shows also the



Primary sore of the thumb, derived from contact with a diseased infant, on a previously healthy subject. Aged twenty-seven.

effect of the same matter on a child *in three days*, without incubation, applied "to the same parts and in the same way" as in the other instances.

ON THE QUALITY OF THE WATER-SUPPLY OF SOME OF THE LARGE CITIES AND TOWNS OF ENGLAND AND SCOTLAND

IN RELATION TO THEIR SANITARY CONDITION.*

BY H. LETHEBY, M.B., M.A., &c.

IN the course of a rather large professional experience of the quality of the water supplied to the cities and towns of this kingdom, I have had an opportunity of inquiring into the relation of such supply to the public health; and my attention has been especially directed to the comparative value, in a sanitary point of view, of hard and soft waters. The result of these investigations is an unmistakeable advantage in favour of a moderately hard water, such water being not only brighter, cooler, more sparkling, and therefore more agreeable to the eye and to the palate than soft water, but also less likely to absorb organic miasams, to become charged with living organisms, and to act upon lead and iron than soft water. In addition to which there is strong evidence of the fact that the calcareous matters of such water minister to the physiological wants of the animal system, and protect it from many unwholesome influences.

I intended, at the time when my paper was announced, to have entered very fully into these questions, but the pressure of other professional work, as well as the difficulty of obtaining accurate information of the population and death-rates of the large towns of this country, has compelled me to postpone the subject to a future occasion, when I shall have access to the results of the recent census. It is fortunate, however, that the question of the comparative advantages of hard and soft water has been recently commanding the attention of the people of Edinburgh who are opposed to the corporation scheme for the supply of that city with soft water from St. Mary's Loch, instead of from the Pentlands, the Heriot, and the South Esk, where the water is moderately hard; and the subject has been so ably discussed in a series of letters in the *Scotsman* by a physician (Dr. Wilson, of Edinburgh), that I make no apology for submitting them to you in an abbreviated form, with such comments as my own experience suggests.

In the first place, it is argued that lake water is vapid, mawkish, unærated as regards carbonic acid, of unstable temperature, and is so prone to be loaded with decaying vegetable and animal organisms as to have been regarded with repugnance in all times. "Frontinus, who was curator of the Roman aqueducts in the first century of our era, when speaking of the now no longer flowing Aqua Alsietina as drawn from the lake of Martignano, wonders how Augustus could determine to bring into Rome 'a water of so little agreeableness and salubrity, and which had never come into popular use and favour,' and accounts for it by his having required it for his shows of mimic sea-fights. And, to leap thence to the close of the seventeenth century, it is in like terms that Fabretti, also a great authority on aqueducts, complains of the deterioration of the original waters of the Trajan aqueduct, through their admixture with those of Lake Bracciano by Pope Paul V.; a combination which still exists as the least prized and used for domestic purposes of the famous aqueducts of Rome."

In more modern time, "the City of Boston, in the United States, is one of the few communities that imprudence has hitherto led, or necessity driven, into the use of a lake water, their supply being from Lake Cochituate, situated at some distance. In a paper published in *Silliman's American Journal of the Sciences* (vol. xix.), Dr. Hayes, the Assayer to the State of Massachusetts, de-

* Read before the Association of Medical Officers of Health on Saturday, May 20.

scribes the 'numerous animalcules and infusoria, fresh water sponges, and abundance of ochry matter, resulting from the chemical action of the water on the iron pipes,' to be met with in this water. It is only consistent with this, that he finds in it an affinity to 'putrid waters;' and states that 'there are periods in every season, during which it closely approaches to these in character.' In one October, 'the general supply of water had become very offensive.' The water-fleas increased in quantity and in size (from 1-8th to 1-6th of an inch), and 'the cotton filters were soon closed by their bodies;' and in these fleas was detected the chief cause of the offensiveness, consisting in an oily matter in their bodies. The peculiar flavour of the water continued as bad in January as it had been in autumn." In illustration of this I may state that it is no unusual circumstance for living organisms to be so rapidly and abundantly developed in water containing food for their growth, as to become actually offensive. I have known instances of water becoming putrid by the death and decay of such organisms in the main and service pipes of a town. In the case of St. Mary's Loch, according to Dr. Frankland, it was necessary to strain off the fleas from the samples of water before they could be analysed; but as I gather from his published evidence in the case, he only did this "because the process of analysis is so delicate that a couple of these fleas, or three or four of them would have produced a very perceptible difference in the result;" but he thought there was no harm in them, for, to use his own words, he said "he had seen them repeatedly in waters of very good quality. The Manchester water very frequently contains them, delivered in the town, and that is justly considered one of the best waters in the kingdom;" he added that he had drank it himself for six years; and when he was asked what would be the result of taking these fleas into the human frame, his answer was, "just the same result would follow, I should think, as taking shrimps." The import of all this is, to my mind, very different from that which is contained in the stereotyped phrase of his monthly reports to the Registrar-General, as to the presence of living organisms in the London water, except perhaps that in the one case the creature is rare and microscopic, and in the other abundant and easily seen—of a truth, we may sometimes strain at a gnat, when we can easily swallow a camel. To quote from Mr. Homersham, the civil engineer (*Report of Royal Com.*, 6286), concerning the water-supply of Manchester, it would seem that these illustrious strangers, upon whom the municipal authorities have conferred the freedom of the city, are at all times discoverable in the city water. "If," he says, "you take a globular vessel, such as the globes in which gold and silver fish are kept, and which assists in magnifying the insects, you can see them jumping about in all directions." Imagine what would be the state of the public mind in this metropolis if such a condition of things existed. Nor are they alone repulsive to the senses, for occasionally they may be hurtful to the system. An example of this is "adduced by Moleschott, a writer on dietetics of the highest eminence, who states that the frequent diarrhœas produced by the still-running river waters of the Netherlands, among which he specially mentions the Maas, are commonly attributed to the organisms they contain."

In the second place it is contended that carbonate of lime in water is necessary for the formation of bony tissues. "It is trite to tell, that the bones form the frame-work of the animal structure, without the existence of which, in due hardness and solidity, it could have neither strength, proportion, nor uses. It is almost alike familiar, that more than a half of the substance of the bones, conferring upon them this necessary stability, consists of earthy salts, of which phosphate of lime constitutes the larger portion; the bulk of the remainder, and still a very considerable portion, being carbonate of lime. But it is not a fact so generally or so easily cognoscible, that, according to many proofs and observations advanced, especially by Valentin, a highly distinguished physiologist, the phosphate of lime itself is frequently first formed within the body, being derived from the lime which has been introduced as carbonate of lime, and which joins itself to phosphoric acid set free from other combinations. In newly formed bones, besides, and in the fresh junctions of fractured bones, he found the relative proportion of the carbonate of lime to the phosphate greatly increased, affording another proof of the essential importance of the existence of the carbonate within the body; while Fletscher and Beneke, in confirmation, have remarked the more rapid union of fractures under its use. Analogous observations have been made by Seegen. By an opposite set of proofs, Boussingault, Chossat, and Seegen have shown the injury to the solidity of the bones, in instances where carbonate of lime has been incidentally or designedly withheld. In the disease of rickets in children also, a well-known scourge in dense populations, there is an interruption in the process of ossification, the proportion of earthy salts in the bones being sometimes reduced by two-thirds; and it must here be manifest how much further damage may be effected in increasing the number, or in aggravating the affliction, of the puny and distorted victims of the disease, by an arbitrary abstraction of the supply of the carbonate of lime provided by nature. Scrofulous diseases, moreover, so wide in their range, and so destructive in their direct as well as indirect influence, owe much to the moderate and habitual use of lime for their prevention, as at one time, before the discovery of iodine, they depended extensively upon it for their cure. Taken from our drinking-waters, besides, lime takes along with it their freshness and sapidity, and leaves them destitute of a stimulus to the stomach and its functions more truly efficient, and in the end more wholesome than the most relished of condiments. And it is precisely through our best, and in all ages most esteemed, class of drinking-waters that this salutary agent is, though existing in other articles of aliment, presented to us the most regularly, the most habitually, under the most varied forms of diet, and in that state of solution the most adapted for its reception and assimilation within the system. But even if water could be proved to afford only the half of our supply of this wholesome agency, necessary and advantageous at all times, and in the periods of growth a special mainstay; and if reckless or sanguine minds were bold enough to assume, what, to say the least, has never yet, either in proper extent, or adequate duration of time, been anywhere even duly tested, and were to maintain that the part to be procured from other sources was sufficient for all our wants, would it be wise in us, on such grounds, so laxly established, to reject the half of the wealth offered us by nature, that we might make the experiment of subsisting on the remainder." I have elsewhere observed, in my published lectures "On Food," that four-fifths of the earth's surface are composed of calcareous strata, which yield water that is more or less rich in carbonate and sulphate of lime; and it may be that this is a wise provision for the supply of these salts to the animal system. As the late Mr. Johnson truly observed, in his "Chemistry of Common Life," "the bright sparkling hard waters which gush out in frequent springs from our chalk and other limestone rocks are relished to drink, not merely because they are grateful to the eye, but because there is something exhilarating in the excess of carbonic acid they contain and give off as they pass through the warm mouth and throat; and because the lime they hold in solution removes acid matters from the stomach, and thus acts as a grateful medicine to the system. To abandon the use of such a water, and to drink daily in its stead one entirely free from mineral matter, so far from improving the health, may injure it;" in fact, the water of a country may determine the diet of its inhabitants. The soft waters of the lakes of Scotland, for example, may have had something to do with the choice of brown meal; and but for the calcareous waters of Ireland, the potato could not have become a national food. "The criterion, therefore, of the wholesomeness of a

water, depends, not merely on facts and observations of scientific exactness, but on the demonstration of a general sense of fitness and probability which has attracted to it the spontaneous assent of the world in all ages, with a degree of unanimity that has remained unbroken till very recent times, and even yet in singularly few examples. Of the higher kind of assent, that of physicians and chemists of eminence, including those who have made the subject of the preservation of health a peculiar study, I could offer almost countless further instances ; and proceed to add a few, selecting from among only the more recent, and naming none unless of high merit and distinction, as well as of special authority on the question. Johnston, speaking in his 'Agricultural Chemistry' of the presence of earthy salts in water, says that 'it is not without a purpose that all water we meet with is thus impure. The fluids of the animal body contain nearly the same saline substances as are present in the water we drink, and from this source it is no doubt intended that a certain portion of those saline substances should be obtained upon which the preservation and health of our bodies depend.' 'Thus there is an obvious design and adaptation in the impurity of our spring and river waters, for *by that impurity they are better fitted to minister to the wants of living beings.*' (The *italics* are in the original.) 'We see,' remarks Boussingault, in his 'Memoirs on Agricultural Chemistry and Physiology,' 'by what precedes, that the saline substances dissolved in water have their place in alimentation, which, without their assistance, would have been insufficient.' Dupasquier points out the usefulness of bicarbonate of lime in potable water; urging that 'the quality of potable waters stands in no relation with their degree of purity ; that the purest waters, with regard to the quantity of matters dissolved, are not on that account the best ; and that it is by a truly providential provision of nature that waters contain more or less of foreign matters in solution.' Riche, Professor at the School of Pharmacy at Paris, says, in a recent lecture, that spring water is the best of all waters ; and for this he adds to his own authority that of the eminent chemist, Dumas. He notifies further that carbonate of lime, if in small proportion, gives an agreeable taste, and is salubrious ; and that it is by carbonic acid that the lime necessary for our organism is dissolved, by which water is converted into a veritable aliment. Tardieu, the great authority on public health in France, states that most writers hold the presence of one part of carbonate of lime in two thousand of water as advantageous. Oesterlen, who is to Germany, in many respects, what Tardieu is to France, says that a chemically pure water is by no means the pleasantest water to drink ; that the sparkling clearness, and agreeable and refreshing qualities to be desired, depend much on moderate impregnation with salts of lime ; and that these salts of lime, so presented to us, are required for our bones and other tissues. In a report made to the Academy of Medicine in Paris, by MM. Poggiale, Boudet, and Tardieu, and adopted by that distinguished body, it is remarked that all communities seek spring water, even at great sacrifices of cost ; and, among others, nine principal places of France are specified, with some foreign examples, as Rome, Brussels and Edinburgh. They point out as an error to be combated, that the chemically purest waters are the best ; the saline matters being necessary to the support of life, becoming absorbed like alimentary substances, forming thus part of our organisation, and requiring renewal like its other portions. Lefort considers that a drinking water should contain enough of mineral salts to contribute to the process of ossification ; and he has the further statement, that a water which holds dissolved the greatest possible proportion of carbonic acid, oxygen, and nitrogen, and which contains carbonate of lime in quantity below that which curdles soap, leaves nothing to be desired, whether for drinking or for household economy. Professor Bouchardat recognises the usefulness of carbonate of lime in waters for a variety of services to the living system, and amongst these for aiding the nutrition of the young, by supplying an indispensable aliment to the bones ; and it is on this ground that he considers rain-water too pure, the absence of the salts of lime being prejudicial to 'nurses, children in early life, and young animals.' Hugueny sets the chief value on the existence of lime in waters, from its being required in the period of man's growth ; and Agassiz, to possess whom amongst them is a pride to the Americans, has remarked that the drinking of water in limestone regions enlarges the skeleton. And let it be remembered, as another important element for consideration in the choice of a drinking water, that it has been found that the original temperature of a source becomes little affected by transmission through even covered conduits. Many observations of this have been made abroad ; and, among others, by MM. Commaille and Lambert at Rome, who have ascertained that the waters from springs, which supply that city so profusely, are uniformly fresh and cool in summer as in winter ; while the water brought to supply a fountain from the lakes Bracciano and Martignano, though it arrives in such mass as to drive mills, is variable in temperature, warm in summer and cold in winter. Thus the *aqua virgo*, esteemed the best in Rome, arising from springs, and flowing under ground in an ancient conduit, was found to show a heat of 57 degs. F. ; while the more modern supply from the lakes, introduced in the seventeenth century by Pope Paul V., and flowing also through a subterranean conduit, both being of considerable length, stood as high as 73 degs. F., the temperature of the air at the hour of the experiment being about a degree lower. In a word, it was unfit to refresh or quench thirst. If the authorities here quoted are chiefly foreign, it is because the subject has been infinitely more and better considered in foreign countries than in our own."

"But it may be asked whether all the authorities are thus on one side, and whether there be no conflicting testimony to adduce, and which assuredly ought not to be concealed. It is merely the truth, however, to state that such testimony occurs only with extreme rarity, is presented by far less eminent authorities, and occurs with an incompleteness, and often with an inaccuracy, that tallies with the difficulties that were to be encountered where the probabilities it had to contend against were so strong and so manifold. 'Thus,' says the physician, 'I have seen it stated that the Dutch drink waters destitute of carbonate of lime, and yet are a healthy and robust people. But my knowledge of Dutch Medical literature is neither so indirect nor so scanty as not to have made me aware how far such a statement is from being supported by the facts. A journal, under the leading editorship of the singularly able Professor Donders, of Utrecht, speaks of the 'duinwater,' with which Amsterdam is chiefly supplied, as containing more than double the quantity of carbonate of lime (no less than 11½ grains to the gallon) than is dissolved in the 'schuitwater,' a source of supply which has been partially introduced ; and assigns this as one of the qualities which confer upon the former a decided superiority as a drinking water. A writer in another Dutch Medical journal speaks of a well at Amsterdam, the water of which contains even a larger proportion of carbonate of lime, on the score of which he claims for it a decided preference over rain and river water ; and he remarks that no instructed person can dispute the great value of a certain proportion of this substance in drinking waters, for the uses of the organisation. In a paper read before the Academy of Sciences at Amsterdam, the wells at Utrecht, The Hague, Middelburg, Leyden, Zwolle, and Bois-le-duc, are severally instanced as containing very considerable portions of carbonate of lime. And so this alleged fact falls to the ground. Another instance which has been cited is that of Aberdeen. But who shall say, after the facts and opinions which will be adduced, that there is no relation between the inferior quality of the water at Aberdeen, and the appreciably higher mortality there than in Edinburgh, as shown, in the mean of ten years terminating in 1866, by the returns of the Registrar-General—Aberdeen having a far less numerous and less dense population." Referring to the evidence of Dr. Angus Smith

(Report of Royal Commission, 7,261) that in his opinion the tallest people in Great Britain are to be met with in soft water districts, for instance, in Cumberland, and probably in Aberdeen, the physician says "that as this is evidently only a surmise, derived from no actual investigation, he might be content to meet it with a retort founded at least upon something better than surmise." "It has," he says, "always been impressed on me as a fact, which has been confirmed to me by a late friend and patient, who was for long surgeon to the Life Guards, and still more recently by an intelligent non-commissioned officer, retired from the same body, that its best and tallest recruits, or, in other words, the finest men in the realm, were obtained from the border districts of England and Scotland, descending southwards through a considerable part of Yorkshire. But fortunately, there is no need of making this altogether a matter of surmise, or of conjecture on imperfect evidence, in any form. Every district may not be imbued with equal military ardour, nor may it always be a safe criterion to judge of the mass of a population from a gleaning of its more remarkable examples. It is only possible to arrive at a proper estimate by taking promiscuously the population as it presents itself; and this has been recently done in a wide series of measurements, taken in all parts of the country, by Dr. Beddoe, with the aid of many coadjutors, and recorded by him in the last published volume of the Memoirs of the Anthropological Society, making us indebted to him for by far the completest and most authentic document of the kind that has been hitherto published. From it we learn that, in Scotland, the Borderers in general (p. 542) equal or surpass the average of the country both in height and weight; while the Borderers of the English side have a still more unequivocal superiority over their own countrymen. These men live, not on the granite or gneiss, nor the slates, giving origin to soft water, but over the lime of the coal formation, with the shales and marls and magnesian limestones of the sandstone formations; and the waters they drink are hard, those of Berwickshire and Roxburghshire thickly incrusting the housewives' kettles. Over the abundant limestones of Yorkshire, the men are among the tallest in England; and Dr. Beddoe specially instances here the inhabitants around Richmond and in Swaledale. The average for Berwickshire is actually an inch and a-half above that of Aberdeen; while, as to Cumberland, Dr. Beddoe gives to it, excluding Carlisle, an average of an inch below Berwickshire, and half-an inch above Aberdeen. This result seems naturally explained, if we consider that the level parts of that county are of the new red sandstone formation, or the coal formation, and that a broad belt of limestone surrounds the mass of slaty hills in the interior, so that the greater portion of the population lives beyond the soft-water limits. 'In the old red sandstone district,' says Professor Ramsay, in his Lectures on Physical Geology, 'where the marls are somewhat calcareous and interstratified with impure concretionary limestone, called cornstone, the waters are hard. Again, the waters which flow from the Pennine chain, that extends from the southern borders of Scotland into Northumberland, are all hard, because they drain areas composed chiefly of the carboniferous limestone; and all the rivers that run east from this range, over the new red sandstone and lias, and the oolitic and cretaceous rocks, are of necessity exceedingly hard.' And such waters supply the homes of those shown by Dr. Beddoe to be the generally most stately and vigorous of our population. Thus Dr. Smith's statements, relied on by Dr. Frankland, appear only as the product of vague impressions, reached without special inquiry, and hazarded without comparison or consideration; and such have ever intruded themselves into science as its opprobrium, compelling it rather to engage itself with the wearying task of the extirpation of error than with the cheerful labour of the discovery and establishment of truth. But Dr. Smith makes yet another statement, which Dr. Frankland does not quote, in the form of an assertion that the smallest number of deaths occurs in the western district of Scotland, where there is soft water; and which I now introduce here in order to controvert it also. Let us select two typical counties, Argyleshire and Berwickshire, each with thirty-one parishes; and we find from the returns of the Registrar-General that, on an average of the ten years ending in 1864, while Argyleshire had only eleven parishes with a mortality smaller than fifteen in the thousand, Berwickshire had as many as nineteen, the two lowest rates in the former being 11·4 and 12·8, but in the latter only 5·6 and 7·4. Roxburgshire, too, out of the like number of parishes, shows the same proportion of nineteen which have a death-rate under 15 per thousand."

"What is true of man, in this country, in relation to the connection between his vigour of growth and the existence of carbonate of lime in his drinking water, is true of him also in other countries, and is not less true with regard to the lower animals. To content ourselves with the most remarkable of all examples, we may refer to the Patagonian savages, still universally acknowledged, after the removal of somewhat of former exaggeration, to be the most gigantic race known, whose home is on the tertiary plains of their country; while their immediate neighbours to the west, living among the extreme hills of the range of the Andes, are of far less stature, but still greater savages. Reference has already been made to the testimony of Agassiz on this point of stature, as well as to the conclusions regarding it arrived at by the Ministerial Commissions of France and Austria. M. Durand de Gros, quoted by Dr. Beddoe, has lately, in an important paper on the influence of mediums in the Aveyron, claimed a higher stature for the natives, human as well as bovine, of the calcareous districts in that department. As to cattle in this country, it will be remembered that all our finest breeds have originated in the hard-water tracts of the shires of Lincoln, Leicester, York, Durham, and Northumberland; and that these breeds have been everywhere largely used to improve the races in other districts, and must still be frequently reverted to by the latter for the maintenance of what are only acquired, rather than inherent, excellences. The same may be said of our sheep, all our best flocks being indebted for many of their highest qualities to the breed of Leicesters, reared on the lias, with its marl and limestones, and the sandstones of their native county. And so again of our horses, whose best and stateliest forms are developed among the carboniferous limestones of Lower Clydesdale, of Northumberland, and of Yorkshire, or, if we look abroad, upon the tertiary strata of Holstein and Flanders; while among the gneiss of Shetland and the Grampians, and the slates of Wales and Cumberland, we have the diminutive Welsh and Highland sheep and the Herdwicks, the kylo, and the pony, as the characteristic indigenous races."

And now to another point:—

"The epithet of purity, with regard to water, is one that has been grossly misapplied. Apart from chemistry, and with reference to its salubrious uses, a water is no more entitled to be termed pure because it is destitute of a moderate impregnation of earthy salts, than a beer is pure in the proportion that it is little imbued with the extract of malt, or a soup with animal juices. Its purity consists in its commensurate endowment with those properties that fit it for promoting the growth, and sustaining the functions, of the living system. Were our aims for a community to be lowered from the consideration of how we might raise to the highest perfection its health and its vigour, and so conduce to its happiness and well-being, to that of how we best might aid it in economising its soap, then the application of the term purity to a water unimpregnated with earthy salts would conceal under it less of a mischievous fallacy. But, even here, what is wholly true, in a chemical sense, of the effect of the hardness of water in decomposing soap, is only partially true in a practical application." "Where neither the observing nor the logical faculty has ever necessarily

been specially or habitually exercised, men's minds see only that which lies most prominently before them, and, deciding upon it, ignore the rest, because it does not lie within the sphere of their inquiry, and because of the difficulty they have in penetrating to the principal quality when it is not the most apparent. Thus on purity, in this matter, as bearing on soap, they have a glimmer of light: but on purity, as affecting the laws of life and organisation, which they have made no object of study, they are absolutely in the dark."

The Royal Commissioners, in their report on water supply, have made a special reference to the misapplication and abuse of the term impurity as applied to the solid constituents of water; for they say we cannot "agree with some eminent authorities in looking at river water solely from a chemical point of view, and speaking of the presence of the 10 or 20 grains of mineral matter in a gallon of water as *impurities*. So, chemically speaking, they are, but as this seems to be almost a normal condition of river waters, we should not be disposed to consider this term an appropriate one to be applied to substances so constantly present in natural springs and streams. And further, we cannot but consider it unphilosophical when, in addition to treating as 'impurities' substances perfectly harmless even in much larger quantities, the minute quantities present in a gallon, or any other small measure of water, are multiplied by taking masses of water, such as the individual never has to deal with, and given to the public in figures so large as to tend to cause misconception, and perhaps unnecessary alarm in the minds of those not conversant with all the conditions of the case. It would be as just to speak of the small proportion of carbonic acid present in the atmosphere, equally in populous cities, and in the Alps, as an impurity, and to startle those unacquainted with the subject by giving in some large figures the total quantity of that gas present in the atmosphere of London." (p. xciii.)

As you are aware, the conclusion of the Royal Commission on Water Supply was that hard water, like that of the Thames, is preferable to soft for the supply of London; and a like opinion in respect of Paris and Vienna was arrived at by the savans appointed to investigate the subject of the water supply to those cities. But in reply to this, says the physician, "Dr. Frankland adventures the statement that, 'in respect of that section of sanitary science which is devoted to town drainage and water supply, our Continental brethren are at least a quarter of a century behind us.' This was said with the evident intention of depreciating a part of the eminent authorities already quoted: and yet what is it but merely a repetition of the old fallacy, that asserts what is the truth of one thing which has not been denied, and is not even in question, in order to have it accepted, by minds little practised in logic, as true of another thing which is denied, and is the real matter at issue? It is this setting of a partial and non-essential truth, in the place of the main and vital truth, that most easily misleads the undisciplined reasoner, and thus forms the pest of controversy. No one has disputed that, in the actual practical details of what may be termed municipal and domestic hydraulics, in as far as the mere distribution of water is concerned, the mechanism employed by us, as well in extent as in quality, is generally superior, not to what is known among men of science, but to what has been commonly adopted among the habits of life of the Continent. But, for anything beyond this, to assume a superiority for this country seems to me the most unwarranted of pretences. When we turn to the whole broad science of hydrology, having for its object the study of the qualities of water, whether fresh or sea, pure or mineralised, including the nature and variety of its constituents, with their physiological and sanatory, as well as sanitary, properties and actions, while our own home literature is either an utter void, or shows little beyond a few treatises of neither repute nor originality, we find that of the Continent rich with an array of special and general disquisitions; and these proceeding for the most part from men who, with the basis of an ordinary medical education, have received a direct appointment from Government to superintend and officiate at the various watering places, and who have thus been constrained to make the subject of water, with its actions on the human frame, and those of its various modes of impregnation, the peculiar study of their lives. Let any one refer to a work so well known among the better educated of medical men as Ploucquet's "Digest of Medical Literature," and let him run his eye down the long columns containing the catalogue of dissertations on the topic of water, in all its forms and varieties, published up to a little beyond the close of the last century, and he will soon discern how very minute is the proportion among these of the works of British authors. Nor has this proportion changed since. We have no names to place in rivalry, just or unjust, with those of Osann, Helfft, Simon, Ewich, Vetter, James, Posner, Seegen, Durand-Fardel, Lersch, Graefe, Kalisch, Spengler, and many others, besides those I have formerly quoted, all very recent or still living authors."

"Doubtless there have been fluctuations of opinion; for a credulity that believes anything, and a scepticism that tests everything, have been ever the bane and the antidote in scientific progress, the fate of which is still to advance among the ruins of temporary reputations: though the actual state of our knowledge, on this topic of water, is best evinced by the recent decisions of the Government Commissions of the three chief centres of European civilisation, who have obviously possessed, and have fully used, the best means of gathering proofs and eliciting or eliminating opinions. It is besides characteristic of the zeal with which the study of this subject is pursued abroad, that there are at least four periodicals specially devoted there to its investigation, while in this country it would be a futile attempt to produce one."

But the most remarkable fact for consideration is the comparatively high mortality in towns supplied with soft water, the mortality being almost in the direct proportion of softness. This has been ably discussed by the physician who says:—

"In the appendix to the report of the Royal Commission, there is to be found (p. 77) a table, presented by Drs. Letheby and Odling, and Professor Abel, from which much weighty instruction is to be derived. Its design is to show the relation between the quality of water, more especially as to its degrees of hardness per gallon, and the prevalent rates of mortality in twenty-seven cities and towns, twenty-four of which are in England, and three in Scotland. But as the towns are grouped in only two divisions, according as the waters are above or below 10 degrees of hardness, and as the mortality seems to be founded on that of only a single year, I have thought it better, for the sake of greater security, to re-cast, and add to, the materials, founding the rates of mortality, with a very few casual exceptions, on averages of ten years, while increasing by thirty-eight the number of the towns and cities, five of them being in Scotland. The sixty-five towns thus collated, I now place under four several categories as to their degrees of hardness: the first group embracing those above 10 degrees, the second those of from 10 to 6 degrees, the third those of from 6 to 2 degrees, and the fourth those of 2 degrees and under. Within the first group are embraced twenty-five towns, among which is London; their average population being above 230,000, and the mean hardness of the waters 16·0 degrees per gallon. In the second group seventeen towns are included, having an average population of above 137,000, and an average hardness of 8·0 degrees per gallon. In the third group there are fifteen towns, the average population being above 120,000, and the hardness 3·8 degrees; while in the fourth group the towns are eight in number, the average population amounting to above 88,000, and the hardness to 1·3 degrees per gallon. In all

statistical inquiries, we know that we approach the nearer the truth the more carefully arranged are our categories, and the more widely they are based on extent of numbers and time; and we have here enough to reach a tolerably safe approximation. The facts elicited are striking and important."

(To be continued.)

NOTES OF A CASE OF SYPHILITIC HERPES WHICH AT FIRST RESEMBLED SMALL-POX.

By Wm. Curran, Army Medical Staff.

At a season like the present, when small-pox prevails epidemically and is numbering its victims by the hundred, whatever tends to mitigate its horrors, or divest them of their hideous repulsiveness, is worthy of attention. In this light eruptions that resemble its manifestations, and yet are of a very different character and complexion, deserve special notice, inasmuch as an early appreciation of their differences may serve to save much suffering to the patient and anxiety to his friends, and enhance at the same time the professional repute of his attendant. The case recorded below is an instance in point. It occurred in the person of a young man in whom the marks of vaccination were not very pronounced, in a hospital in which small-pox had been previously treated, and under other circumstances of time, locality, and accession, which warranted doubt, if they did not actually suggest danger. Though the former exists no longer and that all apprehension of the latter has long since ceased, yet is the case no less interesting from a diagnostic point of view, and there are, perhaps fortunately, but few opportunities of contrasting the rarer manifestations of syphilis with those of small-pox. For these reasons, if for no other, the case calls for notice. It is based on notes taken by myself at the bedside, and I am anxious to contribute, by its aid, to the formation of a more accurate diagnosis than I arrived at, or than is always attainable in similar instances. The attainment of this would alone justify its publication, but it possesses other features of interest, which if not peculiar to itself, are yet so rare as to warrant their reproduction here, and for the rest the particulars given below must speak for themselves.

No. 1272, Private J. H., of the — Lancers, nineteen years of age, who has not yet completed two years' service, says that he had a sore on the prepuce three years ago, which would appear, from his own account of it, to have been a soft one, and which he adds healed of itself, under his own management, and with such aid only as he could derive from rest and the application of cold water. This does not appear to have affected him constitutionally, either then or subsequently. He now possesses the average vigour of a man of his age, and he says himself he always enjoyed good health. He confesses to having had frequent intercourse with loose women since. He was, indeed, about this time, very indiscriminating in the exercise of his attentions to them, and he was treated for gonorrhœa in his own regimental hospital six or seven months ago. He distinctly denies having had any other venereal disease, and he claims some merit for having refrained altogether from cohabitation for several months after his last attack. He adds that it had also the effect of rendering him much more cautious than he used to be in the selection of his favourites, and it would appear from his statements in the matter—if they are reliable—that he exercised, up to a recent period, a degree of caution and reserve in the practice of his loose amours which are not common in soldiers of his age. Nevertheless, he seems to have indulged in frequent coitus, and he is now quite unable to point to any one intercourse or woman as the source of his present ailment.

On admission to hospital, on the 18th March last, he was found to be suffering from a hard sore of some five days' duration on the under aspect of the prepuce, and that structure was itself enlarged, swollen, and pendulous. The glans looked red and irritable, and there was some reduced and infiltration of the neighbouring integument. He says his present sore occupies the very same position as that occupied by his former one, and it appeared eight days after connection. The glands in both groins were enlarged and indurated, the nuchal glands were also enlarged, but there was no tenderness in either, and he could bear pressure on them all without flinching. He was placed in one of the wards appropriated to the accommodation of such cases, the sore was dressed in the ordinary way, and mercury was not exhibited. On the evening of the 21st of same month a papula-roseoloid eruption appeared on the arms and trunk, and this soon passed through the usual stages of papule, vesicle, and pustule. It spread rapidly under the form of zones, with a broad base and dusky discolouration over the abdomen and round the loins, and thence upwards and downwards to invade the face and the extremities. Within thirty-six hours it had made its way to most parts of the body, and meanwhile there was no thirst or heat of skin, no pain in the loins or feeling of constriction about the temples, nothing, in fact, to denote the approach, or indicate the recession of fever. He ate and slept well, was evidently free from pain, and he seemed somewhat surprised at the attention his condition was receiving.

The face was attacked on or about the 24th, and was quite covered over the alæ of the nose and under the eyes on the 28th or thereabouts, but the eruption did not here assume so markedly vesicular a form as elsewhere, and the scabbing and discolouration were also less. Meanwhile the eruption on the belly began to fade, but as it faded from the abdomen it appeared on the thighs and calves of the legs, and it bore everywhere, and from the very first, a striking resemblance to an attack of modified small-pox. There were, however, none of the usual accessories of that disorder, the eruption in the case under review did not follow the same sequence, and its course and continuance evidently entitle it to a separate designation and character. Altogether the eruption lasted about eight days or so on the chest and abdomen, and it has already taken upwards of three weeks to exhaust itself elsewhere. Indeed, it can scarcely be said to have run its course in that time as new vesicles continue to appear in various parts of the body, and I counted myself towards the middle of April a fresh crop just above the right knee and over instep of left leg. Though his health has not suffered much, he yet appeared to be weakened by the discharge, and he was allowed support accordingly from an early period.

As regards the character of the eruption the vesicles were of about the usual size of varioloid, but there was no appearance of mammillation about them anywhere, and each contained a hair in its centre, which would seem to imply that the follicles were more engaged than the cutis itself. They also had a broader base and a more globular form than those of small-pox, the contents at first limpid and transparent soon became opaque, of a citron hue, and there was no escape of fluid from them at any time. The process of scabbing was brought about not so much by maturation as by the development of a little dark spot in the centre of each, which, increasing in area, as it receded from the centre, gradually extended to the side, and finally involved the whole surface. The liquid contents underwent, meanwhile, a process of solidification or concretion, which displaced, as it were, the overlying crust, and then disclosed a discoloured and slightly indented surface underneath. The treatment consisted in confinement to bed in a roomy, well-ventilated, and separate ward, in attention to the bowels, and the use of sufficiently supporting stimulant diet. Nevertheless, fresh crops continued to appear, patches of eczema complicated their presence on the legs, iritis aggravated his sufferings, and subsequently he will have reason to congratulate

himself if he escapes the effects of a progressive syphilitic cachexia.

Remarks.—Such interest as may be supposed to attach to the recital of this case centres in the fact that it was, at first, mistaken by myself and a junior colleague for small-pox, and that, too, in the face of the doubts expressed by the surgeon-major in charge, and the more decided stand taken on the other side by my friend, Staff-Surgeon Dr. J. Johnson, to whose aid and guidance I am indebted for the reference given below, as well as for later information regarding it. We are both now satisfied that we were wrong, and on looking into the literature of the subject, I find that the disease, though a rare one, is yet of more frequent occurrence than I had anticipated, There is, as far as I can make out, little or no mention made of it in the older syphilographers, but it is well portrayed in the works of Cazenave, Bumstead, and Lancereaux, and a few sentences from each of these will throw more light on its history and progress than any description I could hope to indite. Cazenave—translated by Burgess—p. 371, describing the disease under the head of *Vesicular Syphilitic Eruption*, says :—"This variety was for a long time considered as one of the most rare forms which syphilis could assume. Biett met with it only a few times, but we have seen it repeatedly, and believe that, if not very common, it occurs more frequently than is generally supposed." And after giving some particulars of the case of a girl, sixteen years of age, on whose body a number of small eminences appeared, "after she had complained of some sense of heat in the throat, difficulty in swallowing, anorexia, and irregular fever," he adds, "the eruption was at once seen to be vesicular and pronounced chicken-pox. . . . . It covered nearly the whole body, and the vesicles were in different stages, *some being nascent and others dried up.* . . . . . ." The vesicles were small, resting on a broad base, and surrounded by an areola of vivid copper colour, *their progress was slow, and they were unattended by any local symptoms.* They gradually faded away and the fluid was absorbed, but in some the contents of the vesicle, hardened into a thin scab, every one of them left behind a coppery infection of the skin, which presented all the characters of a syphilitic blotch." The underlining is mine, but the point of the description can be easily realised without it, and the great syphilographer, Bumstead, is even more precise and circumstantial. He says, under the head of "syphilitic vesicles," p. 547, "a vesicular eruption is the rarest of all the syphilodermata, although it is now admitted to be more frequent than was at one time supposed. . . . . The parts, which are most frequently affected, are the back, face, and extremities. The vesicles may be either large and globular, small and acuminated, scattered irregularly over the surface, or arranged in groups. Many of them are found to be traversed by a hair, showing that the chief seat of the eruption is the hair follicle." He elsewhere describes them as "containing a citrine coloured fluid, and arranged in irregular groups seated upon a dark red base," or, "the vesicles may be smaller and collected into groups, which are either circular or oviod, as in herpes circinatus." This is exactly the shape, or rather shapes assumed by the eruption here referred to, and Lancereaux describing the same disease from his stand-point, says: "La syphilide vesiculeuse *à forme de varicella*, dans laquelle les vesicules disseminées, tantôt acuminées, tantôt globuleuses et quelquefois ombiliquées, sont remplies d'une serosité qui se trouble rapidement et finit souvent par se changer en un liquide purulent: *d'omnie resemblance plus grande avec la varioloide* qu'avec la varicella." Andagaiso, p. 143, "La syphilide vésiculeuse à forme d'herpes offre des vesicules disposées en groupes irreguliés, ayant l'aspect de l'herpes phylcténoide, ou bien en groupes arrosidis ou ovales affectant la forme circinée." These few quotations from such accessible sources clearly prove the existence of a disease which may, at its first appearance, and especially so, at seasons like the present, be easily mistaken for small-pox, and the mistake is much more likely to happen in a hospital, in which the last named disease already existed.

The absence of premonitory symptoms, the sudden accession of the rash, the comparative immunity of the face, and the character, and the progress of the attack ought, indeed, to have put me on my guard, but I had never seen a similar case before, and as Carmichael well observes, "all eruptions, venereal or not venereal, imperceptibly glide into those of the nearest character, and it often happens that practitioners can only determine the nature of the eruptions, for which he (*sic*) is called upon to prescribe by an attentive consideration of its progress." The true nature of this case only developed itself as in advanced, it is, therefore, calculated to inspire caution and counsel reserve, and its record may prove useful to others, by showing that such a condition occasionally obtains, and clearing the course for a more accurate appreciation and diagnosis of eruptive diseases. As such it is offered for publication here in the hope that the perusal of its history, however imperfectly executed, may induce others to suspend their judgment, and wait for appearances which can only be determined by time, and which even the most experienced may sometimes misinterpret or mistake. Injudicious interference or erroneous pronouncement must necessarily be the consequence of an opposite course, both these are to be avoided as calculated to create alarm and inspire distrust, and the resources of our art are weak enough already without having their weakness more blazoned forth, and mayhap exaggerated by precipitate action, or too evident straining after effect. This is the lesson the case is intended to teach, and if it only teach this well, it will have more than realised the object I had in view in drawing it up.

FURTHER HINTS HOW TO MAKE VACCINATION MORE EFFICACIOUS.

By Robert Hanslip Sers, M.R.C.S.E.

It would be tedious, and indeed uncalled for, to offer many cases in detail to prove the necessity of a sufficient protection for the recently vaccinated arm. Four examples now to be seen in my practice may serve to illustrate this important point.

Case 1.—J. W., æt. twenty-two, unmarried, residing at a neighbouring village, always enjoyed good health, yet of delicate frame of body. His father died from a second attack of carbuncle, and his mother is subject to a yearly "breaking out," patient had not been vaccinated, and was now "done," because he had entered Her Majesty's service as a letter carrier. I vaccinated him from lymph a week old, preserved in a capillary tube (one tube out of twelve, all the lymph obtainable by selection from twenty-four children). Vesicle on the eighth day perfect; commencing areola slight. On the nineteenth day after the operation, besides attending to his usual duties, he mowed a grass plat, two hours' work. The arm in the evening of this day commenced to swell. No glandular enlargements in the axilla. Subsequently a series of six boils appeared on the arm and forearm. In spite of two days' fever and slight disturbance of sleep—his appetite was better than usual, and with the above exceptions he did not "feel ill." The scabs falling off, the vaccinated points at about the twenty-first day revealed the characteristic cicatrices. This was evidently a purely local affection produced by direct irritation. Fortunately the patient was in good health at the time, or the consequences might have been serious.

Case 2.—An infant living in my village. On the fifth

day, one of the vesicles completely rubbed away. It is to be observed that the vesicles at this point are easily injured.

Case 3.—An infant in an adjoining village. Well formed vesicles on the eighth day, but covered with the accumulated dust of the week—one of the vesicles in particular was obscured through commencing irritation produced by mingled dust, grit and hair. A suitable habitation "germs proper," to say nothing of "germs theoretical."

Case 4.—The child of R. M., æt. six months, living at Cay Thorpe, vesicles on eighth day in apparently good condition; areola inclined to be erythematous; the vesicles had been ruptured. I mention this last case, because I consider that vesicles frequently burst, *keep discharging and refilling*, and that the *subsequent virus* loses its virtue, and may even *become inert*.

When the forearm cannot be easily flexed, as with soldiers and policeman, the discomfort of vaccination and the risk of undue inflammatory action must be increased. With infants and children the sleeves can be looped up, but this often fails in its object. I firmly believe that the perfect removal of these sources of danger is absolutely necessary to the development of complete vaccination. With the assistance of Mr. Miller, of Leicester square, London, I hope shortly to obtain a good vaccination sleeve, made of polished leather and perforated zinc—points of fixture, neck and dress of child. A full description of this sleeve, with an illustration thereof, should it answer its purpose, shall be given on a future occasion. The special advantages supposed to be gained by this contrivance are increased safety, cleanliness, comfort, and a fuller supply of powerful lymph. It is surprising how rarely arm to arm vaccination fails, when we consider that many escape a contagious and infectious disease, although fully exposed to it.

Vaccination performed from preserved lymph may be termed a modified vaccinia, it has not the same vigour—the vesicles are not so plump, it is doubtless less effective as regards immediate good and permanent result. I have just looked at an arm lately vaccinated with virus from London. The child's mother tells me that it took well, and that the doctor requested to take a supply of lymph therefrom, only small spots are visible with a single indentation to each. In the course of a few years, the cicatrix failing to grow, must be almost obliterated. If the vaccine vesicle has run its due course, the scab fallen away at the right time, the cicatrix, a proper one ("circular, somewhat depressed, dotted or indented with minute pits, and in some instances radiated") ; we may safely give a certificate of successful vaccination. Nevertheless the child may afterwards present symptoms of an acquired disease. The burden of the proof must then fall upon the opposing party, he must prove that the vaccinifer had one or other of these dire diseases, and that the child vaccinated was together with its progenitors perfectly free from disease. A truly difficult task.

The eruptions of childhood are to be looked for. Only a few weeks ago I was at the point of vaccinating a baby with a very clear skin. Fortunately I had forgotten my vaccination case, for three days after the child was covered with a squamous coppery coloured eruption. It is a truism to say that the fevers produced by vaccinia may hasten the appearance of skin eruptions. In instructions for vaccination under contract, we are told (Gregory revised by Ceely and Marson) "on the ninth or tenth day, especially if the weather be hot, children of full habit not infrequently show on the extremities, and less copiously in the trunk, a lichenous, roseolar, or vesicular eruption which commonly continues for about a week." Unquestionably in the greater number of cases, vaccination merely *forwards* these eruptions, it does not *create* them. Children are frequently brought to be vaccinated with a rash too slight to forbid the operation. One would not heed slight pityriasis of the scalp so common among children. Impetigo of the scalp is rare in my districts, therefore I should not expect it to be coincident with the vaccinia. It is generally known that the skin and bowels often sympathise. I have thought that vaccination has sometimes failed from the setting in of a coincident diarrhœa. But I should not attribute the diarrhœa to imperfect vaccination, or impure or effete matter. Need I say that the appearance of healthy looking rashes require no such explanation. The purest lymph may fail to take altogether; or it may produce a papula, or a minute vesicle, or a pustule, according to attendant circumstances. Contagious diseases are more likely to be *given* in the ordinary way, than to be *contained* in lymph taken and used with common care.

I now arrive at a point of great importance—viz., the health of the vaccinifer, clean lancets—perhaps one for taking virus; another for vaccinating; the avoidance of the least stain of blood; these are easy of attainment, but to feel convinced that the vaccinifer is healthy, and the child to be vaccinated also healthy, here are problems, the solution of which the instructions to vaccinate under contract do but little to elucidate. We may "satisfy ourselves that there is not any eruptions behind the ears or elsewhere on the skin, nor any febrile state, nor any irritation of the bowels," we may "take matter from an apparently healthy child, with well characterised uninjured vesicles;" we may "avoid taking matter from cases of re-vaccination;" in short, we may do exactly what we are told, and yet, after all, fail in consequence of the many imperfections attending the State mode of conducting vaccination. Where are our vaccination stations in country districts? and where the means for the fulfilment of the request of arm to arm vaccination? Nowhere but in paper. Proper well ventilated stations should be provided. I consider five shillings the lowest consistent fee to be offered for this highly important operation. Another great difficulty presents itself in our present system, how are we to examine a mother accurately in the most delicate points concerning health before a crowd of eager listeners? Can we expect an honest answer to interrogations that ought always to be asked and answered before we can advise about the best course to pursue relative to selection of lymph? In private, will a parent verbally confess to past syphilis? or gonorrhœa? or a dissolute life? or even a scrofula? In public it is not right to put the mother to the test. There is a simple way of overcoming this trouble, and that is to devote a special column in the ordinary vaccination paper, to half a dozen leading questions to be confidentially "filled up" by the parents prior to its delivery to the surgeon for his sole use, and under the seal of professional secrecy. Questions such as these—past and present health of parents? Has either had any disease contracted by impure conduct?

Scurvy—scrofula—consumption—bad disorders. Any of the immediate relations had these? ever had any extensive eruption? of steady habits of life? One is less likely to hear the truth about the baby. A few plain questions concerning it may not, however, be thrown away. The present arrangements for public vaccination in certain country districts cannot be carried out; although the population of the Sandham and Calverton districts, Notts, is only about 7,000, and my residence, central, instead of having one vaccination station, I profess to hold no fewer than seven. Shall I add that arm to arm vaccination is under these conditions impracticable; in fact, one station, if a small surgery can be titled a station, is alone attended. A few suggestions may be here applied to my own case. No reasonable man could expect a woman to trudge from village to village with a baby in her arms (putting its weight out of the question), exposed to all kinds of inclement seasons. Where the child's parents reside above a mile from the station, the State might hold the parish bound to provide a suitable conveyance for the infant and its mother, to and from their destinations. This is the only way to insure regular attendance, and a carrier's van in this place and that place would suffice for

the purpose. One might vaccinate from a central station on convenient days (quarterly) and a week before the appointed day, arrange to have four or five selected children vaccinated and ready for the occasion.

Hospital Reports.

MIDDLESEX HOSPITAL.

THE report of the Surgical-Registrar, Mr. Henry Morris, M.A., M.B. Lond., is as interesting as that of his colleague which we have on a former occasion epitomised. It appears that during the year 1870, 1,024 patients were admitted into the surgeons' wards ; 139 remained in hospital on January 1st, 1870, and 19 were transferred from the physicians' wards. Total, 1,182. Males, 621 ; females, 561.

Of these 917	were discharged : recovered and relieved, 819 ; unrelieved, 52 ; at their own request or for other reasons, 46.
138	remain under treatment.
13	were transferred to physicians' wards.
114	died.
1,182	

The mortality has been 9·6 per cent.;—excluding cancers, 5·4 per cent. The greatest actual mortality has been amongst the cancer cases. The greatest relative mortality (*i.e.* relative to the number of cases) has occurred in fractures of the skull. Several cases enumerated in the table have been under treatment more than once, and the same case, in many instances, appears under more than one of the headings : thus, some have been discharged at own request, or for other reasons unrelieved, who have again been admitted, to leave recovered or relieved, or are still under treatment : others have been relieved on one or two occasions, and finally have been discharged unrelieved. Some few cases, which are not cancer, are included under the heading of malignant disease, such as sarcomatous tumours. When a patient was admitted suffering from more than one injury or disease, the case is entered under the heading of the injury or disease which was most prominent at the time of admission. It will be seen that, of the injuries, those which have occurred most frequently are (1) scalp wounds, (2) fractures of the ribs and fractures of the shaft of the femur, (3) scalds, (4) contusions of the back and of the lower limbs. Amongst the diseases, after cancer, come in order of frequency (1) ulcers, (2) diseases of the eye, (3) constitutional syphilis, (4) superficial abscesses and diseases of the hip-joint.

There seems to be a good deal of care bestowed on the cancer wards. The term cancer is used to express a morbid growth having the clinical features of malignancy rather than a definite anatomical structure ; the harder and softer forms of the growth being distinguished by the usual names, *scirrhus* and *medullary*. As in former reports, to these names have been added *melanosis*, *epithelioma*, and *rodent* (commonly known as rodent ulcer), as each expresses a definite form of the disease spoken of as cancer. From the great difficulty of determining the precise form of the disease as it affects the womb (even with the advantages of post-mortem dissection and microscopic observation), the name *uterine cancer* is applied to all indiscriminately, but Mr. Morris gives in his tables special columns showing in which cases glandular affection, and in which secondary deposits in remote viscera were found after death. No special note of treatment (beyond mention of operation) has been tabulated; but it may be observed here, that it is the custom (to which there have been but few exceptions during the past year) in the Middlesex Hospital, to sponge into the fresh wound, after removal of cancer, a solution of chloride of zinc or sulphurous acid ; also, in some cases, the wounds have been dressed on Lister's principle.

The subject of infectious diseases always claims the attention ; and the surgical registrar of the Middlesex Hospital tells us that, of 14 cases of infectious diseases admitted during the year, 6 were phlegmonous erysipelas, 7 simple erysipelas, and 1 pyæmia. Of the 6 cases of phlegmonous erysipelas 2 died, 2 recovered, and 2 remained in on January 1st, 1871. Of the 7 cases of simple erysipelas 1 still remains, and 1 died from abscess of the lung, and hemiplegia caused by embolism of the vertebral artery.

Fifteen cases of infectious diseases originated in the wards during the year, 6 of which were erysipelas, 7 pyæmia, and 2 scarlet fever. The 2 cases of scarlet fever occurred in Percy ward, and were removed as soon as the disease declared itself. Of the cases of erysipelas 3 of them occurred in three different wards (Regent, Queen, and Clayton) within 48 hours of each other. This was in the month of February. Of the 7 cases of pyæmia 2 obtain special notice from the registrar.

W. W., 896, was admitted in November, 1869, for inflammation about the right knee-joint, the result of an injury. On Feb. 15th a piece of necrosed bone was removed from the head of the tibia, after which he had rigors, sweats, and feverish symptoms, and abscesses formed in the limb. Amputation was performed on March 30th. Fresh abscesses formed in the thigh and back; but he ultimately recovered, and left the hospital on June 22, 1870.

W. S., 791, was admitted on October the 5th, for suppurative inflammation of the knee-joint. When convalescent, and about the ward with ankylosis of the joint, he was seized with typhoid fever, from which he recovered. Suppuration occurred about the joint when recovering from the fever, and pyæmia followed, from which he died. At the post-mortem examination abscesses were found in the right lung, and a large clot in the right femoral artery.

As compared with the year 1869, pyæmia has been more than double as frequent, while the number of cases of erysipelas has been just one half. Pyæmia originated in the surgeons' wards three times in 1869, as against seven times in 1870.

Hernia.—During the past year, of the 19 cases of hernia which were admitted to the hospital, 13 were strangulated, 5 were irreducible, and 1 reducible ; the patient in the last category was admitted for continued vomiting, which, in his condition, had alarmed him.

Of the 13 cases which were strangulated 5 were femoral and in females, 3 being on the left side of the body and 2 on the right; 6 were scrotal, 3 on the right and 3 on the left side, 1 of them was congenital in a child of 9 months old ; 2 were oblique inguinal, on the right side, and in males. Of the 5 irreducible cases 3 were umbilical (2 females, 1 male), all of which left the hospital unoperated upon ; 1 was femoral (female), 1 inguinal (male) ; both of these were reduced by taxis. An operation was performed in twelve cases. In one it was exploratory, to examine the sac after reduction by taxis. In seven out of the eleven others, the sac was opened, and of this number 3 died. In 3 out of the 11 the sac was not opened, and of this number one died. In one case it is not mentioned whether the sac was opened or not. Taxis, with or without the previous use of ice, was successful in four cases, 3 of which were of long standing, and one congenital ; they were—one irreducible femoral, one strangulated scrotal, one irreducible oblique inguinal, and one strangulated congenital scrotal. The average time of existence of rupture in the strangulated cases was ten years one month; the longest time 30 years ; the shortest one year. The average duration of symptoms of strangulation before admission was 37 hours ; the longest time 5 days ; the shortest 4 hours.

Compound Fractures.—Ten cases of compound fractures were admitted to the Middlesex Hospital during the year; six were fractures of the leg, two of the arm, one of the middle of the thigh, and one of the fingers. Of the six cases of compound fracture of the leg, the seat of fracture was in one case in the lower third of the tibia, in two cases about the junction of the lower and middle thirds of the tibia and fibula, in two cases in the middle third, and in one case a Pott's fracture. Of the two cases of the arm one was at the lower third, and the other a case of fracture of radius and ulna into the elbow joint. In all the cases the treatment of the wounds consisted in the thorough washing out with sulphurous acid, or chloride of zinc lotions, and the application of carbolic dressings. In one case of fracture of the leg secondary amputation was required ten days after the accident for extensive diffusive suppuration of the limb. In another case portions of the upper extremities of the radius and ulna were removed, and a good recovery made, resulting in a useful moveable joint. In another case, besides compound fracture of the forearm, with extensive destruction of soft parts and much bleeding, there was a simple fracture of the humerus; primary amputation below the elbow was performed directly after admission. Death occurred only in one case, and in that the fracture was complicated with phthisis. The average time under treatment was 67 days.

Post-mortem Examinations.—One hundred and fourteen patients have died in the hospital during the year, of which cases 91 were examined after death. Fifty deaths from cancer occurred, 22 of which were cancer of the uterus, 13 cancer of the breast, 9 epithelioma, 3 cancer of the rectum, 2 rodent cancer, and 1 melanosis. Nine deaths from injuries to the head, of which 6 were fractures of the skull. Ten deaths from pyæmia and erysipelas, of which 7 were due to pyæmia. Three from wounds of the abdomen and viscera, every case admitted for this cause was fatal. Five deaths occurred in cases admitted for hernia, of which 4 were due to peritonitis, and 1 to internal strangulation unconnected with hernia.

SCOTLAND.

EDINBURGH LADY MEDICAL STUDENTS.—Miss Jex Blake has addressed the Senatus of the University in her own name and in the name of the other four ladies who have completed the first half of their medical course, requesting the Senatus to take into immediate consideration what means are to be adopted to enable them to complete their education in the University. The following suggestions are made by Miss Blake:—

1. That whenever a Professor may be unable or unwilling to deliver a separate course of lectures on his subject, the Senatus should nominate for the approval of the University Court a special lecturer on the said subject, for the express purpose of giving us the requisite qualifying instruction, we undertaking to defray the expenses of such appointment; or

2. That the University regulations with respect to extra mural classes be so far relaxed in our special case, that, whenever a Professor may be unable or unwilling to deliver a separate course of lectures we should be authorised to attend a corresponding class in the same subject in the extra mural school, the said class being held to qualify equally for graduation.

The Senatus deferred consideration of the letter until the opinion of council could be obtained as to the legal powers of the Senate to deal with the above suggestions.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 12, 1871.

THE MEDICAL COUNCIL.

THE meeting of the General Medical Council this session in its own dingy lodgings in Soho instead of in the hall of a Royal College will probably be considered by many as an emblem of its fall in the estimation of the Profession. There can be no doubt that great hopes were once entertained of this cumbrous body, and that most of these hopes—wise or unwise—have been grievously disappointed. With every wish to do justice to all we cannot disguise the fact that the mass of the Profession cares less and less for the debates of its council, and that the only point in which much interest is likely to be evinced, in the unreformed Council, is the amount of money abstracted from the pockets of medical men it manages to squander.

What has been done? We will here give a few notes about the proceedings.

NEW MEMBERS.

Two new members took their seats. Mr. Quain for the London College of Surgeons—the nominee of the Council of that College—which denies even its Fellows a vote in the election of the representative. Mr. Quain is a worthy representative of the Corporate Committee of which he is a member, but he has not been elected by the Fellows and Members of the Colleges. They have no part nor lot in the matter. Would not such a man as Mr. Quain rather represent a constituency of thousands than of twenty-four?

Dr. Gull appeared as the Crown nominee to succeed Dr. Rumsey. The acceptance of the post by Dr. Gull has caused great surprise. One of the busiest physicians in London, with whom it is often difficult to make an appointment within a reasonable time, he seems prepared to spend days in medico-political talk, although he has never given reason to suppose he is interested in the questions involved. The popularity of Dr. Gull both with the public and the Profession may account for his being offered the post, though such appointments ought to be given

to those who have devoted themselves to medical politics. Dr. Gull would confer an infinitely greater benefit by giving the time and energy that will be lost in the Council to preparing for his brethren some of the clinical lessons of his rich and ripe experience.

THE MEDICAL BILLS.

These were several times alluded to, and a considerable time—which in this case means money—was wasted in repeating what was well known to all concerned. No progress can be made in Medical Reform until an extension of the suffrage shall make the Council representative of larger constituencies. It is disgraceful for a dozen or twenty men to be authorised to send one of themselves to pretend to represent a College or University.

PENALTY.

A petition was presented to restore a name to the Register, but was not acceded to. We note that the petitioner was said to hold a New York degree, but no one inquired how that was obtained. Now it happens that American diplomas are being sold in this country, and we should like to hear that the Council is cautious not to register degrees obtained without examination and proper education. It would be desirable to exercise great vigilance in reference to all foreign diplomas, and particularly when held by Englishmen.

PRETENDED "INFAMOUS CONDUCT."

We are glad to see that Mr. Kempster was acquitted unanimously of the charge brought against him—apparently by another practitioner—a "neighbour." The term professional brother may well excite the smiles of the public. The charge related to another person—an unqualified assistant—signing certificates of death; and practices well known to exist, whether right or not we do not now inquire, seemed to cause much surprise among the Councillors, who look over the heads of their humbler brethren, and seem to have no idea how any but "bigwigs" exist. But yet some of them have gone through other stages before reaching the dignity they now enjoy.

CERTIFICATES OF DEATH.

The Council seemed to ignore the fact that we and our contemporaries have frequently objected to the present form of certificate. We have often felt annoyed that we have been obliged to certify that a person died on such and such a day, when we only knew from the statements of others that death had recently taken place. It is not the practice to see the dead body before giving a certificate, and the Registrar ought to change the stupid form in which he has so long persisted. He ought not to ask us to certify the age of the patient last birthday—we can only do so on hearsay.

EDUCATION.

The Report on Education is the most important of the Session's work, and we shall return to it. Meantime we would say a word for students. They may be overlectured in their short career. Would it not be better to prolong the curriculum rather than cram it with too much? Medical education is cheap enough in all conscience, and three years which some corporations accept is a very brief period to acquire the knowledge to fit a young man for practice. Even four years' hospital work is not much considering that those who take this are now avoiding the apprenticeship system formerly so common.

THERAPEUTICS.

The proposal to add a new compulsory course on this subject will not be looked upon with favour.

The remarks made shows the evil of having only men of the last generation in the Council. The lecturers on Materia Medica in the London schools are, some of them at least, doing much to supply what is wanted. They have made great advances in teaching their subject, and we should deprecate the separation of the Chair of Therapeutics from that of Materia Medica, which would thereby be rendered almost useless.

HOMŒOPATHY.—ITS PRINCIPLES EXPLAINED.

[THE review of homœopathy which we commence the publication below requires a word of explanation. It was written many years ago by a gentleman who has since become well known in the literary world, and its interest is to some extent due to the fact that when he wrote it the author was thinking of entering the medical profession. The MS. has long been placed at our disposal, but in publishing it we are desired to state that the author never saw the late Dr. Epps, and only knew of his existence through his writings.]

ALTHOUGH the system of Hahnemann has been some time before the people of England we find many with scarcely an idea of what the word implies; others wishing for information, and some (of even those who have embraced it) entertaining the most mistaken notions concerning it. This however is not from want of means, for so much has been written on the subject that we should not have intruded OUR remarks if *homœopathists* had not asked for "some new mode of attack." We accept this challenge, and propose for "*our* new mode of attack," instead of judging of the hydra, as a whole, to examine it limb by limb, throwing away those which prove to be the mere shadows of fancy. With these intentions we inquired for the clearest and best exposition of homœopathic doctrines, and were thereupon furnished with a small volume entitled "Homœopathy; its Principles Explained," by John Epps, M.D., &c.; and which proves to be a reprint of a course of lectures delivered by him in Exeter Hall. To this work we propose to direct our attention, NOT to give a hasty opinion on the whole, bnt patiently to weigh every argument, thoroughly sift every reason, and candidly examine every point Dr. Epps brings forward to support his views, and so place ourselves in a fair position to judge of homœopathy.

LECTURE FIRST.

THE first step Dr. Epps takes to vindicate his doctrine is to assert that the following axioms are unquestionable:

1.—"That truth has been discovered—at distinct and often distant intervals.
2.—"That the opposition, always created upon the discovery of truth, has been proportioned in intensity, strength, and amount, to the interests which the truth by the very necessities of its nature either must overturn, or appears likely to overturn.
3.—"That truth has ultimately triumphed."

Then comes the application.

Dr. Epps says: "Collect these axioms, apply them to homœopathy, and then will be seen why homœopathy was not discovered before; why homœopathy has been so violently and unfairly (?) opposed; and why we may hope a successful termination to the struggle." Sound logic this! But we first call upon Dr. Epps to

prove that homœopathy is identical with truth. Is it honest? Is it reasonable to suppose that if we admit axioms with regard to truth that we grant the same with regard to homœopathy, at the very time we are contending that the latter, in all its bearings, is utterly opposed to the former? Dr. Epps must first prove the identity, and we dare to prophesy he will have considerable difficulty in bringing "a successful termination to the struggle." If this be true logic every lie may as easily be proved as a problem of Euclid. If Dr. Epps thus proves his system of treating disease to be correct, why indeed may not Holloway or Coffin do the same? By such reasoning all quacks may be allowed to show "why their specific was not discovered before—why their patents are opposed and why they will ultimately be the only medicines employed." If this is their defence how can they complain of being "violently and unfairly (?!!) opposed?"

The false insinuation (contained in his application of the second axiom) against medical men is too mean to require notice from that respectable body of gentlemen. Then comes the important question, "What is homœopathy." To answer this Dr. Epps finds it "necessary to make some inquiry respecting life; life and its modifications, health and disease, being the conditions with which homœopathy has to do."

Pursuant to this inquiry he rises from the mineral and vegetable kingdoms to the animal, at the head of which "stands man who possesses more manifestations of life than any animal, and has organs in proportion. When these organs all act in harmony with each other it is called health; when they act irregularly it is called disease." Thus he demonstrates that "health is life acting regularly and orderly; and disease is life acting irregularly and disorderly." This lucid and clear view of disease he informs us "being understood will destroy the notion that we can overcome disease." This "is a thousand destroying notion." Dr. Epps emphaticallly states it is, and to prove it so, argues "There is no self-existent, independent matter or thing called disease to overcome." What's in a name? if we alter its name from disease to "life struggling injuriously," as Dr. Epps has it; the thing is the same, just as the names of things in the *Pharmacopœia* have been altered times without number; but that does not alter the things themselves, nor is it an argument that they do not exist. As to the epithets self-existent and independent we consider them only applicable to the Deity.

The next step is a beautiful specimen of Dr. Epps's skill at portrait-painting. The picture is that of a medical man, and runs on thus:—"A dreadful warrior: he has hanging at his side a dreadful complement of sharp, cutting lancets; dangling from his belt he has a powerful cupping instrument; he carries a blister on his back; plaisters hang from his shoulders; skeins of thread and seton needles hang from his neck; issue-peas form bracelets round his wrists, &c., &c., &c." Such is the picture and it is well calculated to alarm and impress the sensitive nerves of the more delicate sex; but, surely no man of ordinary sense would be frightened thus into homœopathy.

Strange, too, but true it is, that no longer than five or six years before this was penned, this same Dr. Epps should have written a work expressly recommending such means of cure. Each and every one has been his favourite in turn, and now he discards and despises all. We have his own testimony * that these "dreadful implements" have in his own hands worked the most surprising cures; but, like a fickle lover, when he leaves one object for another he must blaspheme the first. That praise is not worth much which can only be had at others' expense. Even more violent means than these have been a blessing to humanity. A violent surgical operation has saved many a valuable life, but homœopathists are so busily engaged in the estimation of the effects of decilliontbs of a grain of inert substances, that they cannot descend to realities, and the world is obliged to submit to the judgment of those men, whom these highly intellectual gentlemen of the homœopathic persuasion politely inform that their experience for ages past is nothing, and that, labouring under error all their days, they have inflicted untold causes and miseries on their fellow creatures.

The public must judge between them. "Now," says Dr. Epps, "are there not means of cure which operate *tuto, cito, jucunde.*" Of course there are, and as he himself says, "they have been collecting from the earliest ages;" but strange to say they are not included in his picture of the physician. Oh no! It is the homœopathist that employs "remedies" of this kind. Dr. Epps is not aware that long before "similia similibus" was thought of, or even Hahnemann lived "*tuto, cito, et jucunde*" was thought of as a motto continually acted on by physicians. He found the motto in his scrap-book perhaps, and so not knowing where he picked it up considered it as original; and, says he, "I'll act on it—its a good discovery." He does not know that sometimes the "*jucunde,*" sometimes the "*cito,*" must be sacrificed to the "*tuto.*" It is all his own and fellow homœopathists' discovery.

(To be continued.)

* "On Counter-Action." By John Epps, M.D., &c.

Notes on Current Topics.

The Election at the College of Surgeons.

The election to the Council of the Royal College of Surgeons of England took place on Thursday last. The result of the voting was—Mr. Spencer Wells, 131; Mr. Critchett, 130; Mr. Le Gros Clark, 127; Mr. Busk, 117; Mr. Barnard Holt, 104; Mr. Cock, 74. Mr. Spencer Wells, Mr. Critchett, Mr. Clark, and Mr. Busk were therefore declared duly elected to the vacant seats.

The Small-pox Epidemic.

The Registrar-General's last report states that the fatal cases of small-pox in London, which in the three previous weeks had been 245, 240, and 232, were 235 last week. The fatality from small-pox was greatest in Bethnal-green, Southwark, and Battersea, although the numbers showed a decline in the latter sub-district.

The returns of the number of fresh cases made by the relieving officers exhibited no important decrease up to the 24th of June. During the week ending on that day 545 fresh cases were returned.

The Brown Bequest to the London University.

The eccentric bequest to the University of London of a very large sum by a testator of the name of Brown, and the Parliamentary squabble to which it gave rise, will be in the recollection of our readers. It will be remembered that the will contained directions that the money should be applied to the establishment and maintenance of an infirmary for domestic animals; but that, if the London University failed to apply the fund to that purpose within a given period, the money should pass to Trinity College, Dublin. Although the London University accepted the bequest, yet when the expiration of the time set down for the carrying out of the

trust approached, they were indisposed to apply the money in such a way, and introduced a Bill into Parliament to enable them to apply the money otherwise. But the Board of Trinity College, taking alarm, opposed the measure with such rigour that it was withdrawn.

It is stated now that a site for the requisite building has been secured, and its erection will commence at once. We imagine that it will turn out that a pardonable liberty will be taken with the testator's intentions, and that the institution which is about to be established will be rather a school of animal physiology than a cat and dog hospital.

The Vaccination Question in St. Pancras.

At the last meeting of the St. Pancras Guardians the Clerk read a letter from Mr. Farris, secretary to the St. Pancras Ratepayers' Association, forwarding the following resolution passed by the Association :—

"The present changes made by the Board of Guardians, in their arrangements for public vaccination, are highly objectionable, inasmuch as the collecting together of a number of persons at stated times and certain stations has a tendency to spread infectious diseases, and fixing a time inconvenient for the working classes to attend. We are, therefore, of opinion that it would be more beneficial and more economical to place it in the hands of the district medical officers, as heretofore, and we are further of opinion that the reply received from the Board to our communication upon this subject, stating that the appointment of a public vaccinator was made at the request of the Privy Council, is unsatisfactory."

A deputation attended, and explained that it was impossible for working men to attend the vaccination station at eleven o'clock in the morning, and said they doubted if the Board were ordered by the Privy Council to appoint one vaccinator only, as it was a great inconvenience.

The Board, after a short discussion, agreed to hold a special meeting to consider this question, and it is to be hoped will rescind their *pet* arrangement, which has given the greatest dissatisfaction to the majority of the ratepayers of the parish, and if persisted in is sure to lead to disastrous consequences; notwithstanding the badger-hunting process lately adopted, to show off this "improved system," and thereby to stifle public opinion on this subject.

Small-pox in Ireland.

No less than thirteen deaths from small-pox have taken place in the Workhouse Hospitals of Ireland in the course of the year 1870-71, in comparison with only one single case recorded in our last Report for the year 1869-70. The whole number of deaths by small-pox registered in Ireland in the year 1870 is known to be 32.

Death from Nitrous Oxide Gas.

The *Dental Cosmos* reports the case of a young lady in Philadelphia, who inhaled nitrous oxide gas, for the purpose of having a tooth extracted, and died in a few minutes. She had hypertrophy of the heart.

An Examination of Candidates for Commissions in the Medical Department of Her Majesty's Army will be held in London on the 9th August next.

Mortality in Irish Workhouses.

The total number of deaths in fifty-two weeks has been 10,639. In the corresponding term of last year the total number of deaths was 10,968, which, compared with the present numbers, shows a decrease of 329 deaths, and a decrease of 810 compared with the number in the preceding year.

The number of deaths by fever is 630 in comparison with 774 in the previous year, and with 884 in the year preceding.

Meat Preservation.

The Food Committee of the Society of Arts has presented the following report :—

Your Committee report a great improvement in meats which have been preserved in tins. Both as to the quality of the meat, its appearance, and retention of nutritive qualities, there has been satisfactory progress, and the Committee regard this process as furnishing a very valuable aid to other kinds of food.

The trade from Australia in tinned meats has very largely increased, in the exportation both of beef and mutton; and, so far as the many specimens of this and other modes have been investigated by the Committee, this one alone has as yet fulfilled the necessary conditions of bringing meat from a distance with fully-retained meat flavour, without deterioration by addition of chemical agents. No process of the latter kind which as yet has been submitted to your Committee can be said to be thoroughly successful. Either the texture of the meat has been broken down or hardened, and the flavour destroyed or altered, and in many cases such a distinct saline or mineral taste added as to preclude the adoption of such specimens as articles of general consumption.

Effects of Alcohol and Tobacco on the Sight.

Dr. Richard H. Derby, in a recent number of *N. Y. Med. Journal*, treats of colour-blindness and amblyopia thus caused, and says: "Almost always both eyes are affected. This form of ambloopia occurs almost solely in men; out of fifty-six cases only three were women. It is a disease of adults; its frequency increasing from the twentieth to the fortieth year. In a portion of the cases abuse of alcohol was certainly the cause of the affection, and in others the excessive use of tobacco undoubtedly contributed to produce the disease. Forster, in a paper on the injurious action of tobacco on the vision, attaches still greater importance to this agent as a cause of amblyopia, supporting the views of Mackenzie, Sichel, Hutchinson, Lureiro, and others. The author cites twenty cases, in which there was a central scotoma, with a horizontal diameter of 18° to 25°, within which large letters could still be recognised. All of these patients suffered from some affection of the digestive and nervous system. Loss of appetite, constipation, loss of sleep, were common symptoms. Each one of the twenty patients was a strong smoker, and in eleven of these cases a very marked improvement was observed when the use of tobacco was given up."

Mr. Corrance, M.P., has given notice of his intention to move a resolution to the effect that it would be desirable to extend the provisions of the Irish Medical Charities Act to England.

The Control of Dipsomaniacs.

A CONFERENCE on this subject took place with Mr. Bruce at the Home Office last week. The crying necessity for such a measure was strongly urged by Dr. Dalrymple, who introduced a deputation, viz.: Colonel Akroyd, Mr. Ernest Hart, British Medical Association; the Secretary to the Provincial Licensed Victuallers' Defence League; Mr. Watson, of the United Kingdom Alliance; Dr. Stallard; Dr. Rogers (Poor-law Medical Officers' Association); Mr. Miller, M.P., and Mr. McLaren, M.P. Mr. Bruce, in reply, yielded to no one in his desire to check habitual intemperance, but said this was one of the most difficult class of questions to deal with, and having carefully considered the Bill, and taken competent professional advice upon it, he had come to the conclusion that it was a measure that would not work. He therefore did not think the Government would be justified in allowing it to be read a second time. Still it was not to be concluded that, in opposing the Bill, he was of opinion the question was one not capable of legislation. If this Bill had been the law in former days, it was just possible one of the most distinguished statesmen of the last generation, as well as one of our greatest poets, would have been liable to be shut up as habitual drunkards. It must also be remembered that legislation of this kind ought not to be confined to drunkards, for habitual gamblers, and seducers of female virtue were equally devoid of self control, and inflicted the same, if not more misery, upon the world. Probably it would be a greater advantage to society that they should be shut up first, but all these classes should be legislated for not singly, but as a whole, though, perhaps, that of the confirmed drunkard was the most pressing. He would suggest that as the question had not yet been thoroughly considered in all its bearings, an inquiry should be made as to what was doing in the matter, both in this and other countries, with the view of ascertaining the results and extent of the cures obtained. Let the Bill, after discussion, stop short of the second reading, and a select committee, to which he would give a ready assent, be moved for early next session, to inquire into the whole subject. That course, he thought, was the only chance of successfully accomplishing the object of the deputation.

Medicine, "Going, going, gone!"

THE Board of Supervisors of Ohio county, proceeded to open the proposals of physicians to attend prisoners in the county jail and poor-house.

Dr. Reeves offered to attend the jail three times per week for 250 dols., or on former contract at 70 dols. per annum.

Dr. Jepson proposed to attend the jail for 59·50 dols. per annum.

Dr. Allen proposed to attend prisoners at 225 dols. per annum.

Dr. Storer proposed to attend the poor farm three times a week for 156 dols., Dr. English for 450 dols., Dr. Weeb for £149, Dr. Cracraft for 200 dols. three times a week, or 300 dols. for a visit every day.

Dr. Jepson's bid being the lowest for attendance at the jail, the contract was on motion awarded to him at 59·50 dols. per annum.

The *Philadelphia Medical Reporter* publishes the foregoing honourable record. May we commend it to the consideration of the medico-ethical societies with whom rests the regulation of fees for clubs and contract doctoring. Would it not be a ready method of disposing of such transactions to set the medical remuneration arising therefrom up to Dutch auction, and of course accept the lowest bidder? To this complexion may we come at last.

Lunatic Drunkards.

A MEETING, convened by the Licensing System Amendment Association, was held in support of the Habitual Drunkards' Bill. Dr. Dalrymple, M.P., its author, occupied the Chair, and explained the purpose of his Bill. He, however, had no hope of carrying it this Session. All he wished was to have it read a second time as a basis for complete legislation next year. Mr. E. Baines, M.P., moved, Mr. Barrow seconded, and Dr. Lush, M.P., supported a resolution approving the Bill, which was carried unanimously. Colonel Akroyd, M.P., proposed, Mr. Miller, M.P., seconded, the Rev. Mr. M'Naught, and Mr. R. Assheton, M.P., supported the proposition, which was adopted and at once carried out, that the gentleman present should go to the Home Secretary with a memorial.

AT the last Medical Club dinner, Dr. Lush, M.P., presided, and was supported by Dr. Brewer, M.P.

IN the Census Report, Dr. Farr says that though the people are still increasing, the products they create increase faster than their numbers.

The Council of University College Hospital has done a commendable act. It has conferred the title of surgeon on Messrs. B. Hill and C. Heath, thus following in the wake of some other London Hospitals.

THE *Journal of Cutaneous Medicine* is discontinued, and its editor, Dr. H. S. Purdon, will write a Quarterly Report on "Dermatology," which will appear in the *Doctor*, the new monthly journal of Medical Practice and Literature.

THE Annual Meeting of the Medico-Psychological Association will be held at the Royal College of Physicians of London, August 3rd, under the presidency of Henry Maudsley, M.D., F.R.C.P.

The members of the Association and their friends will dine at 7.30 at Willis's Rooms.

THE Irish Poor-law Commissioners' Report shows that the number of inmates of workhouses last February, is less by 4,227 than the number in the preceding year, and less by 6,693 than in 1869. At the latest date the decrease amounted to 4,013, or 7·4 per cent. less than in 1870, and to 7,261, or 12·7 per cent. less than in 1861.

The number of persons receiving out-door relief has increased, on the other hand, from 22,520 to 25,363 in the course of the year; but the Commissioners disregard any increase or decrease of out-door relief as indicative of the state of the population, and anticipate, as the country advances in prosperity, the out-door relief lists, which have steadily increased from 655 persons, daily, in 1855, to 25,363 in 1871, will continue to increase.

THE folly of the policy of those Medical Corporations which endeavour to attract candidates for their diplomas

by keeping at a low level the educational standard of their qualifications is strikingly illustrated by the number of entries which have recently been made for the preliminary examination of the University of London. The Examining Court of the University had incurred some opprobrium for their wholesale slaughter of half-educated candidates, and, of course, the speculators for a fall prophesied the ruin of the University if the ignoramuses were not tenderly dealt with.

The reply to such a forecast is that at the last entry six hundred and twenty-six names were given in—a number never equalled.

A conclusive proof that the day when it was bliss to be ignorant and folly to be wise has passed away.

PROCEEDINGS OF THE GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

SESSION 1871.

JULY 4TH.

THE General Medical Council commenced its sittings this day. Dr. Paget, President, took the chair. Two new members were introduced: Dr. Gull, nominated by the Crown, in the place of Dr. Rumsey, resigned; and Mr. Quain, nominated by the College of Surgeons, in the place of Mr. Cæsar Hawkins.

The PRESIDENT, in opening the session, referred to the personal changes in the Council, the withdrawal of the Bill recommended by the Council and adopted by Lord de Grey, and the business of the present session.

The usual committees were thereupon appointed. The returns from the Medical Department of the Army, and from the Medical Department of the India Office, were laid before the Council. The statement of the degrees, diplomas, and licences of the candidates for commissions in the Medical Department of the Army, who, in February, 1871, presented themselves for examination, showed that of the candidates there were 36 successful, and 21 unsuccessful. Of the unsuccessful, 17 would have been accepted had there been vacancies for them. The qualifications held by those who "failed" were those of the Edinburgh College of Physicians in 1 case, the Edinburgh College of Surgeons in 1 case, in 3 cases the King and Queen's College of Physicians, and in 3 the College of Surgeons of Ireland. The statement of the degrees, diplomas, and licences of the candidates for commissions in the Medical Department of the Indian Army, who, in February, 1870, presented themselves for examination, showed that of the candidates there were 10 successful, and 13 "failed." The diplomas and degrees of the successful candidates were 21, and of the "failed" 26. Of the 13 candidates returned as unsuccessful, 9 were qualified, but were not accepted, as only 10 appointments were made. The "failed" candidates possessed chiefly the diplomas of the Royal College of Surgeons of Edinburgh, of the King and Queen's College of Physicians of Ireland, of the Royal College of Physicians of Edinburgh, and of the College of Surgeons of Edinburgh.

In reply to questions, the president said he had no official information about the Medical Bill, and he read Mr. Forster's words from a report of the debate in the House of Commons. "Mr. Forster said that legislation had failed last year because, although the Bill which had been introduced in the House of Lords had been most carefully considered, it had been thought desirable when the Bill came down to that House (the House of Commons) to add to the question they were then attempting to settle the other question of the constitution of the Medical Council, and it was then too late in the session to deal with that subject."

A list of examining bodies whose examinations fulfil the conditions of the Council was laid upon the table.

The following report of the Educational Committee was read:—

REPORT OF THE COMMITTEE ON PROFESSIONAL EDUCATION.

The Report of the Committee of 1869 on Professional Education, and the replies to the letter of the chairman from teachers on medical education, were forwarded to the licensing bodies, and answers were received from them in 1870. All the answers did not arrive in time to be presented at the meetings of the Council in 1870, and accordingly an interim report only was then laid before the Council (Minutes, vol. viii. p. 11). By a resolution of Council (Minutes, vol. viii. p. 105), the Committee on Education was reappointed, and directed to report at a future meeting of the Council.

The probability that an Act to regulate medical education would be passed in 1870 rendered it inexpedient to discuss last year many of the suggestions contained in the Education Report, and in the replies sent in by the licensing bodies; for if the Medical Bill of 1870 had been passed, it would have necessitated a revision of the whole subject of medical education and examination, and would have rendered any previous decisions null and void.

During the last two years very important alterations have been made in the system of education and examination by some of the licensing bodies, and several of the suggestions of the Education Committee have been met.

The Royal College of Physicians of London, by a rule passed in April, 1871, requires from every candidate for its licence evidence that he has discharged the duties of clinical clerk and of dresser for periods of three months respectively, and thus one important recommendation of the Education Report has been carried out.

The Royal College of Surgeons of England, on the reception of the report, appointed a committee to consider it, and eventually determined to act on the opinion of their Court of Examiners of the 16th December, 1869, that "every part of the knowledge included in, or accessory to, the education of candidates for the diplomas of the College ought to be taught and learnt practically." The College has, therefore, introduced into its curriculum clauses which insure practical instruction in chemistry, pharmacy, general anatomy, and physiology and surgery, and has ordered that every candidate at an early period of his hospital attendance shall be individually engaged at least twice a week in the observation and examination of patients, under the direction of a recognised teacher, during not less than three months; this is for the purpose of enabling him fully to profit by the hospital instruction. And, in addition to this, every candidate is ordered, as formerly, to be also a dresser, or to have charge of patients equivalent to the work of a dresser, for six months, and is also to attend demonstrations in the *post-mortem* rooms of a recognised hospital during the whole period of surgical hospital practice. And to ensure that these regulations shall be carried out, the College has now instituted for the diploma of membership (as it had previously done for its fellowship) a practical clinical surgical examination, in addition to the examination in bandaging, &c., formerly instituted.

The Society of Apothecaries of London has also made some important changes. Since June, 1870, all candidates have been required to produce evidence of having served the office of clinical clerk for at least six weeks, and of having been examined at the class examinations conducted by the teachers of the respective subjects. The clinical examinations which were instituted by the Society on the 13th June, 1867, have been made an integral and invariable portion of the final examination. Students attending for their first or primary professional examination have been required, since December, 1870, to undergo an examination on medical regional anatomy on the healthy subject; and in various other parts of the examinations increased practical work has been demanded.

It is possible to overrate the effect which the regulations of these great licensing bodies (to whom the majority of English students go for their licences) will have on medical teaching in England. A great part of what was desired by the Committee of Education has been thus obtained, and it seems only just that the Council should fully recognise the improvements which have been made.

The four English Universities have made no change in their systems of examination, which were considered satisfactory by the Council.

In Scotland the Royal College of Physicians of Edinburgh now requires all candidates for the licence, without exception, to undergo a clinical examination in medicine in the Royal

Infirmary of Edinburgh; previous to July, 1869, students only underwent this test.

The Royal College of Surgeons of Edinburgh had, previously to July, 1869, instituted practical clinical examinations, which are carried on in a surgical hospital, and they have since made no change in their regulations.

The Faculty of Physicians and Surgeons of Glasgow has not essentially altered the mode of conducting the examinations, but in some points the examination has been more systematised, especially as regards the clinical part. All candidates, whether previously qualified or not, are subjected to an examination at the bedside, both in medicine and in surgery. The written part of the examination has also been extended.

The University of Edinburgh has made no alteration.

The University of Aberdeen has annulled the regulation which exempted the candidates who obtained the highest place in the written examination from being examined orally, and, in accordance with the wish of the visitors from the Medical Council, enforces the oral examination on all.

The University of Glasgow has made the clinical examination more efficient, but otherwise has made no change.

The University of St. Andrews has made no alteration.

In Ireland, the University of Dublin has improved the clinical examination, and now systematically enforces it on all candidates. The previous medical examination (viz., in physics, chemistry, botany, materia medica, and descriptive anatomy) is now compulsory.

The Queen's University in Ireland has instituted clinical examinations in medicine and surgery in the final examination for the M.D. and Master in Surgery.

The Royal College of Surgeons of Ireland has introduced a practical examination in bandaging, &c., and the Council is now engaged in the consideration of how best to introduce clinical examinations in surgery.

The King and Queen's College of Physicians has instituted a clinical examination, which is carried on in the wards of a hospital, for the second or final part of the examination.

The Apothecaries' Hall of Ireland has extended the period of examination from two to six days, so as to more practically test the candidate's knowledge; and it has instituted a clinical examination of patients, which is enforced on all candidates.

It cannot be doubted, from the previous statements, which have been drawn from official communications received from each licensing body, that great progress has been made in the path indicated in the various reports of the visitors of the Medical Council and of the Committee on Education. It cannot be for a moment supposed that those alterations are made in the letter only, and are illusory. We believe that they are what they profess to be; and, believing this, we must allow that the licensing bodies have shown a determination to improve their curricula and examinations, and that in several cases both are now much more efficient than formerly.

There are, however, some suggestions in the Education Report which have not yet been carried out, and on which it seems desirable the Council should express an opinion; while there are other suggestions which it will be better to keep in abeyance until the medical legislation, which cannot long be delayed, has been concluded. Of the former kind there are some of considerable importance:—

1. The separation of the teaching of pharmacy and therapeutics, the former being made an early and the latter a late course in the curriculum. The opinion of the Committee on Education, which included Dr. Christison and Dr. Aquilla Smith, and the views of all the best teachers of materia medica, were in favour of this separation. But some licensing bodies consider that therapeutics should not form the subject of a separate course of study, but should be considered an essential part of the courses on practical medicine and surgery. It must be admitted to be so, but still there is a necessity for special instruction, and without it, it may be confidently asserted that the progress in therapeutics will be slow. It seems desirable that a definite opinion should be come to on this point, and we propose to move a resolution to take the sense of the Council on this matter. So also, it will be for consideration how far practical instruction in drugs and pharmaceutical preparations might not be substituted for formal lectures. For the last two sessions a plan of the kind has been carried on by Dr. Harvey, at Aberdeen, and is said to have been highly successful.

2. The length of time assigned to midwifery in most of the present curricula is too short, and the Committee on Education recommended that one entire winter session should be assigned to this subject, and that the amount of practical instruction should be increased. This opinion was shared by all the experienced teachers in midwifery, whose replies are given in the appendix to the Education Report of 1869. We therefore advise that the Council shall recommend that the systematic lectures on midwifery shall be given in the third or fourth winter course, and that the candidates shall be required to attend not less than twenty labours in addition to practical instruction in the diseases of women.

3. The recommendation that pathological anatomy shall be made a separate course has not been carried out, but several of the licensing bodies have endeavoured to meet it by requiring a certificate of attendance, and of practical instruction in the dead-house. We think that a certain number of systematic lectures should be added to this practical instruction.

4 The Committee on Education strongly advised the enforcement of more regular class examinations. The Society of Apothecaries of London has ordered that all students shall produce evidence of having undergone these examinations and we advise the Council to urge on all the licensing bodies to issue regulations requiring that written class examinations shall be frequent.

The other points raised in the Education Report, and which we advise should not be discussed at present, are—the length of the sessions, the method of teaching chemistry, and the application of chemistry, physiology and pathology, the teaching of minute anatomy, and the definition of the areas of instruction and of examination.

The new curricula, especially that of the College of Surgeons of England, will gradually introduce changes in some of these matters; and the probability of parliamentary legislation on medical examinations renders it now inexpedient to deal with the remaining questions.

The allusion to possible legislation leads us to the last part of the Report of the Education Committee of 1869. The Council will doubtless remember that the Committee strongly recommended the formation of conjoint examining boards, so as to reduce the number of licenses to practise from nineteen to three, and to make each license a qualification in both Medicine and Surgery; that the Council authorised circulars to the licensing bodies in this sense, and that in the autumn of 1869 various conferences took place between some of the licensing bodies, and replies were received from many of them favourable to the proposed combinations. Subsequently the action of the Government in introducing a bill to carry out the same object suspended all negociations of the kind. The withdrawal of the Government measure in consequence of the opposition raised on another ground has replaced matters on the old basis.

It might indeed be argued that the willingness of the licensing bodies to improve their examinations, and the fact that they really have improved them, renders it less necessary to revive the plan of a single uniform licence to practise for each division of the kingdom. But a moment's reflection will show that the proposal is still necessary. The independent licenses and their several examinations still remain as numerous as ever. The competition between different bodies, therefore, still exists, and must produce its fruits, and the inequality of the examinations in different parts of the kingdom remains.

Any licensing body raising its standard beyond a certain point will certainly drive some students, who otherwise would take its license, to more lenient bodies. The rigour of an examination may then exist only on paper, and all the efforts of the Council may be spent in making ropes out of sand.

The only effectual remedy, unless the Council is prepared to be constantly inspecting and visiting the examinations of the licensing bodies on a more systematic plan than heretofore, is to urge on the system of a single portal for each division of the kingdom.

The discussions of the last two years have shown that there are no insurmountable difficulties. In England the three great licensing bodies have, at the instance of the Royal College of Physicians, almost arranged a scheme, and it seems to require only a little more aid to form a single board for England. In the other divisions of the kingdom enough has been done to show that combination can be carried out if men will earnestly try for it.

It is impossible that the Government, after introducing a bill, should let the matter entirely drop. If it did so, the present session has shown that there are persons ready to take the matter up ; and if the licensing bodies do not themselves carry out a measure of the kind, they will give great discouragement to those who desire to see them continue the representatives and guides of the Profession, but who consider the thorough examination of those on whose skill the lives of men are to depend must be provided for at all costs.

The Council can hardly, without inconsistency, leave the resolution of the 26th February, 1870, to remain a dead letter. In this resolution, which was carried by fifteen votes against three, the Council decided that it was of opinion a joint examining board should be formed in each division of the kingdom. Subsequently, also, the Council passed a resolution approving of the principles of the Medical Bill which was at that time being prepared by Lord de Grey. Accordingly, we beg to recommend that the Council shall address a letter to each licensing body, transmitting a copy of the resolution of the 26th February, 1870, and urging that arrangements for the formation of the boards shall be undertaken without delay, so that the Council may be in a position to communicate them before the close of the year to the Government. And we advise, in addition, that the Council shall authorise the Executive Committee to seek an interview with the Lord President of the Council, and to urge upon him the desirability of such medical legislation in the session of 1872 as may carry out the object the Council proposed in passing the resolution of February, 1870, and which Lord de Grey had in view when he introduced his Medical Bill of 1870.

(Signed) E. A. Parkes, *Chairman.*

On the motion of Dr. Quain, the name of Edwin Lowe, who had been convicted of felony was ordered to be removed from the Register.

A motion was being made that Henry Morris be removed from the Register, and was referred to the solicitor of the Council.

A petition was read from Dr. Pattison, M.D. of the University of New York, praying that his name might be reinstated on the register.

On the motion of Dr. Stokes, seconded by Dr. A. Smith, the following resolution was passed:—"Having heard the petition of Dr. Pattison to be replaced on the Register, the Council see no reason for reversing the decision to which they formerly came after a full and careful consideration of the whole case."

A letter was read from Dr. Edwards Crisp, enclosing copy of resolution passed at a meeting of Medical Practitioners held at Freemasons' Hall on May 7th, 1870. The Registrar was directed to acknowledge the receipt of the communication, and say that it had been read to the Council.

A letter was read from the Board of Public Examiners, Cape of Good Hope, praying that the Council would be pleased to recognise their third-class certificate in literature and science, which had been assimilated to the matriculation examination of the London University, as fulfilling the conditions of the Council with respect to preliminary examination. The subject was referred to a committee.

A letter was read from the Honorary Secretaries of the Sydney Infirmary and Dispensary requesting advice on the subject of founding a medical school at Sidney. On the motion of Dr. Fleming, seconded by Dr. Humphry, a resolution was passed stating that it was not in the province of the Council to give advice on such matters, and referring the writers to the Council's reports and other proceedings on medical education.

THE RETURNS FROM THE ARMY AND INDIAN MEDICAL BOARDS.

Dr. Alexander Wood called the attention of the Council to the returns from the Army and Indian Medical Boards, and moved that they be referred to a committee to report upon them to a subsequent meeting of the Council.

After a discussion this resolution was adopted, and the Council adjourned.

July 5th.

The Council reassembled at two o'clock ; Dr. Paget in the chair.

THE CASE OF MR. KEMPSTER.

The Council investigated the case of Mr. William Henry Kempster, of Battersea, who had been summoned to appear before the Council on a charge of "infamous conduct in a professional respect."

Mr. Kempster was in attendance, and was accompanied by Dr. J. B. Langley, Dr. James Joseph, Mr. W. G. Sutliffe, and Mr. Wm. Goodson.

After full investigation of the accusation, which was that he had allowed another person improperly to sign certificates of death for him, he was unanimously acquitted.

Mr. Kempster thanked the Council for the impartial hearing given to his case.

Sir D. Corrigan then proposed the following resolution : "That the facts which have come to the knowledge of the Council in the investigation of the case of Mr. Kempster have impressed the Council with the conviction that an amendment of the laws in force in regard to death registries is most urgently required, and that a copy of this resolution be forwarded to the Secretary of State for the Home Department."

Dr. Christison seconded the motion, which was unanimously agreed to.

A report was presented by the Committee to whom was referred the application from the Board of Examiners at the Cape of Good Hope, recommending that their third-class certificates be recognised, the examinations corresponding with the matriculation examination of the University of London.

The Council then adjourned.

July 6th

The Council considered a motion of Dr. Parkes, seconded by Dr. Christison, for the separation of instruction in pharmacy from that in therapeutics. Complaints were made as to the little attention paid to therapeutics in medical schools ; and it was urged that it should form a subject of separate systematic instruction at a late period of the medical curriculum. It was contended, on the other hand, by Dr. Humphry, Dr. Apjohn, and others, that the proposal would be unnecessarily adding to the already heavy burden laid on the shoulders of students. After a lengthened discussion, the motion was carried by a considerable majority.

Another resolution of Dr. Parkes, for the extension of the instruction of midwifery, to include the diseases of women and children, was strongly opposed as being unnecessary and inexpedient, and was rejected by the Council.

A third resolution was moved by Dr. Parkes, "That it is desirable that instruction in pathological anatomy should include a certain number of systematic lectures." To this an amendment was moved by Dr. Humphry and carried, "That it is desirable that systematic instruction in pathological anatomy should form part of professional education."

A fourth resolution, moved by Dr. Parkes and seconded by Dr. Humphry, "That it is desirable that class examination should be compulsory on students, and that the licensing bodies should require them in all cases," was met by an amendment by Sir D. Corrigan (who objected to the term "compulsory"), "That it is desirable that class examinations should form a part of every course of lectures, whether systematic or clinical." The amendment was rejected, but another amendment was carried, moved by Mr. Quain, "That it is desirable that class examination should form a necessary part of every course of instruction."

July 7.

Dr. Bennet made a statement in reference to the arrangements for a Conjoint Examining Board for England, agreed to by a Conjoint Committee of the Royal Colleges of Physicians and Surgeons of England.

A discussion next took place on Clinical Instruction in Medicine and Surgery, but no resolution was agreed to.

The same result followed a discussion on the propriety of students having the option of acquiring an adequate knowledge of Chemistry, and of passing an Examination in it, before they enter upon the period recognised by the Licensing Bodies as the course of Professional Study.

On the motion of Dr. Parkes ; seconded by Dr. Storrar ; It was then resolved "That a letter be addressed to each Licensing Body transmitting a copy of the Resolution of the Council of the 26th February, 1870 (*see* vol. viii., pp. 32-4), on the formation of Conjoint Examining Boards, and urging

that arrangements for the formation of such Boards should be undertaken without delay, and should be communicated to the President of this Council before the close of the present year."

It was moved by Dr. PARKES; seconded by Dr. ANDREW WOOD; and agreed to:—"That the following resolutions passed in February, 1870, be transmitted to the Licensing Bodies:—

1. RESOLUTION OF THE 26TH FEBRUARY, 1870.

"That this Council is of opinion that a Joint Examining Board should be formed in each of the Three Divisions of the Kingdom, and that every person who desires to be Registered under any of the Qualifications recognised in Schedule A to the Medical Act, shall be required, previously to such Registration, to appear before one of these Boards, and be Examined on all the Subjects which may be deemed advisable by the Medical Council; the rights and privileges of the Universities and Corporations being left, in all other respects, the same as at present."

2. RESOLUTION OF 28TH FEBRUARY, 1870.

"That in accordance with the foregoing Resolution (*see* vol. viii, p. 32, Sect. 2), the Universities and Medical Corporations established in each division of the United Kingdom, shall be requested to concert a Scheme for the constitution and regulation of a Conjoint Examining Board for that part of the Kingdom to which they belong, and shall, on or before June 1, 1870, transmit such Scheme to the consideration of the General Medical Council."

JULY 8TH.

1. Moved by Dr. ANDREW WOOD; seconded by Sir D. CORRIGAN; and agreed to:—"That the Registrar be directed to erase from the Register the name of Frederick Henry Morris, of Swindon, Wilts, the Council being satisfied that he is the same person who was convicted at Devizes, on the 27th day of March, 1871, of misdemeanour, and of whose conviction a legal certificate has been submitted to the Council."

The Report of the Committee on the application from the Board of Public Examiners of the Cape of Good Hope, was then received and adopted.

It was agreed to refer to the Executive Committee to report on the most desirable mode of procedure in the case of motions having reference to any penal measures.

The report of the Finance Committee was then read and adopted.

REPORT.

The Finance Committee beg leave to present, in the table subjoined, a statement of the income and expenditure of the year 1870, compared with the income and expenditure of the preceding year, also an estimate for 1871.

It will be seen that there has been an increase of income in 1870, and that this is partly due to an increase in the number of Registration fees; but it includes also the balance of the Pharmacopœia account and the proceeds of sales, making together £607 6s., which, by direction of the Council, is now included in the ordinary income. The debt still owing to the Council on account of the Pharmacopœia was reduced in January last to £104 14s.

The expenditure of 1870 is less by £302 13s. 8d. than that of 1869. The reduction is to a considerable extent due to a diminished charge for printing, especially for printing Reports of Committees. It is expected that a considerable permanent saving under this head of expense will be effected by an arrangement that has been entered into for printing and binding the *Medical Register* at a reduced cost through the agency of Her Majesty's Stationery Office.

DR. SHARPEY having signified his desire to resign the office of Treasurer, a vote of thanks to him for his long and valuable services was passed by acclamation; and Dr. Bennett was afterwards elected Treasurer.

The committee appointed July 4th to consider and report on the Returns from the Army and Indian Boards presented a report recommending that communications be addressed to the Director-General of the Army Medical Department, and to the Major-General, Military Secretary, India Office, suggesting an alteration in future returns to prevent the misunderstandings that have sometimes taken place.

The Report of the Pharmacopœia Committee was next read and adopted. It recommended that the present arrangements should continue. The Pharmacopœia Committee of last year was therefore re-appointed.

It was resolved—"That it is desirable that the Visitation of the Preliminary Examinations and those of the Licensing Boards be recommenced, and that a committee be appointed to consider the best means of doing so. The Committee to consist of Dr. Alexander Wood, chairman; Dr. Humphry, Dr. Thomson, Mr. Quain, Dr. A. Smith, Dr. Sharpey, and Dr. Storrar."

CURRENT LITERATURE.

PUBLIC SCHOOL REFORMS.

IN the midst of the cricketing season, we may direct attention to a pamphlet under this title, by M. A. B*., a signature well known to those who take an interest in this and other important social questions. The pamphlet is full of practical suggestions and sound advice on the mental, moral, and physical training of youth, and should be read by both teachers and parents.

THE "Dental Profession"† by a dental surgeon, is the title of a pamphlet containing an excellent letter to a London newspaper, protesting against the insertion of puffs of quack dentists such as that to which we not long since directed attention. The letter is temperate and just, and the author deserves the thanks of his brethren for this vindication of their honour. Quacks perhaps abound more in the dental branch of our art than any other, and it seems to us desirable that a calm statement like the one before us should have a wide circulation. It shows that all sorts of artifices are resorted to by unqualified persons, to cause the public to confound them with qualified practitioners.

MESSRS. LONGMAN have issued a third edition of Dr. Mackenzie's work on "The Use of the Laryngoscope."‡ The two former editions have been highly spoken of by this journal as well as many of our contemporaries, and the work is now well known to the profession. We have only here to say that it has been carefully revised. Additional matter and new woodcuts also appear in this edition. We notice a sketch of the oxy-hydrogen lime light and chain as now used at the Hospital for Diseases of the Throat, and in the text a "Bibliography" naming all the important works on the subject.

MR. HOLT publishes a pamphlet on the "Selection of Trusses"§ which is worthy of notice, as the advice of one who has had large experience on a subject which is too often neglected, to the annoyance of both surgeon and patient.

OBITUARY.

THE LATE LIONEL JOHN BEALE.

THIS amiable practitioner died at the age of seventy-four, after an illness of only four days. For many years he had lived in Long acre. He was well-known and much esteemed. Of literary taste and retired habits he never sought extensive practice, but took such as came from those who knew him for his sterling worth.

He leaves one son who has made his name honourably distinguished by his physiological researches, and who is still physician to King's College Hospital.

* "Public School Reforms." By M. A. B. London: L. Booth.

† "The Dental Profession." London: Hardwicke.

‡ "The Use of the Laryngoscope in Diseases of the Throat." By M. Mackenzie, M.D., Physician to the Hospital for Diseases of the Throat, &c. &c., 3rd edition, revised and enlarged. London: Longman, Green, and Co., 1871.

§ "On the proper Selection and Scientific Application of Trusses." By C. Holthouse, F.R.C.S., Surgeon to Westminster Hospital, &c. London: J. and A. Churchill.

PROTECTION FROM POISONING.

Mr. Forster has, as we anticipated, adhered firmly to the intention expressed by him to the deputation of the Pharmaceutical Society—to carry through his Bill for the purpose of making poison regulations compulsory—but he has conceded many important amendments which he has embodied in an Amended Bill issued last week.

On Monday week in answer to a question from Mr. T. Cave, whether the attention of the Government had been drawn to the numerous petitions that have been presented against the Pharmacy Bill, and whether it was intended to proceed with the Bill during the present session,

He said the Government intended to proceed with the Bill during the present session, its object being mainly to ensure that the first clause of the Pharmacy Act, passed in 1868,—which said there should be regulations for the keeping, dispensing, and selling of poisons,—should be complied with.

On the following Thursday, Mr. Forster moved the second reading, and thereupon Mr. McCullagh Torrens suggested that it should be read *pro forma* and the discussion taken in Committee inasmuch as no one yet knew what the Amendments were.

Although this very reasonable proposal was supported by Mr. Forster himself, it was refused by the House and the second reading was accordingly put off until Monday next.

The principal modification which has been introduced into the Bill is that its operations instead of being confined to Members of the Pharmaceutical Society is extended to all persons who "keep open shop for the retailing, dispensing, and compounding of poisons." This proviso brings under the operation of the Bill all compounding apothecaries, but does not include general practitioners who make up no medicine except for their own patients. The schedule of the Bill gives the recommendations of the Pharmaceutical Society as to the method of storing poisons, and should it become law the adoption of these recommendations will be compulsory.

WARREN'S ESSENCE OF RENNET.

Having had occasion recently to order rennet whey in the case of a child recovering from gastritis, we took the opportunity of testing, side by side with other similar preparations, Warren's Sweet Essence of Rennet. The observation of its action on milk has satisfied us that it is, of the preparations with which we are acquainted, not only the pleasantest, but the most effective agent for the coagulation of the caseine. It acts, even under unfavourable circumstances of temperature, rapidly and certainly—a quality not enjoyed by all other solutions of the sort, and seldom possessed by the rennet bag itself.

Not having analysed the sweet essence quantitatively, we are unable to pronounce as to the proportion of pepsine it contains. We, however, believe it to be *bona fide* in this respect, and we know it to be effective and reliable as a coagulant.

In the metropolis 2,160 births and 1,328 deaths were registered last week, the former being 53 and the latter 61 below the average. Zymotic or preventible diseases are credited with 409 deaths, of which 235 were from small-pox.

Medical News.

Apothecaries' Hall of London.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, the 6th July, 1871:—J. I. Bowes, of Guy's Hospital; H. C. Pope, M.R.C.S., of the Royal School of Medicine, Liverpool; Isaac Willcox, of St. Bartholomew's Hospital; and Ralph Worthington Williams, L.R.C.P. Edin., of the Royal School of Medicine, Manchester. On the same day the following gentlemen passed their primary professional examination:—F. H. H. A. Mahomed, student of Guy's Hospital, and William Edward Webb, student of King's College Hospital, London.

The Large Mortality of Paris.—The total number of deaths in Paris, exclusive of those which occurred in the field, during the twenty-five weeks from September, 1870, to February, 1871, was 64,154; and the total for the previous corresponding twenty-five weeks of 1869-70 was 21,978; total 42,176. The highest number was reached in the week ending the 3rd of February, 1871, when the mortality was 4,671, against 980 in the corresponding week of the previous year. The mortality began to diminish from that date, and in the week ending the 3rd March it had fallen to 3,500. Moreover, in the last-named week the deaths from small-pox were the lowest during ten months; the two great causes of death were pneumonia and bronchitis, generally the results of the excessive cold to which the soldiers had been exposed. The fearful suffering in this way is indicated by the terrible fact that in one night more than nine hundred men were reported as frozen to death. The most disquieting fact at the date already mentioned was the prevalence of typhoid fevers. The *Society of Arts Journal* infers that the insufficiency and bad quality of the food, together with the effects of the severe cold and want of fuel, and diseases brought on by fatigue and exposure, caused the death of nearly 40,000 individuals in twenty-five weeks, thus tripling the mortality of the city for that period.

The Sanitary Condition of Liverpool.—Drs. Parkes an Sanderson, appointed some time back to conduct certain investigations with regard to the sanitary condition of Liverpool, have forwarded to the local corporation a first instalment of their report upon the subject. The following are the recommendations of the Commissioners:—"1. We recommend that a complete and exhaustive inquiry be made as to the existence of deposits in the sewers, and that in all cases in which such deposits are, in the opinion of the borough engineer, dependent on defective construction, defective inclination, or insufficient supply of water, the works necessary for the remedy of these defects be immediately commenced. 2. In those cases in which the foul condition of the sewers appears to be unavoidable—*e.g.*, in those sewers which are affected by the tide—we recommend ventilation. For this purpose, we think that spacious and lofty shafts afford the only effective means. 3. We do not recommend the adoption of any general system of ventilation, entirely agreeing with your borough engineer in the opinion that for well-constructed sewers of good inclination, with sufficient supply of water, it is unnecessary. 4. We recommend that a complete report be made as to the quantity of waste water discharged into the sewers by manufacturers, with a view, first, to the prevention of its introduction into the sewers in a warm state; and, secondly, to its being, if possible, utilized for surface cleaning and sewer flushing."

Testimonial to Mr. Richard Ley, M.R.C.S., J.P., &c.—This gentleman who retires from a most extensive practice in North Devon, was presented on Thursday last, with a substantial token of the esteem and goodwill of his patients and friends, in the shape of a silver tea and dessert service. The subject of this presentation appears to be held in universal regard, his reception chronicled in the local papers, being given in these simple but telling words:—"Every man, woman, and child appeared to have a smiling face, and they gave their late doctor a most hearty welcome." Although we do not know Mr. Ley personally, yet, as medical journalists, it gives us great pleasure to record so pleasing a circumstance, one which we heartily desire it were our duty to repeat constantly. Upon presenting the testimonial, the chairman remarked that "they had all known him for a great many years, and he believed there was not one who would not bear testimony to

his zeal and professional acquirements. They had all seen him from day to day labouring to lessen their sufferings, and they could also speak of the great success of his endeavours. During the past year they had been afflicted more than any other district in the neighbourhood with that dreadful scourge typhoid fever, and had it not been for their kind friend how many would now have to mourn the loss of some near relative or neighbour. It was in his opinion mainly due to Mr. Ley that they had got rid of the pestilence, for they all knew how assiduous he had been in attending to the sanitary wants of the parish, as well as the every-day care and attention he had bestowed upon his patients. They could not thank him too much for his kindness, and he felt proud and delighted in handing to him this token of regard.

Seventeen children were poisoned on Friday by eating calabar bean, which had been thrown away as rubbish from a ship in the docks. Medical aid was promptly secured, and the whole of the children appear now to be free from danger.

The health of Paris is good; the death rate continues sensibly to diminish, 872 deaths only having occurred last week against 1,106 in the preceding one.

Gleanings.

"Psychology" as a Medical Word.

Dr. Peter Stewart writes in the *Detroit Review of Medical Pharmacy* my attention has been arrested by the frequent recurrence of the word "psychology," as used by late American writers, regardless of its meaning, in describing nervous diseases. So often is this the case that the reader is apt to be led to the conclusion that they are all materialists who consider the brain as the soul or mind.

The word is derived from psyche (ψσχη), breath, soul or spirit, and logos (λογος), word or thought. Psychology, therefore, means a treatise on the soul or mind. How, then, can it be used in connection with the pathological changes in the nervous system? What meaning can be attached to such terms as the following—viz., psychological medicine, psychological journal, &c., &c.

The time has not yet arrived when this word can be taken out of the domain of metaphysics and placed in that of the positive sciences. A more suitable word than the one now so much in use would be enkephalology, derived from en, in, kephala, the head, and logos, a word which means a description or treatise on the head or brain, the source of the nerves. Dr. Carpenter, under the word encephalon, includes the brain, spinal marrrow, and the ganglia of the sympathetic. The extensive signification of this word would intelligently convey any idea we might wish to express in regard to the nervous system.

The word "Journal."

It is a curious fact that, says Dr. W. H. Lathrop in the *Detroit Review*, although the word "journal" is by derivation synonymous with "daily," it is adopted as a name by more than half the medical journals of this country, no one of which is published daily. The editors, however, will rise to explain that they *write* much oftener than they *publish*—a fact of which delinquent subscribers, to say the least, are certainly made aware. The medical *journal*, while it is published but once a month, may be supposed to present to its readers the news and ideas noted every day.

This same word "journal" is, moreover, the one generally used in speaking of medical periodicals, whatever may be their name, and furnishes an interesting instance of the loss of original meaning which a word may undergo in process of time. We cannot, however, condemn this use of the word. It is entirely sanctioned by the usage of good writers, the ultimate and inexorable law with regard to language.

Perchloride of Iron and Manganese in Necrosis, Fistulous Sinuses, and Hydrocele.

Prof. Marcacci states that: 1. Perchloride of iron and manganese, injected into fistulous sinuses, destroys the pyogenic membrane, modifies the state of the walls, and favours cicatrization. 2. In necrosis it acts on the confines of the living bone, stimulating its vessels; so that the detachment and separation of the dead bone are facilitated by the formation of new vessels in the living. 3. In hydrocele it soon modifies the inner surface of the tunica vaginalis, which becomes filled with plastic exudation, attended with more or less inflammation, according to the quantity and strength of the injection used. 4. It is not necessary that the tunica vaginalis should be distended by the injection, it is sufficient that the liquid be brought in contact with all parts of the membrane. 5. Very little pain is produced by the contact of the solution, but it is not the less efficacious. 6 A weak solution is sufficient, which should be kept in two minutes. 7. In seven cases of hydrocele, in which the injection was used, hard œdema followed, but was not a serious complication.—(*L'Imparziale*).

The Internal Administration of Chloroform.

Dr. G. W. Murdock, in the *Journal of Pharmacy*, after alluding to the difficulty physicians have had in finding a good vehicle for the internal administration of chloroform, recommends pure glycerine as one "which answers the purpose so completely as to leave little to be desired." He adds the following suggestions:

"By a little care in rubbing it up, one part of chloroform by bulk can be dissolved in three of glycerine. This solution is perfectly clear, is bland to the taste, and has but a slight odour of chloroform.

"As glycerine is acceptable to almost every stomach, it admits of a wide range of application. It can be taken readily as it is, or can be diluted with water to any extent, without disturbing the solution. Curiously enough, the addition of water immediately increases the smell of chloroform without any precipitation of it. In preparing it, it is best to take one part of chloroform with two parts of glycerine, add the chloroform very slowly, and rub up carefully. Then put it in a bottle, and let it stand twenty-four hours. A little chloroform will have deposited at the bottom. Separate this, and rub it up with the third part of glycerine, then mix it with the rest, and the solution is complete. No further separation will take place. Six ounces of glycerine with two of chloroform will give seven fluid ounces of the solution, so that each fluid drachm contains about seventeen M. of chloroform.

"From the faint odour of the prepared solution I judge that the glycerine protects it almost entirely from evaporation, although some slight loss may occur when preparing it, which it is well to make allowance for."—*Boston Journal Chemistry.*

Colour-Blindness and its Acquisition through the Abuse of Alcohol and Tobacco.

Dr. Richard H. Derby, late Assistant-Surgeon of Prof. Von Graefe, at Berlin, says in the *N. Y. Med. Journal:*

Achromatopsia, akyanopsia (Graefe), anerythropsia, or Daltonism, are but a few of the names that have at various times been applied to colour-blindness.

In the text-books we find cases of this affection cited as literary curiosities. It was believed to be nearly always congenital, and not amenable to treatment.

Modern investigators have immensely enriched this previously barren field. Colour-blindness has been found an almost constant accompaniment of certain diseases of the optic nerve and retina. Excessive use of alcohol and tobacco is now known to produce colour-blindness over a portion or the entire extent of the visual field. Exposure to wet and cold may lead to the same condition.

In many cases of amblyopia, an examination of the perception of colour reveals functional changes most marked, and indeed in many cases, where the ordinary tests would indicate no pronounced difference in the acuteness of vision in various portions of the visual field, we find a most clearly-defined central colour scotoma.

The question may be asked, if colour-blindness is so constant a symptom in certain forms of amblyopia, why is it that patients so rarely complain of it? The explanation is undoubtedly in the fact that "the simultaneous falling off of the acuteness of vision appears to them relatively a far more grievous affection, and a disturbance in their perception of colour seems natural. They are apt too to compare their present amount of vision with what their normal vision was by poor light.

"With deficient illumination at a certain point we lose the power of recognizing, not only the outline, but the colour of objects; we distinguish only light from darkness. Conse-

quently the attention of the patient is only drawn to his colour-blindness in those cases where it is very pronounced, and were, on the other hand, the amplyopia is slight.

"The fact that colour-blindness and amblyopia are not necessarily associated together is reason enough that the condition of the perception of colour should be especially examined in affections of the eye; such an examination may reveal us facts striking and unexpected, of importance for our diagnosis and prognosis."

NOTICES TO CORRESPONDENTS.

Dr. Woodward, Worcester.—The gentleman referred to has not again put himself in communication with us concerning the threatened action for libel. Truth is sometimes found to be a bitter pill to swallow, and as we stated nothing but what was strictly in accordance therewith, and refused to retract even with an "Action for Libel" hanging over our Proprietorial and Editorial heads, we presume and hope our friend was better advised than to immortalize himself and us in Court.

Mr. W. D. M., Glamorgan.—We will do all we possibly can, and will communicate by letter when an opportunity occurs in the direction you name.

A Lay-reader writes to ask us "kindly to give the address of some distinguished medical man who has made *diseases of the nose* his special study, or quote the name of any book on the subject." We confess ourselves unequal to the task; can any of our friends help us?

Dr. Alexander Lane.—Your communication "On Fevers" received just as we were going to press. Will attend to your request if not accepted for our columns.

Mr. Hy. Sewill.—The pamphlet was received and acknowledged in the usual way in our number for June 28th.

Dr. Atthill.—At the moment of going to press, the proof of Lecture 5 had not arrived.

The following communications are in type, and will appear, if possible, in our next:

Dr. Letheby, "On the Purification of Water." (2nd part).
Dr. Atthill, Lecture 5, "On Diseases Peculiar to Women."
J. C. Dickinson, "On Indian Spleen."
R. Uniacke Ronayne, "On the causes and cure of Prostatic Stricture."
J. L. Milton, "On the Treatment of Eczema."

Perhaps we may be excused the journalistic vanity involved in the publication of the following note:

To the Editor of "The Medical Press and Circular."

Dear Sir,—I enclose my subscription for the last year, I am now a subscriber for thirty-one years', and *I am not tired* of your paper.

Yours, very faithfully,
A. D. W.

July 3rd, 1871.

Case of "Syphilitic Iritis attacking both Eyes in succession;" treated principally by oil of turpentine and blisters. By J. Smith Chartres, M.A., M.D., Surgeon 8th Hussars. Accepted.

POOR-LAW REFORM.

To the Editor of "The Medical Press and Circular."

Sir,—Allow me to request all interested in Poor-law reform, to write to their Representatives in Parliament, asking them to attend the House on Friday next, July 21st. *If they know that Mr. Corrance will press for a division*, (if necessary), I believe there will be a full house. Now is the time for the "long pull."

Your obedient servant,
W. W.

VACANCIES.

Infirmary for Epilepsy, Portman square, W. Physician. (See advt).
General Hospital for Sick Children, Manchester. Resident Medical Officer. Salary £100, with board. (See advt).
Lancaster County Asylum. Assistant Medical Officer. Increasing salary, commencing £100, with board and residence.
West London Hospital. Junior Physician. Honorary.
Farringdon Infirmary. Medical Officer. Salary £126, with extras.
Middlesex Hospital. Lectureship on Physiology.
St. George's Hospital, London. Teacher of Physiological Chemistry.
Orthopædic Hospital, London. House-Surgeon. Salary £100 per annum.

APPOINTMENTS.

Baker, W. M., F.R.C.S.E., Assistant-Surgeon to St. Bartholomew's Hospital.
Bloxam, J. A., F.R.C.S., Junior Surgeon to the West London Hospital.
Chambers, W., M.D., Medical Officer for the Shercock Dispensary District of the Bailieborough Union, Co. Cavan; and Medical Attendant to the Royal Irish Constabulary, Shercock.
Cullinan, M., M.D., Medical Officer for the Quin Dispensary District of the Tulla Union, Co. Clare.
Curtis, J. G., jun., L.R.C.P.Ed., L.R.C.S.I., has been transferred from No. 2. to No. 1. Cork Dispensary District of the Cork Union.
Dickinson, J. C., M.R.C.S., Surgeon to St. Marylebone General Dispensary.
Donovan, J. D., L.R.C.P.Ed., Medical Officer, &c., for the South-West Division of the Cork Dispensary District of the Cork Union.
Holmes, W. H., L.R.C.P.Ed., L.R.C.S.Ed., has been transferred from No. 7 to No. 2 Cork Dispensary District of the Cork Union.
Jones, T., M.B., Physician to the Brecon County Infirmary.
O'Brien, R. R., M.D., Medical Officer, Public Vaccinator, &c., for the Bansha Dispensary District of the Tipperary Union.
Preston, E. F., L.R.C.S.I., L.K.Q.C.P.I., L.M., Medical Officer to Kilkeel Workhouse, Co. Down, Medical Attendant to Royal Irish Constabulary, Kilkeel, and Medical Officer to Kilkeel No. 1. Dispensary District.

Marriages.

Evers—Carver.—On the 29th ult., at Holy Trinity Church, Brompton, Benj. Evers, Esq., of the Bengal M.S., to Emma, second daughter of Mr. James Frederick Carver, of Brompton, London.
Manser—Bailey.—On the 5th inst., at St. John's Church, Blackheath, Frederick Manser, M.R.C.S., of Tunbridge Wells, to Jane Maria, eldest daughter of Thomas Peter Bailey, Esq., of Blackheath.
Klamborowski—Smith.—On the 29th ult., at Clare, Suffolk, the Rev. L. Klamborowski, Curate of Tilbury, to Frances Elizabeth, youngest daughter of R. T. Smith, F.R.C.S., of Clare, Suffolk.

Deaths.

Leahy.—On the 3rd inst., at Southsea, J. W. Leahy, L.R.C.S.I., R.N.
Loney.—On the 3rd inst., at Duke street, Macclesfield, William Loney, M.R.C.S.E., aged 59.
Peacocke.—On the 5th inst., at Hazareebagh, India, George Peacocke, A.M., T.C.D., M.D., Surgeon to Her Majesty's 63rd Regiment. (By Telegraph).

The Medical Press and Circular

OFFERS UNUSUAL ADVANTAGES

FOR the Insertion of announcements, from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c., it will be found a most valuable medium for Advertisements of Books, Vacancies and Appointments, Sales and Transfers of Practices, Surgical Instruments, Chemicals, and Trades generally.

The scale of charges is as follows:—

Seven lines and under	£0	4	0
Per line afterwards	0	0	6
One quarter page	1	5	0
Half-page	2	10	0
One do.	5	0	0

When advertisements are given for a series of insertions, a very considerable reduction from the above scale is made.

☞ Advertisements for Insertion in this Journal must be at the Office, on Saturday, by Two o'Clock.

GENERAL HOSPITAL AND DISPENSARY FOR SICK CHILDREN, BRIDGE STREET, MANCHESTER.

The Office of RESIDENT MEDICAL OFFICER to the above Institution will become vacant on August 14th. Candidates for the Office must be on the "Medical Register" and unmarried. The salary is £100 per annum and board. Applications addressed to the Hospital, Bridge Street, must be sent up to July 22nd.

INFIRMARY FOR EPILEPSY AND PARALYSIS, CHARLES STREET, PORTMAN SQUARE, W.

A VACANCY having occurred in the Medical Staff of the Infirmary through the resignation of Dr. John Harley, Candidates for the PHYSICIANSHIP are requested to send in their applications on or before Monday, July 31st. They must be Members or Fellows of the Royal College of Physicians of London.

By Order of the Committee,
July 1, 1871. EDWARD WATHERSTON, Hon. Sec.

CHURCH STRETTON PRIVATE ASYLUMS

FOR the UPPER and MIDDLE CLASSES of BOTH SEXES, are situated among the Shropshire Hills, Twelve Miles from Shrewsbury, on the rail to Hereford.

Apply to { Wm. Hyslop Esq., Stretton House, for Gentlemen; / Mrs. Bakewell, the Grove, for Ladies. } Church Stretton, Shropshire.

Vide page 1016 in the Medical Directories for 1867.

PRIVATE RETREAT
FOR
THE UPPER AND MIDDLE CLASSES
OF BOTH SEXES, MENTALLY AFFLICTED,
TUE BROOK VILLA,
NEAR LIVERPOOL.

Further information may be obtained on application to Dr. H. OWEN.
Vide page 1075, "Medical Directory," 1869.

MALVERN COLLEGE.

The THIRD TERM will begin on Wednesday, September 20th.
Terms of Tuition and Board, £90 per annum.
For Clergymen's Sons after Examination, £80
Three Scholarships worth £80 per annum for one or for two years to be examined for in December.
For details apply to the Secretary.

JAMES'S FEVER POWDER.

4s. 6d. PER BOTTLE, PACKETS 2s. 9d. EACH.

PREPARED and sold by J. L. KIDDLE, 31 Hunter street, Brunswick square, London.

This preparation has been so extensively employed by the Faculty, and its merits so universally acknowledged by the public at large, as to render all further remarks on the part of the Proprietor unnecessary.

To be had of all Wholesale Druggists

ESTABLISHED 1848.
PROFESSIONAL AGENCY AND MEDICAL TRANSFER OFFICE
50 Lincoln's-inn fields, W.C.

J. BAXTER LANGLEY, LL.D., M.R.C.S., F.L.S., &c., (KING'S COLL.), and Author of VIA MEDICA, has always upon his books a large number of desirable investments and available Appointments for negotiation. Gentlemen wishing to relinquish practice can be introduced without delay to suitable successors with means at their disposal.

Dr. Langley devotes his prompt personal attention to the negotiations entrusted to him, which are treated with the most scrupulous reserve.

The business of the Professional Agency is based upon the general principle that no charge is made unless work has been done and services endered.

Dr. Langley can refer to many of the leading Members of the learned Professions in town and country as a guarantee of his integrity and honour in all matters of business entrusted to him.

No Commission charged to Purchasers.

Full information as to terms, &c., sent free on application.

Office hours, from 11 till 4; Saturdays, from 11 till 2.

LOCUM TENENS.—Dr. Langley has now organised a thoroughly reliable Staff of Suitable Gentlemen to take full Charge of any Practice which may require it in the absence of the principal, at fees from £2 2s. upwards, according to age, experience, qualifications, &c. One of these Gentlemen can be despatched by an early train after receipt of telegram or letter stating duties and terms. Office fee 10s. 6d. payable by the principal.

PRACTICES AND PARTNERSHIPS NOW OPEN for negotiation (in addition to those advertised in Dr. Langley's List, which is sent post free on receipt of two stamps) as below :—

Y 235. DEVONSHIRE, near the Sea.—The Practice is old established, and situate in the most beautiful part of the County ; receipts average £400 a year, including an easily-worked Parish appointment realising £100 a year. There is no opposition within three miles. There is a choice of two houses, pleasantly situated, for the successor, to whom an efficient introduction can be given from a suitable successor. A reduced premium would be accepted. Domestic loss the cause of retirement.

Y 234. LONDON.—In a large thoroughfare, an old established Practice, with open Surgery. Gross receipts average about £450 a year, of which a considerable amount is taken in cash, although this department has not been pushed. The house contains eight convenient rooms, at a moderate rent. The whole connection can be safely transferred and largely increased by an active gentleman.

Y 233. COUNTRY PRACTICE, within easy access of the Metropolis. The present income is about £450 ; but for several years the Practice has not been actively pushed. Appointments yield £190 a year. There is a population of 4,000 in the town, and only one opponent ; the patients are of a good liberal class. The house contains twelve rooms, with stabling, garden, and paddock. There is very little night work, and no assistant is necessary. Midwifery fees £1 1s., and upwards. A thoroughly efficient introduction would be given, and as an investment, the Practice offers an unusual opening for a gentleman commencing on his own account.

Y 232. LONDON.—A large and old established Practice for Transfer, under conditions affording the highest guarantees of good faith, as the vendor is retiring in consequence of serious and sudden illness. The books show that upwards of £435 were taken in ready money fees during last year, and that more than £700 were booked ; the previous years show a much higher average, and very few bad debts. Midwifery fees, at £1 1s. and upwards, yielded £140. Public Appointment £550 a year. The residence is extremely convenient, situate in a principle thoroughfare, with garden at the back, and stabling. Rent £80 a year. There is a detached Surgery, where the Assistant resides. The introduction to the Practice may be by Partnership or otherwise.

Y 231. Practice and Mansion for Sale, with seventeen acres of land. The Practice has not been actively pushed, and could be greatly increased, the average receipts at present being about £400 a year. To a gentleman seeking a pleasant country life, with light professional occupation, the investment is especially suitable. The house itself is a noble mansion, standing in its own grounds, which are beautifully laid out, with stabling, farm-buildings, and everything complete.

Y 228. PARTNERSHIP, in a large town. There is an opening for an eligible successor to a share in a good Non-dispensing Practice, in the Midland Counties. All Clubs, contracts, and Union appointments have been declined. There are about twenty cases of Midwiferyyearly, at fees from £2 2s. to £5 5s. The Practice lies within a narrow area, and is conducted one-half. No assistant required. The incoming partner, if unmarried, could at first reside with the senior if desired. The population of the town is about 40,000, and the present incumbent is Honorary Surgeon to the local Hospital. A third share is offered with succession at half, at a period to be agreed upon. The receipts average £900 a year, but could be doubled by the co-operation of a suitable gentleman.

Y 226. In a picturesque locality a Surgeon compelled by ill-health to retire, desires to secure a suitable successor. The practice realises between £600 and £700 a year, and is believed to be wholly transferable. Fees good and few bad debts. The successor may occupy the residence of the present incumbent or suitablelodgings. The expenses of conducting the practice are small, and the opening is peculiarly suitable for a gentleman of limited capital and of active habits. To secure a suitable successor the vendor is willing to accept a premium of £400 on which a part may be paid by instalments.

MEDICAL ASSISTANTS.

VIA MEDICA.—"Essential to every Principal, Assistant, and Student." Post free, 3s. 3d.

Dr. Langley's Quarterly List of Selecting PRACTICES and PARTNERSHIPS for JULY is now ready. Post Free on application.

NOTICE.—BEST QUALITY ONLY.—SAMPLES FREE.

ISLINGTON GLASS BOTTLE COMPANY WORKS.

LONDON and YORKSHIRE.—This Company supply only the very best MEDICAL GLASS BOTTLES and PHIALS at the lowest prices. London Warehouses, 19 Bread-street-hill, Upper Thames street, City E.C., and 28 Copenhagen street, Islington. E. and H. HARRIS and Co., Proprietors. Established upwards of 80 years.

6 and 8 oz., any shape, plain or graduated	ditto	Clear blue tinted.	8s. 6d.	per gross.
2 and 4 oz.	ditto		8s. 0d.	,,
½ oz. white moulded phials	ditto	Of a very superior quality.	4s. 6d.	,,
1 oz	ditto		5s. 6d.	,,
1½ oz.	ditto		6s. 0d.	,,
2 oz.	ditto		7s. 0d.	,,

Immediate attention to country orders. No remittance required until the goods are received. Packages free. Goods delivered free within 7 miles. Post office orders payable to E. and H. HARRIS and Co. at the Chief Office, London.—Cheques to be crossed Alliance Bank.

N.B.—Orders sent to either establishment will have prompt attention.

PLEASE NOTICE.—SUPERIOR QUALITY.—SAMPLES FREE.

THE NORTH LONDON GLASS BOTTLE COMPANY

(I. ISAACS and Co.)—WORKS, LONDON and YORKSHIRE

Warehouses, 5 and 24 Francis st., Tottenham-court road, London, W.C

List of prices for NEW MEDICAL GLASS BOTTLES and PHIALS of superior manufacture :—

6 and 8 oz., any shape, plain or graduated	ditto	Clear blue tinted	8s. 6d.	per gross.
3 and 4 oz.	ditto		8s. 0d.	,,
½ oz, white moulded phials	ditto	Of a very superior quality.	4s. 6d.	,,
1 oz.	ditto		5s. 6d.	,,
1½ oz.	ditto		6s. 0d.	,,
2 oz.	ditto		7s. 0d.	,,

Prompt attention to Country Orders. Terms, cash on receipt of goods, and no charge for package. Goods delivered free within 7 miles P.O.O. to be made payable to I. ISAACS and Co., at the Post-office, Tottenham court road.— Bankers, London and Westminster Bank

Established nearly hundred years.

FOR Varicose Veins and Weakness

SURGICAL ELASTIC STOCKINGS and KNEE-CAPS, pervious, light in texture, and INEXPENSIVE, yielding an efficient and unvarying support, under any temperature, without the trouble of Lacing or Bandaging. Likewise, a strong low-priced article for Hospitals and the Working Classes.

ABDOMINAL SUPPORTING BELTS, those for Ladies' use, before and after accouchment, are admirably adapted for giving adequate support with EXTREME LIGHTNESS—a point hitherto little attended to

Instructions for measurement and prices on application, and the articles sent by post from the Manufacturers,

POPE and PLANTE,

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The Profession, Trade, and Hospitals Supplied

RUPTURES. BY ROYAL LETTERS PATENT.

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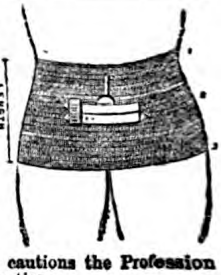

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WEDNESDAY, JULY 19, 1871.

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ON INDIAN SPLEEN.

By James C. Dickinson.

Surgeon to the St. Mary-le-bone General Dispensary.
Late Her Majesty's Bengal Medical Staff.

Introductory Remarks.—Indian practitioners can hardly fail to be struck with the little that is known respecting Spleen and its diseases in England; due probably to its comparative infrequency in this country. In India, on the other hand, Spleen is a disease daily met with, most of its pathological conditions are understood, and there are many well known remedies, if not actually specifics, for its affections. Indeed, so common is the affection in Hindostan and elsewhere, that Indian practitioners when treating natives for any complaints, invariably ask them if they have "*Pilli*," *i.e.*, spleen disease; and Dutrolau well observes that "among the organic changes intimately connected with paludal fever, those of spleen more especially present themselves for notice, and are the most frequent, characteristic, and marked."

Again, it may be inferred how rare spleen disease in England is, or at least has a tendency to end fatally from the fact that the Museum of the College of Surgeons contains few pathological specimens. In Dr. Crisp's collection there is, if I remember rightly, only one specimen of enlarged spleen.

So prevalent is "spleen" throughout India that not only the "Baids and Hakeems" (native practitioners and empirics) have, or pretend to have, a specific; but in almost every native village a reputed simple is known for its cure. Among the Eurasians also, as well as the European settlers, as Indigo and tea planters, remedies are prescribed, the composition of which is made a great secret of.

Most Indian writers speak of "spleen" as the result of intermittent fever. Few writers regard spleen as a disease *per se*. This omission, or recognition, as we shall hereafter find, is somewhat remarkable, as reasons or proofs will be given to show that not only does the condition of the spleen undergo abnormal changes, but that these changes take place without any symptoms of fever occurring or preceding them.

Again, we shall see that the tendency of this organ to become affected is commonest among the Natives, secondly among the Eurasians and Country-born, and least of all among Europeans, though it is especially common in the children of Europeans *born* in India.

"Spleen" has also obtained an unenviable notoriety on account of its being a frequent cause of death. "Death from ruptured spleen," the result of a fall or slight blow, figures largely among the returns of accidental death in most parts of India, and in byegone days when striking native servants was a practice, which, unhappily, prevailed to some extent, newly-arrived Europeans were particularly cautioned never to strike their servants on the body.

On this point of Indian Medical jurisprudence I would refer my readers to Dr. Norman Chever's valuable manual on the subject. In a paper purporting to offer a certain amount of practical instruction on "spleen" it will not be necessary to occupy space by describing the symptoms or varieties of intermittent fever, or the abnormal sounds of the heart owing to enlargement of the organ. The various text-books well describe the forms of intermittent fever, and in Dr. Morehead's work a series of cases are given of abnormal præcordial dulness alone existing or associated with systolic murmur resulting from enlargement of the spleen.

It will be sufficient to state here that intermittent fever, is associated with spleen, while my own observations lead me to regard *Quotidian* as the type of fever most commonly associated with enlarged spleen among Europeans, and that this form of fever prevails most extensively in the months of October and November.

Among the Natives the Tertian variety is the type I have generally noticed in conjunction with enlargement of this viscus—not that this type is the one which showed itself in the first attacks of fever—but I incline to the opinion of Morehead that the tertian type is one occurring in individuals who have suffered on previous occasions and in whom the fresh attack is often traceable to ordinary and recently applied exciting causes, and that the occurrence of this type may generally be regarded not as the evidence of the recent introduction of malaria into the system, but as that of a pre-existing abiding influence, sometimes dormant, but now re-excited into action by an ordinary cause.

There are two forms of spleen disease met with in India—simple engorgement or hypæremia and chronic engorgement, which is the true "leucocythæmia splenica."

The first—"simple engorgement"—is the form so commonly noticed among newly-arrived Europeans, and from my own observations, which were made during the cold seasons while the mutiny lasted, I noticed that the Euro-

pean soldiers and sailors were attacked with fever associated with spleen, some recovered and afterwards enjoyed greater immunity from future ailments. *Per contra*, I have observed that among new arrivals those who are first attacked with *remittent* fever, and subsequent congestion of the liver, it is quite possible to predict with something like certainty that the process of acclimitization —whatever that may be —will be tardy and difficult, or that the tendency to recur of both the fever and hepatic congestion is so marked, that nothing short of a voyage to England can be considered curative.

Intermittent fever associated with spleen for the reason above given, I have regarded as constituting a part of what is understood as the acclimatizing process, not so, however, those who have contracted intermittent fever which is followed by dysentery. While on this point I may notice that I observed, while in India, that both men and officers who had served with their regiments in the Crimea enjoyed better health and were less susceptible of malarial and other influences than those men who came direct from England, while those men who had served in cold climates such as Canada, were very subject to glandular affections, more especially of the neck and groin.

The other and commoner condition of the organ-leucocythæmia splenica is that which is peculiar to Natives. Instances of the same condition I am about to speak of are to be occasionally met with both among Europeans and Eurasians who have long resided in localities notoriously unhealthy.

The symptoms of leucocythæmai splenica are pain, tenderness, fulness or weight in the left hypochondrium, and increase of volume. The exact enlargement of the spleen is ascertained by percussion or very frequently from its enormous size it may be seen as a large abdominal tumour reaching to the crest of the ilium, and inwards beyond the mesial line, a dingy appearance of the conjunctiva, a sallow, lurid, or partially anæmic appearance of the skin, sympathetic pains of various kinds, impaired digestion, tongue pale, flabby, and indented at the edges, palpitation, shortness of breath, tinnitus aurium, general feeling of *malaise*, frequent spermatorrhœa, albuminous urine, oxalate of lime, crystals or sugar in that secretion. In natives, as a rule, fever as a primary affection less frequently comes under observation in connection with enlargement of this viscus.

Among the Europeans and Eurasians the symptoms, as a rule, are not so strongly marked, and intermittent fever sets in prior to the engorgement of the spleen. The spleen rarely, however, attains the enormous size it does among the Natives, and even where there is extreme debility the recovery is singularly rapid. The type of fever, as has been before noticed, among Europeans is—the Quotidian—among the Natives the Tertian.

The temperature generally varies from 98 degs. F. in the morning to 101 degs. F. in the evening. On examining the blood we shall generally find there is an enormous increase of the white corpuscles equal to the red in number, while in some exceptionally scarce cases I have fancied the white corpuscles to be considerably in excess of the red, and most writers agree that the *size* of the white corpuscles is twice as large as the ordinary.

The history of leucocythæmia splenica is very obscure, and this enlarged condition of the organ comes on so insidiously, especially in the Natives, that it is difficult to fix the date of its first appearance.

This condition, I think, may be regarded among Europeans as the result of a long residence in the tropics, combined with exposure to heat and malaria, inducing frequent attacks of intermittent fever and establishing that condition of the system known as *cachexia loci* which may be defined as meaning a peculiar anæmic condition resulting from long exposure to the influences of noxious or malarial climates.

Treatment.—In simple cases of ague cake or congestion of the spleen, arising from intermittent fever, the ordinary treatment suffices, by a saline aperient, and subsequently quinine and iron, with generous diet and malt liquor.

In my own practice I have never obtained very marked advantage from the employment of large doses of quinine —on this subject my readers are referred to my remarks on quinine in the chapter on fevers. When, however, the spleen is hypertrophied as the result of *cachexia loci*, the following remedies will occasionally succeed in restoring this viscus to its ordinary normal condition—viz.: sulphate of bebeerine, muriate of narcotine, chiretta, and atees. None of these, however, can be regarded as specifics. The remedy which I have prescribed in some hundreds of cases with marked success is a native medicine called "bindaäl or bindaul, the *Luffa echinata*, nat. ord. *cucubritacæ*." A full description of the plant, together with its mode of administration was given by me in the second vol. of the *Indian Medical Gazette*.* The officinal part of the plant is the stalk made into an infusion—strength two drachms to the pint of boiling water.

The general treatment includes the prevention of the paroxysm—to endeavour to remove the cachectic condition, avoid all measures which are calculated to increase asthenia, or still further to deteriorate the blood, and above all, to restore the spleen to its normal healthy condition, for so long as the enlarged spleen exists, so certain are patients liable to returns of the fever, and *pari passu*, with each fresh attack they become weaker and ultimately die. Quinine, lactate of iron, chiretta, and sulpho-carbolate of iron, will be found the most valuable medicines to employ after the bindaäl has removed the engorged condition of the spleen.

Food of a nutritious and easily assimilable character, together with attention to the excretions.

Iodine and bromine I have found too depressing, and for some years past have ceased to prescribe them, although I am aware many distinguished practitioners in England do so. The condition, however, of patients in England so affected cannot be classed in the same category with those who have been exposed for years to a tropical climate and malarial poisons. Mercury is totally inadmissable in diseases of the spleen, *the smallest dose will induce most violent salivation.* In illustration of this peculiarity, I may mention the case of a native Sepoy, who I treated when in charge of the Erinpoora Irregular Force. The man came into hospital with syphilis, and it never occurred to me at the time to examine the spleen, I ordered him small doses of grey powder with quinine. The next day on visiting the hospital, I found the man suffering from profuse salivation, although he had only taken six grains of grey powder. From this error in practice, I never forgot the maxim of *always before administering mercury to a native to ascertain the condition of the spleen.*

As regards the hygienic treatment, the hot and malarious seasons should be avoided (speaking of the Bengal Presidency) from the beginning of March to the middle of November: visiting the various hill *sanitaria of Darjeeling, Missouri, Chukrata, and Simla*; but, above all, a sea voyage and a prolonged residence in Europe. Europeans proceeding home should so calculate the time as to arrive in England in the summer, and thus avoid the particular seasons of Europe and Asia inimical to the Anglo-Indian invalid.

Among the Natives we must be satisfied to know that in Bindaäl, we have an almost specific remedy, and that when the normal condition of the organ is restored, we must build up and fortify the constitution against future attacks, by the administration of tonics, among which iron holds the first place, and to endeavour without interfering with the prejudices of the natives to inculcate the first elements of hygiene.

Pathology.—This is essentially congestion of the spleen, and if we remember the causes which bring about this condition, what constitutes *cachexia loci*, together with the minute structure of the organ, the vagueness of our knowledge will be less manifest than might at first appear.

* Vide *Indian Medical Gazette*—Dr. Kanny Loll Dey's work on "The Indigenous Drugs of India," and "Indian Pharmacopœia."

THE TREATMENT OF ECZEMA.

By J. L. Milton, M.R.C.S.,
Surgeon to St. John's Hospital for Skin Diseases.

(Continued.)

5. Cod-liver oil is one of the most valuable remedies in eczema, and perhaps it would hardly be going too far to say that every chronic case is more or less benefited by it if taken long enough and in a proper way. Eczematous patients are generally very sensitive to cold, and means calculated to evoke heat seem usually to agree with them. The great obstacles to its use, the nauseous taste and the idea of swallowing a coarse animal oil, are soon overcome, and the result quickly compensates the patient for any disgust felt at the outset. Should the difficulty of taking it be insurmountable—as when it always brings on sickness, or when the patient is an infant at the breast—a broad fold of linen or flannel steeped daily in the oil, may be worn round the waist. The worst of this plan is, that it makes such a filthy mess that one can only employ it in the case of children and persons who are or can be confined to bed; but it certainly does good and patients get well and fat on oil used in this way.

I give the preference to Dr. De Jongh's oil over all I have tried. A pretty wide experience has satisfied me that the opinion I expressed some years ago as to its superiority, both in diseases of the skin and neuralgia, is well founded. I have heard men say that it cannot, and ought not to do any more good than the pale oil, because the colour and taste are simply due to the blood and bones of the fish being pounded up with the liver. But a fair trial of its powers will soon dispose of such puerile objections; and whatever the taste may be due to, most persons certainly find it less disagreeable and mawkish than the pale oil. Its cost, too, is less, as such a much smaller quantity is required. The dose should not be too large, never more than the stomach can bear comfortably. Grown persons seldom require more than five or six teaspoonfuls daily, often not so much; children bear relatively a much larger quantity and may take, even when quite young, two to four teaspoonfuls a day. It seems to sit best on the stomach after plain food, not always digesting so well after soups, stews, hashes, curries, &c. I think also it answe rs best when given directly after meals, but this is an affair of individual experience. The most agreeable vehicle for taking it in is a small quantity of wine like manzanilla, ginger, or orange, or coffee, the last suits some persons very well. Winter and spring are the most suitable times for taking it, and patients who cannot retain it on the stomach during hot weather, or lose their appetite for food under its influence, bear it perfectly well so long as the cold lasts. If the patient is to derive lasting benefit from its use it should be given for quite three to six months. Should circumstances require a trial of it to be made during the summer, I would suggest the use of the cod-liver oil chocolate made by M. Lebaigue, of 9 Langham street, Portland place. Each pound of it contains four ounces of oil. Should even this fail, I would recommend a trial of cream, from four to six ounces daily, or of the pancreatic emulsion prepared by Messrs. Savory and Moore.

6. But there are some stubborn cases which resist all these remedies, and in these a course of mercury will often give the *coup de grâce* to a disease which has defied everything else. The biniodide and bichloride of mercury seem to be the most powerful salts of this class. I at once admit that, after many trials, I have been unable to satisfy myself as to which is the most potent of the two; but, on the whole, I think the bichloride, and Mr. Startin seems to have had great success with it. The biniodide, however, is also an excellent preparation. About one-twelfth, steadily increased to one-sixth, of a grain of either will generally prove sufficient for a dose. This quantity may be taken once, twice, or thrice a day, according to the severity of the complaint or age of the patient. I have repeatedly given young boys and girls a sixth of a grain daily with the best results. If given in a pill, the mercury should always be combined with the compound extract of sarsaparilla, or else with a sedative and aromatic, such as the extract of lettuce and the essential oil of peppermint or cassia, to prevent griping.* When much pain of any kind complicates eczema, or when there is a tendency to diarrhœa, a quarter of a grain of pure opium may be added. If the form of a pill be objected to it may be given in some bitter tincture, such as cinchona or calumba; syrup of some kind or other should always be added when these salts are prescribed dissolved in water. The biniodide can always be given in solution by mixing bichloride of mercury and iodide of potassium in proper proportions. † But such adjuncts as tinctures and syrups cannot, I need scarcely say, be procured in hospital practice, and accordingly I have found that these preparations of mercury do not always answer so well with hospital patients, who almost without exception, complain of their depressing effect.

Almost the only complication likely to be met with in the treatment of eczema, that is, so far as one can be considered incident to the other, is rheumatism, the remedies for which are the same as in other cases: hydrochlorate of ammonia, iodide of potassium, colchicum and embrocations, of which by far the best I have seen is a combination of strong tincture of opium, containing quite four times as much opium as the ordinary tincture, or of the same strength as Cooke's black drop, chloroform, camphor liniment and soap liniment. ‡ Mr. Squire, who has himself suffered much pain from lumbago, recommends § seven

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* ℞ Hyd argyri perchlor., gr. j.;
Extracti sarsæ comp. liquid., ℥iij. ℿ.;
Capiat. coch. min., ii. bis quotidie.
℞ Hydrargyri perchlor., gr. 1.;
Extracti sarsæ amp., ℥ij. ℿ.;
Et divide in pil. xxiv. Capiat ii. nocte maneque.
℞ Hydrargyri iodidi valvi., gr. j.;
Extracti lactucæ, gr. xl viij.;
—— anthem., ℈i.;
Olei cassiam ij. ℿ.
Ft pil. xxiv. Sumat ij. nocte maneque.

† ℞ Hydrargyri perchlor., gr. j.;
Syrupi rosæ ℥ss.;
Tinct. cinnam. c. ℥j. ℿ.;
Capiat. coch. min. i. bis quotidie es aquæ cyathe vin.
℞ Potassii iodidi, gr. xxxij.;
Hydrargyri perchloridi., gr. j.;
Syrupi zingiberis, ℥ss.;
Aquæ cinnam., ℥iiiss. ℿ.;
Capiat. coch. min. ii. ter quotidie.

‡ When the attack is severe and the pain very great I would advise the following:—
℞ Ammon. hydrochlor., ℥iij.;
Syrupi simpl., ℥ss.;
Aq. menth. divid ad ℥vj. ℿ.;
Capiat. coch. amp. duo tertiis horis.
℞ Liquoris morphæ bi mecenatis, m xx.;
Mist. camph., ℈i. ℿ ft haustus.
herâ dead. sumandus.

Thirty minims of chlorodyne may be substituted for this draught or hydrate of chloral may be given. The latter did not answer at all in my practice. In doses of less than a scruple it seemed to have no effect, and in larger ones it brought on, especially after the first night or two, great cerebral excitement. At the same time the part affected should be dry-cupped with any materials at hand, for quite an hour, and the following embrocation applied by means of a flannel steeped in it:—
℞ Guttæ nigræ (Cooke), ℥ij.;
Chloroformi, ℈i.;
Lin. camph. comp., ℈i.;
— saponis, ℥vj. ℿ ft. embrocætio.
Over the flannel should be laid a pile of soft cotton wool, medicated cotton wool as it is commonly called—kept on by a bandage.
After the pain has yielded the patient may take
℞ Potassii iodidi, ℥ij.;
Aquæ ℥iij. ℿ.;
Coch. min. ii. bis quotidie sumend.
The simplest way of taking this is to put the dose into the first portion of the fluid drunk at any meal.
℞ Extracti colch, acetici.;
Pilulæ hydrargyri an, gr. vj.;
Extracti hyoscyami, gr. xlj., ℿ.;
Ft pil xii. Sumat i. omni nocte.

Companion to the British Pharmacopœia." Fifth Edition. P. 48

parts of belladonna liniment and one of chloroform sprinkled on spongio piline to be held on the part. It is a very useful application, but I doubt whether it is suited to an eczematous skin. In all the trials I made of it, in persons of this tendency, eczema came out in the vicinity of the places it was applied to.

The pressure of inflamed lymphatic glands, induced by eczema, and of the troublesome thickening of the skin, sometimes even extending to the subcutaneous cellular tissue, and ending in the formation of abscesses, are complications over which we have little control. Scalding with very hot water, followed by the use of ice or evaporating lotions, and subsequently with tincture of iodine or a solution of nitrate of silver, ten grains to an ounce, are nearly all the remedies which I know of likely to be of much use. In unhealthy children, swelling of the glands at the back of the neck, from eczema of the posterior part of the scalp, is extremely apt to end in abscess unless much stronger measures are employed than we can generally adopt.

Change of Air.—Supposing all this has been done, and that the eczema, though better, is not quite well, or, after being over and over again cured—so far at least as external symptoms are concerned—it perpetually shows a tendency to return, what is to be done? Shall we send the patient for change of air to some mineral spring, or give tar, cantharides, or some other drug recommended as a last resource?

To judge from my own experience I should say most decidedly not. *I never yet saw such agencies under such circumstances effect a cure;* and I believe the best plan is to leave the case to nature, feed the patient as well as possible and give no medicine whatever for a period of several months; at the end of which time it will often be found that the health has somewhat improved, remedies long previously given perhaps aiding a little in the work, and then any slight means will frequently remove all traces of the disease. Almost the worst case I ever saw was put right in this way, The patient had been in a most deplorable state from eczema and exhaustion for years, and at the end of a long course of treatment was still worried by the perpetual recurrence of the complaint. I recommended him to take no medicine whatever, to have meat twice a day, and fat ham or bacon once daily, at least four or five glasses of port wine and one or two of old Scotch whisky every day, to eat brown bread in place of white, and to take work as quietly as he could. These instructions he faithfully carried out. In the course of two years he had increased above a stone in weight, and for several months he had only suffered occasionally from a stray patch of eczema, which invariably disappeared under the use of dilute nitrate of mercury ointment. One year later his condition had improved still further, and at the present time he reports himself quite well.

(*To be continued.*)

ON THE CAUSES AND CURE OF PROSTATIC STRICTURE.

By R. Uniacke Ronayne, F.R.C.S.I., L.R.C.P.E., &c.
Youghal Infirmary.

There are few, if any, affections within the cordon of surgery more anomalous in character or eccentric in conduct than hypertrophy of the prostate; it is a simple enlargement of the tissues of the gland, devoid of all structural change, without diseased growth on the one hand, or degeneration on the other; with no deviation from health beyond its increased size, and yet by that means alone producing such changes in its relations to other parts as bring it within the pale of disease in most formidable phases. It is a morbid anachronism, passing quietly over the periods when other glandular systems are generally stirred by active or passive enlargements, and lying in wait for advanced life, ready to spring into action at a time when these are fast tending to inaction or atrophy. It is not health, for soundness of all functions cannot co-exist with it; it is not disease for in itself it is the most innocent of growths; it is as innately harmless as the fat cells in the omentum of the typical Aldermen, yet as dangerous as the same prove when hiding in the fibres of the heart; in fine, although benign in itself, it is so unfortunately situated in relation to other and important parts, that it generates disease on disease, and, proving remarkably intractable to treatment, leads its unhappy victim in a long series of ills through a shortened life of misery to a deplorable and often disgusting death. I shall, however, for the sake of clearness, speak of it as a morbid state. Of the causes which give rise to this hypertrophy, little is satisfactorily ascertained, and, strange to say, conjecture has been notably silent; indeed, few writers have indulged in speculations on the subject. It may have been considered a profitless venture, yet many seemingly as fruitless have absorbed much valuable time and brain work; it is because, however, I conceive that some little advantage in prevention or treatment may result, that I devote a few lines to their consideration. In this search analogy is of little help, as the prostate seems ostracised from association with all other glands, even the thyroid to which some consider it allied, differs materially from it in health; I think we may fairly set down as tending to lead to prostatic hypertrophy all acute and sub-acute inflammations of the parts, whether these arise from injury, the metastasis of blenorrhœa or struma, as resolution from such attacks is pretty certain to leave behind a thickening or condensation of tissue, if not an active hyperæmic state, which in time assumes a more definite form, and eventually lapses into disease. Calculous disorders, although often resulting mechanically from chronic prostatic enlargement, may sometimes provide the initiative irritation. Constitutional influence often plays an important part in the induction of this condition, the gouty, rheumatic, and scrofulous diathesis leading frequently to its presence, by keeping up a continuous irritation, which results in congestion and ultimate hypertrophy. The excessive and prolonged use of stimulants tend, by a similar action, to a like result; but, I believe the key to the most frequent source of chronic prostatic enlargement will be found in derangement of the generative functions, arising from continuous and undue sexual excitement.

The uses of the prostate seem entirely and intimately bound up with the workings of the generative system. The gland is little better than rudimentary previous to puberty, when it first assumes the importance of a supplementary organ; from that time it sympathises actively with the varying fortunes of the sexual organs until the second change of life, the decay of manhood, when we find it again rising into unwonted activity; its two greatest alterations being thus associated with the birth and death of virile power. Again, all venereal excesses induce irritation and tenderness of the gland, quickly followed by slight enlargement; in youth, where remedial measures are stringently adopted, this is generally transitory, but persistence in the cause often renders the affection permanent, whilst in old age it more easily adopts a chronic type, as the constitutional sources of derangement are then more numerous. The exquisite tenderness of the prostatic urethra under catheterism, and the marked enlargement of the gland present in aggravated forms of spermatorrhœa, aptly illustrates the disordered state to which the parts may be reduced by contained undue excitement. Then we know that chronic prostatitis goes hand in hand with sterility. That the disease is common in those whose desires have long outlived their capacity for compassing them, and, that on the other side, men who have retained their potence to advanced age seldom suffer from it: Combining these circumstances, I am induced to adopt the belief, that the initial irritation which often eventuates in senile hypertrophy, may be surely produced by the

frequent long sustained indulgence of inordinate sexual passions, whether these be gratified naturally, or by the more debasing and injurious habit of masturbation.

That its rapid growth about the fall of life is due to a bold attempt on the part of nature, to repair damage and sustain the waning local strength ; that most glands attain it in greater or less degree, but, that it becomes noticeable only when constitutional diathesis or inordinate vice have superadded special irritation and thus given a morbid impetus to a healthy action. On the symptoms of prostatic enlargement, it is not necessary here to dwell, we all know that as the gland increases in size, a gradual change is effected in the local urethra which is twisted or flattened, or even somewhat dilated, and elongated, as the growth is limited to one, or both, or the false lobe, or extended to the entire structure ; that these changes soon effect a diminution in the volume and force of the urinal stream, besides causing increased frequency of micturition, as well as a sense of weight in the perinæum, sometimes dull aching pains in the loins, and occasionally tenesmus to such a degree that supposed piles are as often complained of as the true ailment. As the growth increases the symptoms become more aggravated, the rising lip of the gland prevents the complete evacuation of the bladder, the urine stagnating becomes ammoniacal and throws down phosphates ; the bladder irritated by this state of things, and exerting increased muscular force to overcome obstruction and meet the pressure of retained water, becomes thickened in its coats, increased in size, and soon takes on a state of chronic inflammation, this, with some further trivial exciting cause, reacting on the prostate, causes the hypertrophied gland to become additionally congested, the increased swelling closes the already too contracted portal of the bladder, and a typical case of retention from prostatic stricture is established. The treatment of prostatic hypertrophy and stricture dependant upon its has made little, if any progress, since the time of Sir Everard Home. Then, and at various times since, attempts at its reduction or removal by medicinal means have been repeatedly made, with, however, but poor results.

Many agents have found advocates and for a time favour, but on the whole, modern experience has amply shown that none of them are worthy of much reliance. Conium was at one time empirically given in large doses with no benefit beyond a temporary and dangerously delusive relief from pain ; during the mercury mania that drug was extensively administered, with no effect on the tumour, but it is to be feared, a very decided one on the constitutions of the unfortunate patients. Chloride of ammonium has also been fairly placed on trial and a verdict recorded against it ; iodine long retained great and still holds some repute ; it first came into this use through the absorbent power it occasionally swayed over bronchocele which was considered in some inexplicable manner allied to senile hypertrophy, from its action on enlarged glands in general, and its supposed speciality of promoting absorption of the mamma and testis. At the present time, the only agent that seems at all to hold ground is the iodide of potassium, first used for the purpose by Mr. Stafford, some thirty years since ; he not only administered it by mouth, but also in suppository, and by means of ointment applied directly on bougies. If his reports are to be credited, and we see no reason why they should not receive some respect, it proved undoubtedly useful in his hands, and when we find a man of such keen observation and unflinching truth as Sir Benjamin Brodie, believing in its power in reducing subacute if not absolutely chronic enlargements, we may fairly set it down as at least possessing some efficiency. For my own part, believing as I do, that in eight cases out of ten the disease is the ultimate result of chronic sexual irritation, whether natural or onanistic, I would suggest that a well directed attempt to *prevent* it might be made with the hope of benefit, and that the truest method of combatting it, is to forestall the enlargement by resolutely setting ourselves to remove all irritation as early as it comes under our notice by the use of such remedies as our experience supplies, but above all, by insisting on such a complete change of thought and habit, as will remove the patient from the ever recurring stimulus. In such cases I find the bromide of potassium unquestionably useful in lowering the sexual orgasm, and in helping to lessen local congestion. The introduction of the silver catheter is almost always needed, and when anointed with extract of belladonna, is especially serviceable in blunting the sensibility of the part. For the rest, tonics, wholesome unstimulating diet, seabathing, and healthy exercise of mind and body generally suffice. It however frequently happens, that the possessor of an enlarged prostate, letting the premonitory symptoms pass with little notice, or attributing them to hæmorrhoids, is not aware of the unpleasant transformation taking place in his internal economy until it suddenly declares itself by retention of urine, the climax being capped by exposure to cold, horse exercise, comparative sexual excess, or a drinking bout producing a determination of blood to the part and consequent closure of the vesical gate. In such a case, time generally permits of no procedure other than the immediate relief of the distended and painful viscus by catheterism, and this end is not always attained without considerable difficulty, especially as the parts are often very irritable, and membranous spasm has sometimes to be overcome before the instrument meets the organic lesion ; patience and gentleness of manipulation, and above all practice are here essentially necessary to avoid doing irretrievable injury and will almost always lead to success. In about thirty such cases, I have never been obliged to resort to forcible entry or paracentesis vesicæ, I am accustomed, however, to use an instrument bent to a much sharper curve than that generally advised in such cases ; I find by repeated trials that a full sized elastic cathether, or the stilet, the lower half of which is bent into half a circle, with a further slight in-sweep of the point passes easily where all differently shaped instruments fail. The incurve at the point is of great importance, as it enables the tube to ride clear of the promontory of " Home's lobe," when that abnormal structure is the impediment and enter the bladder without forcing the surgeon to the disgusting resource of passing the finger into the rectum or to the admirable but sometimes hazardous " Hey's manœuvre." I know of but one serious objection to the use of an instrument thus curved, namely, the difficulty, if not impossibility, of using it, where great rotundity of abdomen exists. I have no doubt that some extreme cases may be met where this would be an insurmountable objection, but, in my own experience, I have succeeded in passing it on fairly obese people by placing them in bed, with the hips raised by a pillow, and the shoulders lowered, and then adopting the "*tour de maitre.*" There are two points connected with catheterism, which, though not strictly pertaining to my subject, I cannot pass by in silence, the first concerns the use of the gum catheters without the stilet, as advised by some excellent authorities. I can see no appreciable advantage from this ; I do not believe that it is less likely to produce spasm than the armed instrument, and I know that it is much more difficult to pass, as it is led away by every tempting sinus, bends on the least pressure, often twists out of control and oftener hitches against the prostate than not. As to passing the unarmed instrument down to the obstruction, and then arming it for the purpose of using " Hey's manœuvre," I think it a most dangerous practice, offering every facility for the production of false passage, urinary infiltration, or other complications. I have when a student seen not a little evil result from such a course, and I should be reduced to great straits indeed before adopting it. The second regards the propriety of permitting the patient to use an instrument himself, this I am decidedly opposed to, unless the patient be so situated (in the country for instance), that medical assistance becomes uncertain or unattainable, as I have seen much irritation

produced by the constant practising to which such persons are prone to give away, and if complete retention sets in, pain and anxiety takes away their heads, and so unmans them that they are pretty certain to injure themselves in their nervous fumbling haste. The temporary relief of this first attack being effected, means must be taken by local, antiphlogistic, sedative, and general alterative treatment, to reduce whatever inflammation exists and restore the interrupted balance of power. Free leeching to the perinæum may be had recourse to, the bowels relieved by cooling enemata, the acrimonious nature of the urine lessened by demulcent drinks, and corrected by acids or alkalies, whichever are called for, and sedatives should be administered by mouth and rectum, congestion of the abdominal viscera must be lessened, whilst the strength is maintained by nourishing, but unstimulating food, under a course of such remedies the urgent symptoms subside, and the health previously enjoyed seems again to be attained, but this is scarcely the case, for a hyperæmic condition of parts still remains, slowly gathering strength, and hanging like a Damocletian sword over the safety of the patient, always threatening and ready to fall and crush or maim at the turn of a hair. Care may do much to ward off any sudden attack, but no care can avert the tendency to steady growth which the disease manifests when it has once deeply rooted, and which, if life be sufficiently prolonged, is pretty sure to culminate sooner or later in a renewed attack of retention, this time the result of non-inflammatory hypertrophied tissue. Then arises a state ever burdened with pain, disquiet and wearying anxiety for the sufferer, and full of harassing profitless work for the attendant. Chronic prostatic retention with all its sickening adjuncts has set in, the bladder requires to be emptied two or three times a day, sometimes oftener, and if the patient's residence be at any distance, the frequent and often ill-timed calls become almost unendurable, and all this worry and trouble produces at best but a passing relief. I have often been recalled to cases within two hours of my visit to find the bladder again distended, the kidneys relieved from pressure having acted in the mean time with redoubled energy.

In such cases I have long adopted a course which, although it does not receive the approval of many of the fathers of surgery, has in my experience proved more beneficial than all other usual measures put together. I allude to the treatment by retained catheter.

When I commenced practice I was strongly opposed to this mode, having been prejudiced against it both by teaching and reading, but at that time I never supposed that by it could be realised the satisfactory results which I have since obtained. My procedure is simple, I introduce an instrument of the shape above described, and retain it by woollen ligature, steeped for cleanliness in a solution of carbolic acid, stopping the mouth with a peg removeable at the patient's will, this gives him very fair control over the bladder, and usually produces as much mental quiet as it does bodily ease, he being assured of his own safety by holding the necessary means of relief in his own possession. Sometimes the instrument is well borne from the first, and the case rapidly progresses towards cure, but often it gives rise in a few hours to much pain and disturbance: in such a case there is nothing for it but to remove the catheter, and fall back on the usual system, taking care however, to adopt such means as may serve to lessen the irritability of constitutional tone, and watching closely for a favourable time to resume the trial. If the uneasiness however be not severe, or becoming gradually more aggravated, it is well to sustain the treatment, and adopt collateral means to correct the intolerance which then generally dies out in a few days, and thenceforward the intruder is permitted to remain in peaceable possession. In fact, the parts become accustomed to its presence, and in truth, it gives much less annoyance by its permanent occupation than it would by frequent fresh introductions over the sensitive and resisting passage. The catheter is then removed every two or three days and then examined, lest it be cracked or eroded, and when cleansed re-introduced, or, if it be in the least damaged, a new one substituted.

This treatment is continued for a period varying according to the peculiarities of every case. When, on removing the instrument some day, the patient tells you that he feels he is again capable of making water, and has regained the natural control over the bladder. I do not, however, permit the permanent removal of the instrument until I am satisfied that the local health is as fully restored as it is ever likely to be, and even when it is determined that its use may be discontinued, this is done gradually, being first left out by day, and worn by night, as at the latter time the continued pressure on the trigone is more likely to give rise to a desire for evacuation of the vesical contents, until by degrees it is altogether discarded.

Since I have adopted this plan, I have treated many well-marked chronic cases, occurring in old men, whose ages run from sixty to seventy-three, to a successful issue. These under the ordinary treatment would certainly have degenerated into hopelessly incurable disease with pus secreting bladder, disorganised kidneys, and a person emaciated and loathsome to a degree, sodden from the dribbling of ammoniacal urine, and honey-combed with festering bed sores. Thus, then, in my humble judgment the treatment by retained catheter offers several advantages to counterbalance its slight risk, over the constant and unsatisfactory necessitous use of the instrument for temporary, and ultimately unprofitable relief, not the least of which is the chance of ultimate cure which it holds out. After the first day or two its presence is practically less irritating than the repeated disturbances arising from recurring instrumental inroads into unwilling parts, which keeps alive an abortive resistance to each fresh advance, thus engendering a constant and exhausting excitement which reacts disastrously on the bladder and kidneys. Whilst under the treatment I recommend the parts soon become reconciled to the presence of the friendly invader, and accustom themselves to tolerate its society in consideration of the peace and security it confers. On the bladder this method exercises a most benign influence, that unfortunate viscus which has long remained like a stagnant pool unemptied, a foul receptacle for decomposing urine, filthy, mucous, and unhealthy urinary deposits, is quickly washed out by the pure and free secretion of the unlocked kidneys, its ungainly distension gradually subsides, its mucous membrane improves in character, and it recovers much of the power and sensibility of health. The kidneys freed from the restraint of distended ureters, are enabled to carry on their important eliminative processes to the great benefit of the system at large, and the mind relieved from a depressing load of anxiety, torturing suspense and watchfulness, materially helps by its bright cheerfulness to bring about a more healthy physical state than had for a long time previously been enjoyed.

Its action in producing these good effects is not easily explained; besides relieving the distension and consequent congestion of the bladder and cleansing and resting that organ and those dependant on it, it must exercise some directly absorptive power over the prostate itself, else how could the retention dependant on chronic hypertrophy ultimately disappear under this method and no other? On this matter I am happily reduced to conjecture as no death whilst under or after treatment has given me an opportunity of verifying my opinion by cadaveric examination, and in such a belief I see nothing improbable. That a partial absorption of the gland might be obtained by mechanical means, has been hoped for by writers of ability and eminence even to the present time, when Sir H. Thompson, the ablest authority we know on such subjects, has employed dilatation by water in expanding india-rubber tubes, with he admits but little success, and I see no reason why absence of irritation and gentle long sustained pressure, should not alter the offending portion of the prostate and neck of the bladder sufficiently

First, We have simple engorgement of the spleen; where the gorged state of the vessels of the liver impede the passage of the blood through the splenic vein as mentioned by Dr. G. Budd. In many cases of dyspepsia that I treated in India, I noticed as a very frequent symptom, pain in the left side after eating which was doubtless due to this cause.

This simple congestion or engorgement it is that we find so common in cases of intermittent fever among Europeans, both adults and children. In these cases it is most probable that the blood is uncontaminated. The season when this condition prevails most is at the termination of the periodic rains, when the nights become comparatively cool or cold after hot days.

The second condition "compound congestion," is the commonest variety met in India. Here we have the organ kept in a state of passive congestion, while the debility that co-exists, renders the patient unable to resist the alternations of temperature. The circulation is determined from the surface and extremities upon the internal viscera. The organ is kept in a passive state of congestion, and the longer the vessels are kept distended, and the more yielding the surrounding tissues, the greater, of course, will be the enlargement. This unnatural fulness of the capillary vessels must ultimately interfere with the proper working of the spleen, whatever its use may be, and this condition, "compound congestion," it is that produces the symptoms I have described.

Leucocythæmia splenica is the resultant, therefore, of repeated congestions of the spleen, brought on either by mechanical causes, such as sudden cold, whereby the circulation is determined from the surface and extremities upon the internal viscera, or from the frequent recurrence of the cold stage of either intermittent or remittent fever, or that the presence of the malarial poison in the system produces this abnormal condition of the organ. When it is borne in mind that the history of the majority of cases of leucocythæmia splenica give pretty nearly all the indications or characters common to blood diseases, I think my readers will be disposed to agree with me in attributing most of the phenomena of this ailment to the paludal poison, rather than to the mechanical effect of cold.

Let me, by way of illustration quote the late Dr. Todd on this point: "The morbid element may have been introduced into the blood as a poison, which speedily deranges the normal changes which are continually going on within. In this way, all contagious diseases are propagated, the matter of contagion having been introduced into the blood; malarious diseases are also referable to this cause." And again, "All true blood diseases, whatever their primitive cause may be, exhibit certain characters in common. In all of them, we find a greater or less degree of febrile disturbance at an early stage, and this is frequently preceded by a stage of depression and of rigor. Pains in the limbs or in the joints, sometimes attended with swelling of the latter, and inability to move them freely, in consequence of effusions into them, are very commonly met with. The cutaneous function is more or less disturbed, and this disturbance manifests itself either in a harsh, dry, and burning hot skin, or in a profuse perspiration, sometimes exhaling a disagreeable sour odour, or in a cutaneous eruption belonging to one of the multifarious forms which those diseases are prone to assume. The secretions of the liver and kidney often appear unnatural, the former being too great in quantity or altered in quality; the latter frequently rather diminished than increased, of a high colour, and depositing a brick-dust sediment in greater or less quantity. In some instances internal organs do not escape, but become the seat of an irritation which may entail very serious consequences. Those morbid matters which are introduced from without, and even some of those primarily generated in the blood, are very prone to fix themselves upon particular parts to the exclusion of others, and sometimes the life of the patient is endangered by the destructive influence of such poisonous matter upon the affected organs. As soon as the morbid matter has been eliminated from the system, these symptoms subside, and the organs affected resume their natural state."

Morehead in speaking of simple enlargement of the spleen, says, "The blood is determined from the surface to internal parts, and is liable to accumulate in such venous arrangements as those of the spleen and portal system of the liver, and when stagnating in the splenetic capillaries its transfer in undue quantities into the pulpy parenchyma of the organ readily takes place. Under recurrences of the cold stage, these events are repeated, and the bulk of the spleen necessarily increases."

With reference to the changes of structure which take place, we must regard them as consequent upon the hypertrophy. Density of the organ will partly depend upon the quality and quantity of the blood present in the vascular system of the organ, and partly on the increase and condition of the parenchymatous pulp, as any of the fibrinous or albuminous constituent has become converted into tissues of low organisation. When this metamorphosis of the fibrine or albumen into tissue takes place, then some degrees of enlargement will become permanent. *Per contra*, excess of blood in the vessels or organised pulp organ may be restored to its normal condition.

In autopsies, we generally find the increased size of the organ due to a condition of hypertrophy with induration, or perhaps it would be more correct to say hypertrophy with brittleness. The trabeculæ are increased in number and thickness, and the venous sinuses diminished in number. The splenic corpuscles are granular and larger than natural; section of the organ is smooth, has a mottled appearance, and as a rule, is easily broken down by pressure with the thumb, though an opposite condition sometimes exists.

The majority of the cases of enlarged spleen that have come under my notice among Natives, I have not considered as being the commencement, nor the seat of the febrile phenomena, but have attributed them to *cachexia loci*, the resultant of malaria. A similar condition of the liver is brought about in Europeans from a precisely similar cause cachexia loci. This view of leucocythemia splenica is opposed to the views of many able writers. Morehead is very clear on this point—he says: "But when it is recollected that enlargement of the spleen and concomitant cachexia may take place from the influence of malaria without the intervention of fever, then the belief must be entertained that malaria exercises a primary deteriorating influence on the blood, and that the altered state thus induced favours stagnation, and in some circumstances is the chief, if not the proximate cause."

Spleen in women, especially Natives, is frequently associated with suppressed menstruation, or leucorrhœa. Children, especially Europeans, seldom permanently or completely recover, unless they take a sea voyage, or are sent to England. The association of spleen with hepatic disease, will be noticed in the chapter "On Diseases of the Liver."

CLINICAL LECTURES

ON THE

DISEASES PECULIAR TO WOMEN.

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LECTURE V.

Menorrhagia—Definition—Causes—Constitutional—Local—Subinvolution—Treatment of—Uterine porte caustique—Plugging vagina—Medical treatment.

I propose to day gentlemen to draw your attention to the subject of menorrhagia, it is of the greatest importance

both on account of the frequency of its occurrence and of the serious consequences which follow it.

The term "Menorrhagia" strictly speaking means profuse menstruation, the ordinary menstrual period being prolonged, or the quantity of blood lost during the menstrual period of average duration, being an excess of what is normal. In general both these conditions are present, the period being prolonged and the quantity of blood lost being excessive—but we not unfrequently meet with cases in which a discharge of blood takes place from the uterus during the interval between the menstrual periods, to such attacks of hæmorrhage, the term metrorrhagia is by some applied. Let me first of all impress on you that menorrhagia is not a disease, it is only a symptom of a diseased condition, whether it be that of the system at large, or of the organs of generation only. It is therefore incumbent on you, in dealing with every case of menorrhagia which may come under your observation to endeavour to determine before you attempt to treat it, on what the symptom depends. I know of no affection in the treatment of which professional character is so frequently lost from want of due care in attending to this important point.

Now the causes on which menorrhagia may depend are twofold, constitutional and local. I shall speak briefly of the former class first, and subsequently enter at length into the consideration of the latter as those which are more immediately within the province of the obstetric physician. The general constitutional causes which predispose to menorrhagia are not very numerous, nor is their influence very distinctly marked. The following are the most common :—

(1.) Debility arising from any cause, but more especially if the result of prolonged lactation is I think that to which it is most frequently due. In such cases menorrhagia often assumes a very aggravated form, thus a delicate woman continues to nurse, although menstruation has reappeared, and the patient thus weakened by the double drain, rapidly loses health and strength.

(2.) Again profuse menstruation is seen in young women of full habit, but sympathetic temperament, I have met with several well-marked instances of this; in one especially the tendency to menorrhagia is so great and so difficult to restrain that on more than one occasion I feared, as a last resource, I should be compelled to plug the vagina, this patient is quite a young girl and looks the picture of health. In her case the only remedy which seemed to exert any decided influence in checking the great loss is the application of hot water bags to the spine, as recommended by Dr. Chapman. A mode of treatment well worthy of a trial.

(3.) Again as age advances, and the climacteric period of life approaches women are liable to menorrhagia sometimes of a very aggravated character; not unfrequently some months elapse without the normal discharge appearing, and then it comes on so profusely as to give rise to the suspicion that pregnancy had existed, and had terminated by abortion. The same train of symptoms is not very unfrequently met with in recently married women; from the non-appearance of the catamenia at the regular period, they naturally believe themselves pregnant, till after the lapse of some weeks they are unpleasantly undeceived by the return of menstruation in an aggravated form—in both cases the cause is probably the same—namely, temporary congestion of the uterus, and probably of the ovaries.

(4.) Disease of the heart is sometimes attended by menorrhagia, this evidently depends on congestion; the results of the retardation of the return of the blood to the right side of the heart and occasionally the loss of blood in these cases seems to give temporary relief. A good example of menorrhagia depending on this cause, was seen in the case of a woman long under observation in this hospital, who for years laboured under mitral obstruction, and in whom the attacks of profuse menstruation sometimes assumed an alarming aspect.

(5.) Analogous in nature to this are cases which depend on chronic hepatic disease or hepatic congestion. However as mentioned in another lecture, hepatic congestion may cause a diminution rather than an increased flow of the menstrual discharge.

(6.) Menstruation too is met in connection with that form of renal mischief known as Bright's disease; but the cause then is different for it is not due to congestion but to the fact of the blood being in this disease deprived of its albumen, and consequently in a condition favourable to exudation through the walls of the capillaries, but all these affections fall within the province of the regular, rather than of the obstetric physician, and therefore I must leave you to learn from my colleagues the mode in which menorrhagia depending on these causes should be treated.

The local conditions causing profuse menstruation are numerous and very important—they are:

1. Subinvolution of the uterus.
2. Granular ulceration of the os and cervix uteri.
3. Inflammation and congestion of the membrane lining the cavity of the uterus, and a granular condition of that membrane.
4. Retention within the uterus of a portion of placenta or of the fœtal membranes.
5. Polypus of the uterus.
6. Fibrous tumours of the uterus.
7. Inversion of the uterus.
8. Ovarian excitement or congestion.

This is a long list, and yet the lesions enumerated in it are all, with the exception of inversion of frequent occurrence, and all frequently cause menorrhagia.

Subinvolution of the uterus is a far more common cause of menorrhagia than is generally supposed; indeed in married women or in those who have been at any time pregnant; profuse menstruation is probably more frequently dependent on this condition than on any other. To this list I think we should add cancer; some authors no doubt object to it being considered a cause of profuse menstruation and in the majority of the cases of this terrible disease, the discharge to which sooner or later gives origin, is not in any way connected with menstruation, and therefore to term it menorrhagia is incorrect, but in others, especially in cases of epithelioma, menstruation is augmented and the term is then correctly applied; I think therefore that it is better to speak of cancer as a possible cause of menorrhagia. I must now proceed to call your attention to each of these conditions somewhat more in detail.

When we speak of subinvolution of the uterus we mean that the process by which the womb regains its original size subsequent to delivery or abortion has been from some cause retarded or arrested, this process has been termed involution, and when it is incomplete we talk of the uterus as being in a condition of imperfect involution or more commonly subinvolution, this process should be completed within a few weeks from the date of delivery. It is one of the most remarkable phenomena which occur in the human body. The uterus immediately before the expulsion of the fœtus measures about fourteen inches in length and weighs twenty-five ounces, and often even more. Immediately after delivery its size is reduced to considerably less than one half its former bulk, its weight also is proportionately diminished, while if the process proceed regularly and unchecked by any cause the womb will after the lapse of five or six weeks measure about three inches in length, and weigh but two ounces. The first step in this process is that both the supply of blood to the uterus is checked, and the circulation of blood through that organ interrupted by the contractions of the muscular fibres of the uterus, a process which commences the moment labour terminates, and goes on in a more or less painless manner for some days subsequently; while at the same time fatty degeneration and disintegration of tissue on the one hand and absorption on the other, rapidly complete the work of reducing the uterus to its normal size and restoring its compactness of tissue.

But you can easily understand that numerous causes may interrupt this process, thus in weakly debilitated women the uterine contractions may not be sufficiently powerful to check the augmented blood supply and consequently the nutrition of the organ may continue almost as active as previous to delivery, and consequently the uterus will remain in a state which may be considered as one of permanent hypertrophy. Instances of this are very numerous. An exactly similar condition may be brought about in healthy muscular women if they leave the recumbent posture too soon after delivery, and as many especially in the lower orders, do return to their ordinary occupations long before the uterus has regained its normal size. Again pelvic inflammation in any of its varieties is a common cause interrupting and often arresting the involution of the uterus. Subinvolution also may follow on abortion, even when it occurs in the early months of pregnancy, a fact you should not overlook—but from whatever cause occurring subinvolution soon gives rise to very troublesome and distressing symptoms, of which menorrhagia is the most prominent and alarming, the one too for the relief of which we are most frequently consulted. I cannot better exemplify this affection than by calling your attention to the case of C—— D——, who is still in hospital she is aged forty-three, has had six children, and has never enjoyed good health since the birth of the last ten years ago; shortly after which she noticed that menstruation was much more profuse than formerly, for a long time back each period has lasted for not less than ten or twelve days returning after an interval of only a fortnight. On admission she complained of debility of great pain in her back of irritability of the bladder and consequent straining and tenesmus, she also suffered from profuse leucorrhœa. The effects of this long continued drain was manifest in her appearance, you must have remarked how perfectly ex-sanguine she was. I expressed the opinion from the history of the case, dating as it did from immediately after labour, that the menorrhagia would probably be found to depend on subinvolution, that the irritation of the bladder was reflex depending on an unhealthy condition of the mucous membrane lining, the uterus, which would probably be found to be rough and granular, this opinion was confirmed by the fact that the os and cervix uteri were found to be healthy, the sound proved the uterus to be elongated to the extent of about three-quarters of an inch. An exploration of the uterus verified this diagnosis. I shall by-and-by explain the mode of accomplishing this, and refer to the treatment you saw me adopt in the case, for the present it is sufficient to say that she will leave the hospital in a day or two, after the stay of but three weeks perfectly cured of an affection of ten years' standing.

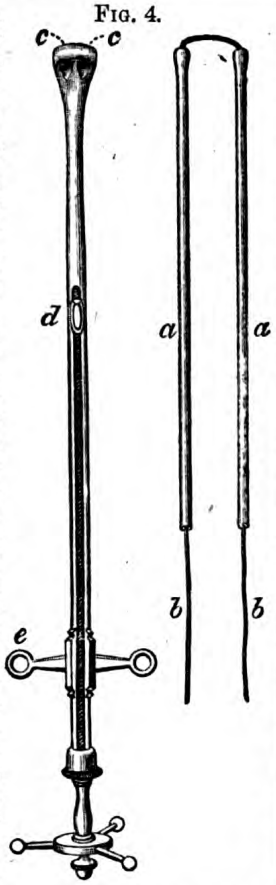
But the mischief resulting from subinvolution of the uterus does not end here, for this abnormal state of the womb predisposes to the occurrence of that unhealthy condition known as granular ulceration of the os and cervix uteri, a condition which greatly augments the tendency to menorrhagia—thus the two causes which I have placed at the head of the list may be present in the same patient. The case of M. F. recently in No. 6 ward afforded a well marked instance of this. She has had twelve children and is now forty-eight years of age. She stated that ever since the date of the last confinement six years ago, menstruation had gradually become more profuse the flow continuing for a longer time than usual, the interval between the periods being correspondingly shortened. During the interval she suffered from profuse leucorrhœa and as a result was greatly debilitated.

On examining her extensive abrasion of the vaginal portion of the cervix uteri was found to exist, the os was patulous, the lips everted, and the mucous membrane lining the cervical canal could be seen in a thickened, highly vascular condition; the uterine sound penetrated to the depth of three and a half inches. This patient too was discharged after a residence of a few weeks in the hospital perfectly cured. She occasionally appears among the out-patients but not from any return of the menorrhagia. I treated these cases alike by the application to the interior of the uterus in a manner I shall hereafter explain at length of the fuming nitric acid with most marked success.

In the foregoing case subinvolution was manifestly the primary cause of the menorrhagia the ulceration being altogether secondary; but often subinvolution exists alone, or on the other hand ulceration may exist alone, either condition being fully sufficient to give origin to severe menorrhagia. As an instance of the former the following serves as an example:—F. L., æt. twenty-four, married about a year, is a delicate young woman of lymphatic temperament; menstruation has always been profuse especially if she takes walking exercise or exerts herself during the flow. She became pregnant after the occurrence of the second menstrual period subsequent to her marriage, but having imprudently taken a long and fatiguing walk she aborted at the eighth week. The two subsequent menstrual periods were so profuse as to reduce her to a state of extreme debility. Ergot, gallic acid, and numerous other astringents were administered, but they failed to check the hæmorrhage. This was her condition when I saw her—On examining her I found the uterus to be considerably elongated, the sound passing to the depth of more than three inches; there was not any ulceration. The history of the case being altogether against the supposition of the existence of a polypus, I came to the conclusion that the menorrhagia depended on subinvolution, in fact that the uterus had never regained its normal size and tone since the miscarriage which had taken place two months previously. I therefore decided on carrying out a plan of treatment of the value of which you have had in the wards of this hospital repeated opportunities of judging—I mean the introduction up to the fundus of the uterus of ten grains of the solid nitrate of silver, which is left to dissolve there. This I accordingly did. It produced considerable pain which lasted for five or six hours but no further unpleasant results followed. I confined the patient to bed for three days and then allowed her to go about. Menstruation appeared at the regular time and was moderate in quantity. She became pregnant immediately after, and is now approaching the full term of utro-gestation. I wish to call your attention specially to this case, first as illustrating the occurrence of subinvolution as a result of abortion, a fact which though mentioned by Sir J. Simpson has been overlooked by many; next as showing the dangerous menorrhagia which may depend on this condition of the uterus; and thirdly, as proving the excellent results which follow the treatment I adopted. This point I wish specially to impress on you. You will find that ergot, gallic acid, and indeed all other medicines will frequently fail to check menorrhagia depending on subinvolution and that you must have recourse to treatment directed to the uterus itself. You must stimulate that organ to set up that healthy action by which it regains its normal size after pregnancy has terminated, a process to which as I have already told you the term "involution" is applied. With this view I unhesitatingly advocate the adoption of the treatment I practised in the preceding case I know of no other so efficacious. The mode of carrying it out is simple. You introduce the instrument which I now exhibit (Fig. 4) into the uterus just as you would an ordinary uterine sound It is Sir James Simpson's "Uterine porte-caustique." It consists as you see of a hollow silver tube in size and shape closely resembling a sound; it contains a flexible stilette which fits it accurately. As soon as you are satisfied that its point has reached the fundus of the uterus you withdraw the stilette, and push up through the instrument by means of the stilette, a piece of solid nitrate of silver reduced to the requisite size and weight, till it is fairly lodged in the cavity of the uterus. In doing this there is but one caution requisite—namely, that as soon as the piece of nitrate of silver has reached the extremity of the porte caustique and before it is finally pushed out

of the instrument a point you can always be certain of by observing how much of the stilette remains still unintroduced, you should withdraw the instrument to the extent of about half an inch, for if this precaution be not observed it is possible that the nitrate of silver might be forced into the substance of the uterine wall, instead of being left free in its cavity, an accident which though possible is very unlikely to occur. I have dwelt at some length on this plan of treatment because I am satisfied that its value is far from being fully appreciated. It is looked upon by many practitioners as heroic and dangerous. I believe it and I have practised it freely for several years to be simple and safe. I do not say that it is always sufficient and that a cure must always result but in my hands it has been productive of marked success, and in no single instance have I known it to produce serious symptoms. That pelvic cellulitis may under certain circumstances follow the introduction of the solid nitrate of silver into the uterus is quite possible, and I should not at any time be surprised at its occurrence; but the fear of this would never deter me from carrying out the treatment, for an attack of cellulitis is of much less importance than the continuance of profuse menorrhagia. But though I have on several occasions seen cellulitis follow on the use of astringent application apparently more mild, as yet it has not occurred in my practice after the introduction of the solid nitrate of silver. This treatment is no novelty. Dr. Evory Kennedy many years ago was in the habit of passing solid nitrate of silver into the cavity of the uterus, but he did not allow it to remain there. Subsequently Sir J. Simpson introduced the method I now advocate, and invented the porte-caustique.

Fig. 4.



In the case I have just related I was asked to see the patient just as the flow which had continued for nearly a fortnight ceased to appear, and as a full trial had been given to ordinary means without result and as the patient was in such a debilitated condition that a return of the hæmorrhage might be productive of very serious consequences, I seized the opportunity of its temporary cessation to carry out the treatment just detailed. Had I however seen her at an earlier period, I should at once have stopped the loss of blood by plugging the vagina. This is a mode of arresting the hæmorrhage which is always safe and as a temporary means perfectly efficacious. You have seen me practise it in our wards repeatedly. Of course in an emergency a sponge or a pocket handkerchief will do for the purpose; but when it can be obtained nothing answers so well as common cotton wadding. It should be cut in strips two inches wide the full length of the sheet leaving the paper to which the wadding adheres attached to it. These strips should then be introduced one by one through a speculum, a piece of tape or of twine being attached to the first introduced for the purpose of facilitating removal, the ends of the string being left outside the vulva. As many strips of the wadding as the vagina will contain are in this manner to be introduced, from four to six being the number usually required according as the capacity of the vagina varies; the plug thus formed is withdrawn easily, for if the ends of the last strips inserted be laid hold of by a pair of dressing forceps and that they be rotated so as to coil the strips round them, each piece can be extracted without its breaking, while the first ones introduced are without trouble withdrawn by means of the strings attached to them. Any substance introduced into the vagina rapidly becomes very offensive, but this can be in a great degree remedied by smearing the strips of cotton freely with glycerine. The plug should in all cases be withdrawn after the lapse of twenty-four hours; to be re-introduced for a similar period if the hæmorrhage continue. Should you be unable to obtain wadding locse rolls of cotton or of tow will answer the purpose very well. You must however be careful to attach a string to each of the rolls first introduced and to keep the ends outside the vulva or you will experience much difficulty in removing the plug. This treatment is equally efficacious in restraining hæmorrhage depending on any of the causes I have enumerated as giving origin to menorrhagia, and should always be practised in severe cases.

As I do not wish to have to refer again to subinvolution I must diverge for a moment from the subject of menorrhagia to say that though profuse menstruation is nearly always the earliest and commonest symptom of subinvolution of the uterus, there may be exceptions to this rule as the following case proves. A young married woman was admitted into one of our hospitals during the past summer for what was supposed to be an ovarian tumour. She had been confined about three months previously of her third child. Hæmorrhage had followed delivery. She also appears to have been subsequently attacked by some form of pelvic inflammation. She recovered slowly and had not been able to nurse. The lochia ceased to appear during the attack alluded to and menstruation had not occurred since delivery. On passing the hand over the abdomen a large moveable tumour could be easily felt lying to the left side; it was very painful to the touch. After a few days this woman was discharged from hospital her case being considered unsuitable for any kind of surgical interference. As however she continued to suffer much distress she presented herself among the out-patients here, when a careful examination made with the aid of the uterine sound proved the tumour to be the uterus much enlarged and elongated, in fact it was a case of subinvolution with temporary suppression of menstruation. I admitted her into hospital, and introduced ten grains of nitrate of silver into the uterine cavity in the manner already described. This as usual caused some pain for a few hours, but it had the desired effect. It stimulated the uterus to set up the process of involution which the attack of inflammation had arrested, and in a couple of weeks she was discharged, the uterus having almost regained its normal size. When admitted the sound penetrated to the depth of five inches into the uterus.

Although the mode of treatment I have just detailed and which you have seen repeatedly carried out in this hospital, is the only one on which you can rely for the cure of menorrhagia depending on subinvolution, I am far from desiring you to suppose that I advocate its use in all cases, and have at once recourse to it whenever an instance of defective involution of the uterus occurs. On the contrary, I nearly always first try the effects of such medicines as are known to exert an influence over uterine hæmorrhage. Of these ergot and gallic acid (ten grains of each), administered every third hour are the most reliable, or if the patient be anæmic, I prefer giving ten drops of tincture of the perchloride of iron with twenty of the liquor ergotæ at similar intervals. The addition of ten drops of tincture of digitalis to the latter sometimes increases its efficacy, but I am reluctantly compelled to add that these and similar medicines very often fail to effect the least good.

produced a plant, I think it was the *mercurialis perennis*, and handing it to the lecturer, said he would feel obliged by being informed of its name. Epps smiled and said, 'My friend, I should be happy to tell you, but you would derive more benefit by finding it out yourself. Do so, and if I find you correct when I come to-morrow morning I will give you my *Life of Dr. Walker*. In the meantime a name was invented—I cannot remember exactly what it was. The next morning punctually at ten—for he was always punctual—in walked the little doctor with a book under his arm. 'Well my friend,' said he addressing H—, 'have you discovered the name of the plant.' 'Yes, said H—, 'it is'—so and so. 'Very good; and here is my *Life of Dr. Walker*.' Those in the secret could scarcely refrain from a laugh, but a proper decorum was observed. H— won his wager.

"Epps had very strong political views. He was one of the school of Burdett and Cobbett; but, unlike Dermott, he never mentioned politics in his lectures, or, if he did, it was in the most cursory manner. Out of school he had no such reserve, and would speak at public meetings, or write articles of the most advanced kind. When an election was going on in his borough (Finsbury) it was his custom to have in front of his house in Great Russell street a large placard with the names of his favourite candidates emblazoned on it. He was an excellent speaker, spoke always to the point, and had a dry quiet humour, which made him a favourite with his audience. He was a man of extraordinary industry and perseverance, and never succumbed to difficulties or hard work. He was a firm believer in phrenology; Dermott was as much opposed to it. Dermott, though an energetic and practical speaker, was no match for Epps in debate. He lost his temper and blurted out offensive epithets, his wit was low and personal. Epps, on the contrary, never got out of temper; made fun of his antagonists in a good-natured way, and was usually thoroughly up in the subject he was treating.

"In person, he was below the middle height, and had something of the appearance of a quaker. He wore a broadish-brimmed hat, low down on the forehead, which was one of the finest I have ever seen. His features were regular and pleasing in expression. After the Gerrard Street School broke up, he took to the practice of Homœopathy. He died a year or two since, full of years and with the kind regrets of many of those who admired the man, whilst they regretted his 'nonconformity.'"

Total Cost of the Poor-law System in Ireland.

The total disbursement of Irish poor-rates for all purposes, viz., relief, medical relief, burial grounds, registration of births, deaths and marriages, and sanitary measures, was in 1869, £817,772; the levy and expenditure each making a poundage of 1s. 2¾d. in the pound on the valuation. In 1870 the expenditure was £815,973, or 1s. 2¾d. in the pound, and the poor-rate collected only £753,345, the difference between the expenditure and collection being, however, more than covered by the Parliamentary grant for Medical and educational purposes.

The Crown Princess of Germany.

On Friday morning her Imperial Highness the Crown Princess of Germany, accompanied by Count and Countess Bernstorff and Countess Theresa and Count A. Bernstorff, and attended by Count Seckendorff, visited the German Hospital, Dalston, and were received and conducted over the building by the Rev. D. Walbaum, hon. sec. and chaplain, and several members of the Hospital Committee. Her Imperial Highness evinced particular interest in many of the cases, and conversed freely with several of the inmates. Before leaving her Imperial Highness expressed herself highly gratified with the various arrangements, and liberally subscribed to the funds of the hospital.

Workhouse Sick Admissions in Ireland.

A great decrease has taken place in the numbers admitted in sickness during the last year, as compared with the previous year. Of this decrease, amounting to 4,270, 1,823 were of cases admitted in fever, which in 1868 were 11,209; in 1869, 9,976; and in 1870, only 8,153. The relative proportion which the number admitted in sickness bears to the whole, which in 1868 were only 23 per cent., but increased in 1669 to 29 per cent., is now reduced to 27.

Royal Visit to the London Hospital.

On Friday morning the Emperor of Brazil visited the London Hospital, and was received by the house governor, Mr. Nixon, and Dr. Davies and Mr. Hutchinson, senior physician and surgeon, and conducted over the building, occupying about two hours in the inspection, expressing himself much pleased with the admirable arrangements of the building. In the evening the Emperor and Empress, and suite, went to the Royal Institution, Albemarle street.

Royal College of Surgeons of England.

At the annual meeting of the Council for the Election of Officers, held on Friday last, George Busk, Esq., F.R.S., F.L.S., of Harley street, Cavendish square, was elected president, in the room of Sir William Fergusson, Bart., F.R.S., whose term of office had expired; and Henry Hancock, Esq., surgeon to the Charing cross Hospital, and Thomas B. Curling, Esq., F.R.S., consulting surgeon to the London Hospital, were elected vice-presidents of the College for the ensuing year.

Barth's New Portable Apparatus for Administering Oxygen Gas.

We have lately had an opportunity at one of the large general hospitals of seeing the administration of oxygen by means of the new portable apparatus, and can report most confidently on its efficiency for the purpose for which it is designed. It is in its way quite perfect, and would serve as the easiest mode of inhaling any gas whether for physiological or therapeutical purposes.

The apparatus consists of a polished mahogany box, which is divided into two compartments, one containing the store bottle of compressed gas, the other fitted with a dilatable india-rubber bag into which the gas passes by a tube on opening a stop-cock. Another tube which opens into the bag is for the admission of atmospheric air which is propelled into the bag by means of a small pair of bellows neatly constructed. A third tube leading from the bag and terminating in an ivory mouth-piece, with stop-cock, delivers the gas to the patient.

When required the bag can be fitted with a larger tube and Clover's double-valved face-piece when the same apparatus can be used for the administration of nitrous-oxide gas if desired.

The whole can be easily carried in one hand.

The death rate of Paris is still on the decrease, being only 872 last week, or 242 less than the preceding week.

Scientific Disinfection.

The Academy of Sciences of Paris appointed a commission to inquire into the best means of disinfecting. Starting with the recognised fact that infection is transmitted by living germs, spores, or animated ferments, the commission has arrived at the means apparently to be recommended in purifying infected places, linen, and furniture. In the first place, it is declared that the persons employed to disinfect generally escaped infection. In the first rank of disinfectants is placed hypoazotic acid; in its rapid action this agent is converted into neutral bioxide of azote, which immediately takes from the air of the place to be disinfected two equivalents of oxygen, in order to reconstitute itself in the form of nitrous vapour, and recover all its former energy. These transformations continue without cessation so long as any organic substance remains to be destroyed, and any free oxygen is still in the place. Unfortunately, nitrous vapour is poisonous to man, so that it can only be employed with great precautions. All orifices and fissures, door and window joints, &c., must be carefully stopped by means of strips of paper and paste. The gas having been developed in the sealed room at the end of the forty-eight hours the room is entered with the aid of the Galibert apparatus, which, by its provision of air, allows the wearer of it to penetrate into all parts of a room or ward filled with noxious gas, and remain there if necessary a quarter of an hour. The windows are opened, and the ventilation does away with all trace of the acid vapour.

This method seems a sovereign remedy, and it must not be confounded with the fumigation by means of chlorine or hypochlorites, which simply disinfect by destroying the odorous gases. A far more convenient plan, of which the efficiency has been perfectly demonstrated, is pure phenic acid, of which a given quantity is poured upon silicious powder or saw-dust of three times its own weight. The quantity used may be even greatly reduced, the floor of the apartments and the bed clothes of the patients being sprinkled daily with water containing from one-twentieth to one-thirtieth of its own weight of the acid.

Some years since, during a very hot summer, it was found impossible to purify the air of the Morgue, the quantities of gas disengaged by the corpses being so great that ventilation, chlorine, and hyperchlorates were all insufficient. It was proposed to arrest the putrefaction itself by killing the germs. Phenic acid was dissolved in a reservoir used for sprinkling the bodies; the suppression of the putrid fermentation was complete.

The Flint Knives of Savages.

On this subject *Nature* remarks that:—

"The manner in which the Maoris use their cooking ovens suggests an explanation of the mode in which these flakes of chert came to be found in such profusion, while only a few of them show any signs of having been trimmed in order to fit them for implements. The native method of cooking is to heat the hardest stones they can find in the fire, and then placing the food to be cooked on the top, to cover the whole with leaves and earth, and through an opening to pour in water, which, coming in contact with the hot stones, causes the formation of steam by which the food is cooked. If masses of the white chert be heated and quenched with water in the manner described, the result is the formation of flakes of every variety of shape with sharp cutting edges. It is natural to suppose that when one of these flakes was found of shape convenient for a particular purpose, such as a knife, cleaver, or spear-head, it was trimmed and dressed in the manner of a gun-flint, when the edge became defective, rather than thrown away, and favourite forms might be preserved and carried even as far as the coast. This suggested explanation of how a race advanced probably far beyond the period of such rude-looking implements might yet find it convenient to manufacture and use these, is supported by the circumstances that along with the trimmed chert flakes the Messrs Murison found finished adzes of aphanite and even jade, which shows that the hunting natives had the same implements as those which are so common among the natives at the present day, though their use is now superseded by iron."

Trade Frauds in Tea.

The time-honoured process of "helping Jack" to do nothing, is being repeated with regard to a cargo of 5,000 chests of fraudulent tea which has lately reached London. The Sanitary Committee of the London Corporation reported that, having been twice defeated in their efforts to put a stop to the traffic in caterpillar's dung, iron filings and exhausted tea-leaves, they could not advise another effort. They, therefore, called upon the President of the Board of Trade—the successor of Mr. Bright, who considers this form of roguery a mere matter of business, who informed them that they might—as the Circumlocution office says: "put it in writing," and he would see what could be done. The case has been accordingly duly docketed, countersigned, pigeon-holed, and relegated to official oblivion, and the five thousand chests of caterpillar's mixture is in course of ingestion by the trade-ridden public.

Outrages under Anæsthesia.

When the circumstances of the recent robbery of jewellery from the clerk of Messrs. London and Ryder, and other cases in which the crime was supposed to have been perpetrated by the agency of chloroform were under discussion, we expressed our great surprise that evidence had not been produced as to whether it was physically possible to produce insensibility in a moment, and despite the struggles of the victim. We expressed the opinion—founded on surgical experience—that, with any known anæsthetic, such an effect is impossible, and that a robbery could not be effected by such means, except after a protracted struggle, if even then. We observe by the *Philadelphia Medical Reporter*, that a Baltimore surgeon scouts the idea that men can be chlorof ormed while awake, insisting that no man wide-awake and sober can possibly be chloroformed without his acquiescence, unless forcibly held; and that, even if a sober man were asleep, the irritation of the air-passages caused by the chlor oform would almost certainly rouse him.

The *Reporter* says: "Statements are frequently made to the effect that persons have been robbed, women outraged, and various other villanies performed, while the only excuse given to account for the opportunity was, that a handkerchief with chloroform on it was flirted in the face! This is nonsense! It cannot be done. Surgeons find that in the most susceptible cases, with the anæsthetic closely applied to the nose and mouth, some time must elapse before the party becomes unconscious. Some other theory must therefore be started to account for outrages committed when such an excuse is given.

Sham Degrees.

It is but a short time since we published some details of the traffic in sham medical diplomas, carried on by American *soi disant* Universities. It seems, from the following extract from a New York paper, that the trade in mock degrees is not confined to medicine, but is benevolently extended to the fine Arts. The New York paper says:

"The exposure of the American University of Philadelphia (not that of Pennyslvania) and of its bogus degrees scattered so lavishly in England and America, is attracting attention. A Baptist minister in England defends in the English *Independent* his degree of 'Doctor of Music,' saying that 'it did not come from the University of Philadelphia, but the Philadelphia University of Medicine and Surgery—an institution of great reputation, and which has been called the Edinburgh University of the United States, because of its similar reputation.' Moreover, the Baptist minister referred to adds that he 'received the degree directly from W. Paine, Esq., A.M., M.D., Dean of the Faculty, and not from any London agency; also, that the degree is the result of merit and life study.' This communication seems to have nearly satisfied our English contemporary, though still regarding a musical degree from a medical university as hardly congruous."

American Pharmacy Legislature.

The *Pharmaceutical Journal* notes that the Bill passed during the last session of the New York Legislature is severely criticised by the *American Journal of Pharmacy*. That journal states that, as the power of appointing the examiners is vested in the mayor, probably it will not be long before the board consists of politicians rather than of men who have the welfare of pharmacy at heart. There is no provision made for apprentices to learn under the guidance and supervision of others how to make up prescriptions; on the other hand, the salaries to be paid to the members of the examining board are so high that, after the licensing of the pharmacists at present engaged in New York, it is estimated that, if the new applications amount to one hundred annually, the licensing of every so-called drug clerk will cost the city one hundred and fifty dollars.

Death in the Pipe.

A correspondent of the *North British Mail*, narrates that not very long ago he paid a visit to an extensive tobacco warehouse under government locks in a large city, and saw two tobacco dealers examining a lump of foreign-manufactured tobacco, which had been stripped of its box, and which looked like cavendish tobacco of a superior quality. One of the dealers said to the other, "What d'ye think of that?" The other answered, "It looks nice. Where did it come from?" "From New York," replied he. "It's a weed that grows wild. It is not tobacco at all, they tell me." "Does it sell?" asked the other. "It seems to suit the public taste," answered he, "for we sell a good deal of it."

Conviction of an American Abortionist.

The assimilation of the mock-solemn phraseology of the British Judges to the plain speaking expression of the Yankee Courts is by no means a desirable consummation. Nevertheless, we think that a little less of the milk and water might often be infused into the judgments of the Court when scoundrels insensible to mild English are the subject of the award. In the hope that, when such ruffians are brought to the block, the public may have reason to know that they are recognised as such, we quote the following judgment by Judge Bedford, of New York, on Lookup Evans, a notorious abortionist. Judge Bedford pronounced sentence as follows:

Evans, considering the overwhelming evidence against you, and the wilful perjury you committed when in the witness-box, I must express my great astonishment that twelve intelligent men should remain out all night to decide on your case. From my official experience of eight years in this court-room, I believe you to be the most consummate villain ever convicted in any court of justice. You are a professional abortionist. You have lived, thrived, and prospered in your criminal career, and have accumulated, by reason of your dark undertakings, an immense fortune. Let your conviction be a stern lesson to the many professional abortionists of this city, for on conviction they will all learn that neither their ill-gotten wealth nor their alleged great influence will be of any avail when tried in this court-room. The same penalty now about to be meted out to you will unquestionably be meted out to every other convicted professional abortionist of this city. The sentence of the Court is that you be confined in the State Prison for the term of three years and six months, the full penalty allowed by the law.

Poison Protection.

The second reading of Mr. Forster's Pharmacy Bill was set down for Monday evening last. The honourable gentleman, albeit not very gracious to the deputation of the Pharmaceutical Society, introduced the amendment which we sketched last week and by which he conceded as much as could have been expected. These amendments he sent to the Society's Council with a civil note. They were received, however, and cheered as an acknowledgement of defeat by the rule of thumb party. A resolution of the President's pledging the Council to accept the alterations and withdraw opposition to the Bill was moved, but an amendment hostile to the Bill was carried by a majority of *one*. Thus, the Society has cast away any claim they might have had to consideration and we trust Mr. Forster will trouble himself no longer with diplomacy but exercise all his influence to do justice whether the chemists and druggists like it or not. A larger issue than poison-protection is at stake, for it has now to be decided whether the Government is able to deal with an opposition dictated not by any principle, but by self-interest and carelessness for the public interest. We never doubted that Parliament will support the Government in the effort, and we do not think that the fatuous proceedings of the Society have even the prospect of success to excuse them.

The subject for the next Actonian Prize of the Royal Institution of Great Britain is "The Theory of the Evolution of Living Things." The Prize fund is 200 guineas, which will be awarded in one prize of the full amount, or in two of 100 guineas each. Competitive Essays are to be sent in before the end of June, 1872.

Testimonial of Respect.

THE inhabitants of Brighton are bestirring themselves to present to Mr. J. Cordy Burrows, J.P., F.R.C.S., &c., who has practised in their town for many years, a substantial mark of their esteem. Already over £600 has been collected, and more is coming in. We understand the testimonial is likely to take the form of a carriage and pair and a service of plate. We heartily wish our *confrère* length of days to enjoy this reward of his labours.

DR. BALL, the senior member for Dublin University, is recovering from his recent severe illness.

DR. MINTER, late of the Royal yacht, has been nominated Deputy Inspector of Hospitals and Fleets at Malta.

A RUSSIAN lady, Marie Bokowa, who, we understand, rendered valuable service in the Heircourt Hospital during the war, has recently taken M.D. Zurich.

A COMPETITIVE examination for the admission of Assistant-Surgeons to the Royal Navy will take place at the London University on the 9th of August and following days.

A FEW days since a little child of Mr. Meggit, surgeon, of Scarborough, managed to get into her father's surgery, and drank a small quantity of nitrate of mercury. Death resulted in a few hours.

THE Fishmongers' Company of London have made a donation of £50 to the National Sanatorium for Consumption and Diseases of the Chest at Bournemouth. The Queen has also contributed £100 to the same fund.

Mr. A. KEMPE, surgeon to the Devon and Exeter Hospital, having resigned, was at a late meeting of the governors elected consulting surgeon and honorary governor. Mr. W. Caird succeeds him.

OWING to the death of Mr. Damville, Mr. Bowring becomes full Surgeon to the Manchester Royal Infirmary. Owing to a decision of the Board some years ago not to choose any more surgeons until those on the staff had all arrived at the position of full surgeon in rotation, his promotion leaves no vacancy.

THE iron crown of the second class has been bestowed on Dr. Freidrichs, of Berlin. M. Ricord and M. Demaquay have also been promoted to the ranks of Grand Officer and Commander respectively. Our readers will be glad to note the advancement of our profession as a reward for real services during the war.

THERE was a very large and aristocratic gathering at Greenwich on Saturday at a dinner given to the members of the Red Cross Society, whose devoted services during the late war have been so often and deservedly commented upon. Amongst the company present were several members of the profession, and the health of the "medical officers coupled with the names of Dr. McCormac and Mr. Farley," was drunk with great enthusiasm.

THE mortality from small-pox has greatly diminished lately. In London, from 235 the deaths have sunk to 164, the largest increase being in the east, though well marked in all districts. The greatest mortality last week was in the north and south. No more patients will be admitted to the north and south, but in case of need will be accommodated at Hampstead. It still continues undiminished in the provinces, the annual mortality at Southampton, Weymouth, and Grimsby for the last few weeks being equal to 14, 21, and 24 respectively. There are numerous new cases weekly in Liverpool. House-to-house visitation have been instituted in Manchester, and 5,000 children been found un-vaccinated. It is slightly on the increase in Ireland.

DR. MEDLICOTT, an American physician, stands accused of the murder of a Mr. Ruth. Dr. Medlicott, who had been regarded as an admirer of Mrs. Ruth, was with her husband alone on the night before the morning of his death. Ruth left a note in which he said he had taken a powder given him by Medlicott, and analysis of his stomach betrayed the presence of poison. But another complication is now added to the plot of this tragedy. Mrs. Medlicott had died suddenly some time before, and there were not wanting people who regarded her sudden taking off with suspicion. Her husband's good professional standing, however, his unstained record before the world, and his high position in the church of which he is a member, prevented the affair from undergoing close scrutiny. The body of Mrs. Medlicott has been exhumed, since the death of Ruth, and the stomach examined; and poison has been found therein. Some doubts exist as to the nature of the poison found in Ruth's stomach; and the evidence that connects Medlicott with the administration of the drugs is yet purely circumstantial.

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 27TH, 1871.

MR. CURLING, F.R.S., PRESIDENT, IN THE CHAIR.

THE Report from the Committee appointed to examine Mr. Hutchinson's cases of Vaccino-Syphilis was read.

ON DEXTRAL PRE-EMINENCE.

BY WILLIAM OGLE, M.D.
Assistant-Physician to St. George's Hospital.

1. After a very brief account of the chief explanations which have been given of right-handedness, the author advances numerous arguments against the most generally accepted doctrine that it is based on conventional agreement, enforced by educational influence, and has no natural foundation in our physical conformation. Of these arguments the following are the chief:—The preferential use of one side is not limited to the arm, but extends to the leg, which is not subjected to education as the arm. The tendency to use one side preferentially manifests itself before education begins, and often persists in spite of the efforts made to overcome it. Left-handedness resembles many physical malformations in being hereditary, in running in families, and in attaching itself rather to the male sex than to the female. Statistics are given of its relative frequency in the two sexes. Men are not the only animals with a tendency to use one side preferentially. The author gives an account of his observations in this matter on monkeys and on parrots.

to admit of at least an approach to cure. At all events, setting such speculations down for what they are worth, we still have the unbending fact that the cases I write of have been cured by this means, and I can safely say, that I never saw one cured by the ordinary treatment.

It may seem surprising that such a local effect could be produced without the action thus set moving running on to ulceration and producing a much worse state of things than it was intended to rectify. I have little doubt that such would be the result of ill-timed persistence in the retention treatment in ill-chosen cases, but when we remember the blunted sensibility which the constant companionships with irritating urinary deposits has effected in the parts, we can easily understand that the change to a clean instrument is a relief rather than an infliction, and besides we see how tolerant the bladder often is of some calculi, and we know that foreign bodies such as portions of catheter, cloth, or even bullets are borne for a long time with comparative impunity. The entire success of the measure depends on selecting cases where the affection is chronic, and the attendant symptoms at least not inflammatory, and in taking care that it is never pushed to indiscretion by depending too much on chance, and too little on judgment. Daily watchfulness and care are absolutely necessary, but no greater attention is demanded than the profitless catheterism of the ordinary treatment would enforce.

Another point of material importance, and one which cannot be disregarded, is to ascertain that the kidneys are free from disease before attempting this treatment, neglect in doing so is perfectly unwarrantable, and most assuredly sooner or later entail disaster, as cases of nephritic disease are acutely intolerant of almost any interference. For the rest a carefully regulated unstimulating and nutritious diet, the occasional washing out of the bladder with tepid water, to which a little chlorate of potash or tincture of opium, may be advantageously added if much mucous or deposit be present, the free use of opium, chloral, cannabis Indica, conium, or other sedative, the administration of the iodide of ammonium or bromide or iodide of potassium, to stimulate absorption and lessen sexual irritation, together with change of air and ease of mind, combine to favour a restoration to local and general health.

In conclusion, I would recommend a trial of this mode of treatment to those union hospital and dispensary medical men, who have hitherto found a case of prostatic retention the very *bête noir* of existence.

CLINICAL REPORT OF CASES OF SMALL-POX

ATTENDED DURING THE

PRESENT VERY PREVALENT EPIDEMIC.

By J. H. Watson, M.R.C.S.

By kindly inserting a few remarks under the above heading in your valuable journal, you will oblige me as well as the public, as my own list of sixty-one cases of the disease manifest so strongly the utility of vaccination. If every practitioner would just take the same little trouble in their respective localities, the bugbear raised by anti-vaccination humbugs to frighten women and children would very soon vanish out of sight.

In a practice extending over thirty years, I may here observe I have never met with ill of anything resulting from my own vaccinations, and a summary of the cases above alluded to of variola show the immense protective power of vaccination generally. I find then amongst patients attacked, who had been vaccinated in infancy principally, a percentage of deaths between seven and eight only, and of severe cases (a few of them confluent) between nine and ten only, whereas amongst the *unvaccinated* the deaths averaged forty per cent. or two-fifths, and the severe cases sixty per cent. or three-fifths. The ages of the sufferers are very low, nearly all being infants and adolescents. In one case only the age reached forty-eight years. As to sex, I find six of one and half a dozen of the other, in fact all but equal.

The period I have taken my cases from is from 8th November, to 20th May, being nearly *six months*, during which time the epidemic has predominated in this locality, Hoxton. But one of the above cases were re-vaccinated.

It is therefore a pity that vaccination should not be thoroughly carried out, so as to leave no person unprotected.

Hospital Reports.

KING'S COLLEGE HOSPITAL.

Saturday, June 10.

Removal of recurrent fibroid growths—Oblique flap operation of the thigh for removal of recurrent fibroid tumour.

(Under the care of Professor Wood, F.R.S.)

The first case was a man who had a series of recurrent fibroid growths under the skin of the thigh. Professor Wood dissected them all very carefully out from between the skin and fascia lata, and in doing so the Professor took care so to arrange his incisions that union might take place as rapidly as possible. After their removal a strong solution of chloride of lime was applied to the wound, and it was then dressed.

Professor Wood observed in reference to this case that the history the man had given was as follows:—Some months ago he had had a large boil or carbuncle on the outside of the thigh which had sloughed, and that subsequently these hard tumours had made their appearance. The Professor thought however that it was most probable that the so-called carbuncle was in reality a fibroid growth which had sloughed. There was another fibroid growth near the perinæum which it was intended to remove hereafter. It subsequently sloughed, however, and the patient left the hospital pretty well.

The next case—for the notes of which we are indebted to Mr. La Motté, Professor Wood's dresser—is as follows:

The man was admitted on the 2nd June. He stated that twelve years ago a small growth appeared from the side of the left knee and grew in a twelvemonth as big as a pear. It was then cut off by a surgeon and the wound healed rapidly. Seven years afterwards the growth re-appeared, and about four years ago it was removed and the wound again healed. Two years after this operation the tumour re-appeared for the third time, occupying a much larger space than before, has been steadily increasing in size, and at times is very painful. An attempt was then made by a surgeon to burn it off with chloride of lime paste, which however only destroyed a portion of the surface but in no way relieved the pain. The tumour now occupies the whole anterior surface of the knee, is circular in shape, and about three and a-half inches in diameter.

The man is healthy looking and young for his age.

Professor Wood stated to the class that the tumour was of the recurrent fibroid type, and that it had probably commenced to grow on the patella; it was moveable, and apparently not connected with the joint. He was ordered to take iodide of potass and tartrate of iron three times a day.

On the 10th of June he was brought into the Theatre to be operated upon, Professor Wood having determined beforehand to try and dissect the tumour off the knee if it were not connected with the joint. But on the other hand if it were he should proceed to amputate. The at-

tempt to dissect out the tumour having failed in consequence of its extensive adhesion to the capsule of the knee-joint, Professor Wood then amputated at the lower third of the thigh. The flaps were made in a way peculiar to the Professor—they were *antero-oblique*. The stump was then dressed, and the patient sent to the ward.

Professor Wood remarked to the class that this case was rather an unusual one, necessitating the substitution of amputation instead of mere excision of the tumour for the reasons already given.

The operation the class had just witnessed was the one he had introduced to the Profession, and which he considered most advisable for amputation of the thigh—"the oblique."

Now, what is really wanted in amputation is as follows:—A good covering of skin for the bone—muscle is not required as it becomes absorbed. Your anterior flap should be the longer of the two, and so establish a good drainage and prevent bagging of matter, *desiderata* not always obtained by the antero-posterior operation; and, finally, you have as good a covering for the limb by the oblique as by the antero-posterior. In all amputations you should take care to trim tendons as they slough and give much trouble; cut nerves also if they are likely to be subjected to pressure in the stump, and always keep, if possible, the arteries long, so that the stump may be well supplied with blood. Lastly, do *not employ your bone nippers too freely* or small ends of bones become absorbed.

On examining the stump the following day it was found healthy, and proceeding satisfactorily, but the patient himself seemed to have felt the shock of the operation a good deal. His face is pale and has an anxious expression of countenance; has had cramps and twitchings in the stump, and slept badly last night; the pulse 132 in the morning and evening, and the temperature was 102 in the morning and 104 in the evening. He gradually got worse, apparently suffering from symptoms of exhaustion, notwithstanding every treatment, medicinal, hygienic and dietetic were adopted. The temperature on the 14th rose to 104; on the 16th the pulse rose to 132, and the temperature 104. He then became restless and delirious, and the skin quite dry. On the morning of the 17th he sweated profusely, and died at 10 a.m.

Autopsy.—All the internal organs were more or less friable—no marked disease in any of them; walls of the ventricles and some fat about the heart. Heart and all the blood vessels had the appearance of having been stained a dark red colour, conveying the idea that the red corpuscles had melted, and the hæmatin had been deposited. Femoral vein was plugged in two places, one above the other below Poupart's ligament; the part of the vein above Poupart's ligament was tinged with red; the part below was healthy. There were no plugs in the heart or valves. The blood was fluid. A small quantity of pus was found in the bursa under the left deltoid muscle, and the aorta was stained to some extent by imbibition of the blood-colouring matter. Professor Wood considered the termination of the case as very remarkable, inasmuch as there was scarcely a single symptom during life to lead one to suspect the presence of such important pathological conditions of the pyæmic state as they had just witnessed; and pointed out the insidious character of pyæmia.

METROPOLITAN FREE HOSPITAL.

(Under the care of MR. SHEFFIELD),

IN a recent visit to this hospital we remarked a case of resection of the first joint of the thumb in a man, aged forty, who had cut into the joint whilst boning a fowl, his trade being a poulterer. The joint became disorganised, and the question of amputation was spoken of, but Mr. Sheffield wished to try to save the thumb. About a week ago, the ends of the two phalanges were removed, and the man has made a good recovery. This operation seems rarely to have been performed. There was also two cases of epithelial cancer in the wards, under Mr. Sheffield's care, both of which had been operated on. The operation on the penis performed a week before our visit, and the wound was healing kindly. The man with epithelioma of the lip had been operated on the day previous to our visit. The man had been a great smoker, as is usual, we believe, in such cases of epithelioma of the lip. Mr. Sheffield thought that the case might be permanent in the case of epithelioma of the lip, but that the disease would probably return in the case of the epithelioma of the penis operated on. We also saw a little boy, aged five, on whom Mr. Sheffield had operated the day before for stone in the bladder by the median operation. The stone was the size of a cran. The child was doing very well indeed. Dr. C. Drysdale has two cases of disease of the liver in the wards, one of which is a case of enlargement of the organ in a man suffering from rupial syphilitic sores in the back and abdomen, where the liver descends on the right side two inches below the level of the ribs; and the other is a case of carcinoma of the liver in an aged man, with extreme jaundice and enlargement of the liver as far down as the umbilicus. There is some talk of the hospital being soon enlarged, but nothing definite is arranged on this point, although it is assumed that funds for the purpose might with ease be raised.

The Composition of Secret Medicines.

DR. WITTSTEIN'S *Handbook of Secret Medicines*, recently published, contains much interesting information on the subject. The articles are arranged in alphabetical order, and a short history is attached, giving the originator or manufacturer, the diseases which it pretends to cure, a description of the physical properties and style in which it is put up, the retail price, the pretended constituents, the true composition, and the actual retail value if made in a respectable apothecary's shop. We extract the formulas for a few articles only, which may be of some interest to our readers:

Granular Effervescent Citrate of Magnesia, by Bishop, of London, consists merely of bicarbonate of soda and tartaric acid.

Pommade des Châtelaines, a hair invigorator, consists of benzionated lard and some volatile oils.

Magnesian Aperient, by Moxon, of England, is, according to Siller, anhydrous sulphate of magnesia thirty-one, carbonate of magnesia fourteen, bicarbonate of soda thirty, tartaric acid twenty-five parts.

Hoff's Extract of Malt has been repeatedly altered in its composition. It is now a good beer, of a pretty constant alcoholic strength of 3 per cent., but varying in the amount of extract between 5·3 and 10 per cent. The beer sometimes contains an infusion of a bitter herb (buckbean, blessed thistle) and of the bark of *Rhamnus frangula*. According to one original recipe, beer was mixed with a small quantity of strong infusion of marsh mallow root, coriander, staranise, and grains of paradise, and with some simple syrup, glycerine, oil of lemon, or of orange and beer colouring (caramel). The consumers can make it for, at most, one-sixth of its price.

Zimmermann's Extract of Malt, which, like the former, comes likewise from Berlin, is similar in composition.

Matico Injection, by Grimault, of Paris, for gonorrhœa, is made, according to Bjoerklund, by dissolving four grains sulphate of copper in 8 oz. infusion of matico (from ½ oz.)

Syrup of Horseradish, by Grimault. Hager gives the following: 50 p. each of fresh scurvy, grass, buckbean and watercress, 60 of horseradish, 40 of fresh orange berries, are infused with 3 cinnamon in 50 p. white wine, and after a day expressed; 250 p. sugar are dissolved in the filtrate.

Iodinized Syrup of Horseradish, by Grimault, contains 10 iodine and 5 potassium iodide in 8,000 of the former.

New York Pills, by Sampson, of New York. The 1½ grain pills consist of powdered cocoa 25, extract of cocoa 30, powdered iron 35 parts.

Brandreth's Pills contain resin of podophylum, inspissated juice of poke berries, saffron, cloves, oil of peppermint.

Holloway's Pills are composed of aloe, myrrh and saffron.

Coca Pills. According to Hager and Jacobsen, composed

of powdered coca, and extract of cocoa in about equal quantities; value about one-fourth of price.

Morrison's Pills, 2½ grains each, consist of aloe, cream of tartar and colocynth; another kind contains the same ingredients, besides gamboge.

Radway's Ready Relief, according to Peckolt, is an ethereal tincture of capsicum, with alcohol and camphor.

Radway's Renovating Resolvent, a vinous tincture of ginger and cardamom sweetened with sugar.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 19, 1871.

GENERAL MEDICAL COUNCIL.

LAST week we were able to present our readers with a report of the proceedings of the Council up to the previous Saturday, and to add in our leading columns a few notes on the more important points discussed. The Session closed on the following Monday, which was chiefly occupied with a free discussion of the Report of the Committee on Education. This underwent a few alterations, and Dr. Risdon Bennett made some uncalled-for remarks on ourselves and contemporaries in giving publicity to that Report prior to its receiving its final touches. It would be strange were such publicity to be denied, and we regret much to observe in one or two Councillors a hazy notion that they should keep their affairs as quiet as possible. This is only a reflection of the plan that has yielded such disastrous results in the Corporations, which discuss most important questions in secret. We hope this is the last exhibition of such a disposition. Publicity is the one thing that has redeemed the Council from the vices that have done so much evil in the Medical Corporations.

THE CONJOINT SCHEME.

The question of Conjoint Examining Boards was brought forward by Dr. Parkes, who remarked on the little effect that the recommendation of the Council seemed likely to have, and moved that unless a scheme should be completed by the end of this year for each of the three kingdoms, that the President should seek an interview with the Privy Council with a view of urging that such schemes should be comprised in the expected legislation of 1872. He had heard that in Scotland there would be no difficulty, but in Ireland he feared a Conjoint Board could not be formed. The plan of the two London Royal Colleges he commended, but it had the great defect of not comprising the Society of Apothecaries, which would therefore be free to grant its license, and, of course, its licentiates would be entitled to register. There was a good deal of objection to any threat being held out to the Licensing Bodies, and ultimately it was resolved that the Council should meet early next year to receive reports as to what might be done in the meantime, and take such steps as might then seem needful.

CLINICAL INSTRUCTION.

Having thus completed a statement of what the Session of the Council comprised—we turn back to one or two points respecting education which, as we predicted, was the chief business.

An attempt was made to lay down the manner in which clinical instruction should be imparted, and it was even roundly stated that little or no progress had been made in this generation. We are glad the attempt failed because we believe great progress has been made, and we do not think teachers should be fettered by too many restrictions. It is ridiculous to prescribe the mode of clinical instruction, when every teacher who loves the work will do best by following his own bent. Some very curious statements were made in the Council which might have been made very truly perhaps when the Councillors were themselves students. From experience in the hospitals of London we know that many improvements have been effected, and others are in progress. Only last winter we drew the attention of our readers to the arrangements so successfully in operation at the London Hospital. We attended regularly a large proportion of the clinical teaching expressly to note it, and we ask any Councillor who doubts whether we did more than justice to it to follow our example. A few clinical lessons from Dr. Herbert Davies or Dr. Andrew Clark, who take essentially different methods, and are equally successful, will convince anyone that we are by no means destitute of teachers who can and will train pupils most efficiently. We did not witness personally the teaching of the other physicians, or the surgeons, at the London Hospital, but we have obtained evidence of its excellence, and we draw attention to this hospital because the arrangements have been carefully carried out by the teachers without any suggestion from without—much more without compulsion.

PATHOLOGY.

It was proposed to enforce systematic lectures on this subject, but at last agreed, simply on the proposal of Dr. Humphry, that systematic instruction in pathology should form a part of professional education. This again is in our view a wise plan as it leaves to the teacher the fullest liberty. Pathologists of the highest distinction can thus occupy themselves with demonstrations, examinations, and lectures as they please, and we know several who particularly desire this freedom of action. Industrious students frequent the dead house. Idle ones will never learn pathology by a course of systematic lectures.

MIDWIFERY.

A long discussion on this subject resulted in no action. Dr. Parkes and others thought three months' instruction insufficient, especially as there was no special instruction

in diseases of women and children. When we reflect on the large part that midwifery proper plays in general practice, the dangers that attend it, the responsibilities thrown on young men, we cannot but feel there is much to be said for those who asked that students should attend 20 labours. To call it waste of time after five or six labours seems to us a speech that could only come from men who have long given up obstetic practice. Fancy a youngster who has heard a single course of lectures, and seen half a dozen natural labours, being called at distance from aid to a complicated one!

CHEMISTRY.

Another futile debate was whether chemistry should not be *optionally* attended before professional study. We should be sorry to injure in any way the study of this science, especially the *practical* course. It is, however, only part of a much more general question, as to what might become with advantage preliminary studies. If men enter hospitals with a fair knowledge of botany, chemistry, and other things, they are at a great advantage, and their time could be better spent than in listening to lectures adapted for those who had not made such progress. Could not teachers in such cases be allowed to promote such men to laboratory work? The teachers would be the best judges, and thus enabled to promote the true interests of their pupils.

THERAPEUTICS.

We spoke last week of the debate on this topic, but some correspondents seem not quite to have caught our meaning. We would urge that much progress has been made in London of late years. The lecturers in Materia Medica have done what they could, but the regulations are perhaps too detailed. Students have to attend in their first year, and therefore some of them are unprepared for therapeutical instruction. If two courses are to be attended, let the same lecturer give them; he could then adapt his instruction to his younger and his senior class. This is what practically one or two are trying to do, but the licensing bodies are so exacting in their regulations as to how and when a subject is to be taught, that they always feel hampered. Full liberty for teachers is our plea. With that we see the way to continued progress.

CLASS EXAMINATIONS.

No one objects to these, and now in most of the London schools they are in full working order; so that the debate in the Council was rather late in the day.

DINNER.

Most of the Councillors at the invitation of the President ran down to Cambridge for the Sunday. We hope this visit to one of the old seats of learning may not be without pleasant reminiscences.

It does, however, seem a pity that the work of the Session could not be compressed into one week, and its expense thereby diminished.

What has the Council done? It has met and talked and dined and paid itself. We are not aware that its discussions have been more beneficial to the Profession, or more practical than those that take place in the medical journals all the year round.

Notes on Current Topics.

The Landing of Imported Small-pox Cases.

THERE is a vague impression of the existence of some quarantine rule by which persons arriving on board ship in small-pox can be prohibited from landing; and, on the English coast, the harbour authorities exercise this questionable power with great rigour, an Irish seaman having been prevented from landing at Maryport, who was obliged to make the return voyage to Bangor while suffering under a severe attack of small-pox in the forecastle of a small collier. The only authority which we have been enabled to discover for these proceedings is in the 52nd section of the Sanitary Act, 1866; but by that section the Privy Council is called on to make orders for treatment of the sufferers, as well as for preventing the spread of disease; but no such provisions appear to exist in the harbours of either country. In Ireland the Commissioners insist upon the Board of Guardians of the Union which contains the harbour, providing such hospital accommodation ashore as may be necessary for the treatment of persons arriving on board ship in small-pox.

The late Dr. John Epps.

A VERY interesting series of papers are those lately published by the Nestor of Medical Journalists, Mr. J. F. Clarke, who, amongst his other recollections, has told something of the Gerrard Street Medical School and its teachers. The following in reference to the late Dr. Epps is interesting to our readers just now that we are issuing the papers in which his book was described by a *litterateur* many years ago.

"John Epps, Doctor of Medicine of the University of Edinburgh, was, I believe, the eldest son of Mr. John Epps, who some fifty years ago was noted for having a ham and beef shop in almost every part of London, and was the subject of one of the most humorous of Hudson's comic songs. Dr. Epps was a better educated man than either of his colleagues, and he had natural ability of a very high order. He was conscientious and painstaking as a lecturer, but he had an imperfect practical knowledge of either of the subjects on which he lectured; somehow or other he managed to instil a fair amount of information into his pupils. He knew more of materia medica than of chemistry or botany. The latter two sciences were taught by him less practically than could have been desired. He, however, 'pegged away' with his experiments in chemistry, and would make the students alternately prepare gases, apply the tests for poisons, &c. His laboratory was somewhat small but compact. The amount of glass destroyed on some mornings was very great—a serious loss at that time, when glass was of an enormous value compared with the present day. He, however, never lost his temper, never said an unkind word; even when the blundering pupil had smashed a dozen or more of his best glasses, the good-natured little man would say, 'Try it again, my friend, you will get on better soon.' He confined his teaching of botany chiefly to the system of Linnæus. His style of lecturing was clear and attractive. He had a fund of anecdote, and was what Bacon called 'a full man.' He had read much, and was possessed of varied knowledge. I recollect on one occasion two or three of the students played him an innocent trick, which afforded him an oppprtunity of showing his readiness in resources. A bet was made that Epps would not be able to tell the name of a plant which one of the students would present to him; this wager was accepted. Accordingly H—, a Yorkshire pupil, after lecture one morning,

2. Having shown that there must be some one or other structural foundation for right handedness, the author next considers what this may be. He shows that in right-handed persons the left hemisphere is proved to be pre-eminent over the right by its lodging the faculties concerned in speech, &c.; and that in left-handed persons the right hemisphere has a similar superiority. This latter statement, the probability of which was suggested by the author several years ago (St. George's Hospital Reports, vol. ii., 1867), is supported by three cases of aphasia in left-handed persons, accompanied by left hemiplegia, which the author has himself seen and a fourth recorded by Dr. Jackson. So that right and left-handedness would seem doubtless to depend on a natural predominance of the left and of the right hemispheres respectively.

3. Inquiry is then made whether any structural differences between the two hemispheres can be detected; and it is shown that while the left is the more complex in right-handed persons, the contrary is the case in left-handed individuals. This latter statement is based on the examination of the brain in two left-handed subjects. The specimens were exhibited, and also tracings of them by Dr. Broadbent.

4. Finally, the question is considered—What is the cause of the greater development, as a rule of the left hemisphere? It is argued that it depends probably on the left hemisphere receiving a freer supply of blood than the right one. The results of the author's observations as to the relative sizes of the arteries on the two sides of the neck are given; from which it appears that the left arteries are, as a rule, slightly larger than the right ones. It is also shown that, independently of the size of the vessels, the stream of blood is less hindered on the left side than on the right. Lastly, it is shown that this explanation is consistent with, and corroborated by, the peculiarities of the cerebral blood supply in those other animals, which, like man, manifest a tendency to use one side preferentially to the other—such as parrots.

Mr. SAVORY, in expressing his admiration of the very able paper presented to the Society by Dr. Ogle, said that he must also express surprise that the question of dextral pre-eminence had been treated with reference to the extremities only. We found a corresponding departure from symmetry in every part of the body. Every microscopist knew that he had a favourite eye; and it was always more easy to wink with one eyelid than with the other. The septum nasi was not in the median line; and the power of smell of the larger nostril was superior to that of the other. Mastication, without any reference to decayed or painful teeth, was performed usually on only one side of the mouth. Every nursing women suckled her child more at one breast than at the other; and almost everyone slept constantly upon the same side. With regard to the complexity of the cerebral structure, he should have liked to hear something about the ganglia at the base of the brain, the so-called sensory ganglia, as well as about the hemispheres; although he admitted the great difficulty of such an investigation. In respect of the blood supply, he thought that the general teaching of physiology was opposed to considering this as a cause of growth, and led us to regard it rather as an effect of nutrition. The well-known transplantation of a cock's spur, by Hunter, as well as the periodical activity of certain organs, seemed to point in this direction.

Dr. CHARLTON BASTIAN, like Mr. Savory, felt doubtful of the correctness of Dr. Ogle's suggestion that greater blood-supply might be a cause of increased growth. With regard to the general question, he thought the view taken about the reason of dextral pre-eminence would depend upon whether we regarded man as the result of a single creative act, or of a complex process of evolution. He had lately made a post-mortem examination of the head of a man who had in his lifetime been remarkable for great intellectual power, and who had been from childhood blind of the right eye. In that case there was a very remarkable excess of size of the right over the left hemisphere, the former measuring longitudinally, over the vertex, five-eighths of an inch more than the latter. Four or five years ago he had made and published a series of observations on the specific gravity of the brain-substance, and had satisfied himself that the grey matter of the left hemisphere was specifically heavier than that of the right. For this he was at the time unable to suggest any explanation; but now, coupling it with the fact that the grey matter of the posterior lobes is specifically heavier than that of the anterior lobes, on account of the greater admixture of white communicating tissue in the former, he thought that the greater weight of the grey matter of the left hemisphere might also possibly be due to the larger proportion of communicating fibres required by its greater complexity of structure and greater functional activity.

Mr. BRUDENELL CARTER suggested that examinations of the brains of adults who had undergone amputation of an upper extremity in early life might throw important light upon the question.

The PRESIDENT, on account of the lateness of the hour, and of the number of papers still to be read, then stopped the discussion, and called upon Dr. Ogle to reply.

Dr. OGLE, after thanking the Society for the reception accorded to his paper, said that he had not been unmindful of the desirableness of investigating the condition of the sensory ganglia, but that the difficulties in the way of doing so had as yet been too considerable to be overcome. As regarded the question of blood-supply, he had plainly stated in his paper that it might be either a cause or a consequence of increased growth, and he thought the balance of evidence was in favour of the former supposition. In very young rabbits, after section of the vaso-motor nerve in the neck, he had observed hypertrophy of the ear on the side operated upon, attended, in some instances, by increased growth of hair. He acknowledged the importance of Dr. Bastian's observations about the different specific gravities of different parts of the brain, and thought that these observations told in favour of his argument.

ON THE INDICATIONS FOR OPERATIVE TREATMENT, AND ON A NEW OPERATION "KERATECTOMY," AFTER SEVERE INJURIES OF THE EYEBALL; WITH CASES.

By W. SPENCER WATSON, F.R.C.S., ETC.
Surgeon to the Royal South London and to the Central London Ophthalmic Hospitals.

IN the case of penetrating wounds, the occurrence of glaucomatous symptoms is shown to be the most urgent indication for operative treatment—viz., either linear extraction, or iridectomy. At a later stage, after the subsidence of the acute symptoms, iridectomy may be required, or the removal of the cataract indicated, and these operations are most likely to be successful when all signs of active congestion have disappeared. Cases in illustration are given. The prospect of the complication of sympathetic ophthalmia is always possible when the stage of congestion, with pain and photophobia, is much prolonged, and whenever a foreign body is left in the injured eye. Under these circumstances, the removal of the injured eye is sometimes necessary; but if constitutional treatment can be properly carried out, the removal of the injured eye may be postponed or altogether averted. A case in illustration is here given.

In traumatic and idiopathic cases of suppurative ophthalmitis the operation of keratectomy is proposed, and in one case has been performed successfully by the author. Its object is to establish a fistulous opening in the cornea, through which the morbid products of the inflammation may escape freely, until such a time has elapsed that the tissues may have recovered. It is suggested that in some cases of threatened suppurative ophthalmitis, keratectomy might prevent the anticipated mischief.

THE MODIFICATIONS PRODUCED ON THE TEMPERATURE OF THE BODY BY THE LOCAL APPLICATION OF COLD AND HEAT.

By FREDERICK BARHAM NUNNELEY, M.D.,
Assistant-Physician to the City of London Hospital for Diseases of the Chest.

Experiments, detailed in the paper have yielded the following results:—

1. That immersion of one extremity in iced water did not cause any alteration in the temperature of the other extremities or the body generally, unless the subject of experiment was in a state of more or less nervous exhaustion or there was decided coolness of the surrounding air, when a fall of temperature occurred.

2. That a slight rise of temperature in the body generally, and a more considerable one in the extremities, followed immersion of a hand or foot in water hotter than the blood, amounting under the tongue to about 1 deg. F., and in the extremities from 1 to 3 degs. F., above the normal standard.

3. And that if at this time any one of the extremities was put into cold water, a fall of temperature below the normal, slightly marked in the body generally, and much more so in the extremities, very shortly commenced. If the hand or foot

was now withdrawn from the water, reaction became established, and the natural temperature was slowly attained.

Such results would appear to show that, for cold to act locally, a disturbance of the conditions which maintain the normal balance of temperature is necessary first of all—such as is caused by undue heat; and suggest the idea that these variations of temperature may be regarded, in many respects, as parallel to those attending a slight rigor, and that they are not always the result of reflex agency.

ON A SIMPLE METHOD OF REMOVING SILVER WIRE WHEN EMPLOYED IN CASES OF UNUNITED FRACTURE.

By Francis Mason, F.R.C.S.,
Assistant-Surgeon to St. Thomas's Hospital.

The object of the paper is to describe a plan of fastening the broken fragments with a needle and a loop of wire so arranged that in withdrawing the needle the loop of wire is released, and thus may be removed without pain to the patient and without injuring the bone or soft parts.

At the conclusion of the meeting, the president drew the attention of the fellows to the change in the times of assembling which had been adopted at the last annual meeting, and which would commence with the next session—namely, that the first meeting of the Society would be on the second Tuesday in October instead of in November. He further mentioned that, to allow of the alterations connected with the Society's meeting-room being previously carried out, the library would be closed during the months of August and September.

CURRENT LITERATURE.

Messrs Bailliere have brought out a practical guide to Aix, by the physician to the bathing establishment* of that delightful retreat in Savoy. This pamphlet contains some very good advice to those about to visit Aix, and if the English is of the kind that may be called Frenchman's English, it will not be misunderstood by any one who has travelled abroad for only a short time.

Mr. Hunt's little book on the skin† has reached a ninth edition. The author's views are so well known, that this announcement will suffice. We are glad to see he warns anyone outside the profession into whose hands it may fall, not to tamper with arsenical or mercurial preparations, "which ought never to be made use of excepting under the watchful eye of a medical practitioner."

THE HALF YEARLY ABSTRACT.‡

We have also received the half-yearly volume so familiar to us under the editorship of the late Dr. Rankin, and which is now edited by Dr. Domett Stone, who keeps it up to the level it had attained. We observe a number of the contributions to our own pages are here collected with those of our contemporaries—an effort being made to make the half-yearly volume practical.

FENWICK'S DIAGNOSIS.§

We certainly owe a word of recognition to the second edition of Dr. Fenwick's able work, inasmuch as a suggestion of our own made when commending the first edition has been adopted, viz., to add a chapter on the diagnosis of diseases of the skin, which has been done in a manner equal to the other parts of this handy little book. We should also say that the author has carefully revised the book throughout, so that it is fully up to the mark in every respect—quite a boon to clinical students.

* "Practical Guide to the Baths of Aix in Savoy." By Baron Despine, London: Baillière. Paris: V. Masson.

† "A Guide to the Treatment of Diseases of the Skin." By Thomas Hunt, F.R.C.S., London: Richards, 1871.

‡ "Abstract of the Medical Sciences, January to June, 1871." London: John Churchill.

§ "Student's Guide to Diagnosis." By S. Fenwick, M.D. 2nd. edition, 1871. London: J. and A. Churchill.

PROCEEDINGS OF THE GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

SESSION 1871.

Monday, July 10th.

The Report of the Committee on Education, which we printed last week, was somewhat modified. The latter portion of the amended report says some suggestions require an opinion, while as to others, they should be left in abeyance.

Of the former kind, there are some of considerable importance:—

1st. The separation of teaching of Pharmacy and Therapeutics, the former being made an early, and the latter a later course of the Curriculum.

It seems desirable that the instruction in Pharmacy should be separated from that in Therapeutics, and that the former should be obtained at an early, and the latter at a later period of the Professional Curriculum.

So, also, it will be for consideration how far practical instruction in drugs and pharmaceutical preparations might not be substituted for formal lectures. In the last two sessions a plan of this kind has been carried on in Aberdeen.

2nd. The recommendation that Pathological Anatomy should be made a separate course has not been carried out in all cases, but several of the Licensing Bodies have endeavoured to meet it by requiring a certificate of attendance, and of practical instruction in the Dead House.

It is desirable that systematic instruction in Pathological Anatomy should form a part of Professional Education.

3rd. The Committee on Education strongly advised the enforcement of more regular Class Examinations. Certain of the Licensing Bodies have ordered that all Students shall produce evidence of having undergone these Examinations, and it is desirable that all the Licensing Bodies should issue Regulations that Class Examinations shall form a necessary part of every course of instruction.

The other points raised in the Education Report of 1869, and which we advise should not be discussed at present, are—the length of the sessions, the method of teaching Chemistry, and the application of Chemistry to Physiology and Pathology, the teaching of Minute Anatomy, and the definition of the areas of Instruction and of Examination.

The Council will doubtless remember that the Education Report of 1869 strongly recommend the formation of Conjoint Examining Boards, so as to reduce the number of Examinations for Licences to practise, and to make each Licence a Qualification in both Medicine and Surgery; that the Council authorised circulars to the Licensing Bodies in this sense, and that in the autumn of 1869 various conferences took place between some of the Licensing Bodies, and replies were received from many of them favourable to the proposed combinations. Subsequently the action of the Government in introducing a Bill suspended all negotiations of the kind.

The withdrawal of that Bill makes it desirable that these negotiations be resumed.

It might indeed be argued that the willingness of the Licensing Bodies to improve their Examinations, and the fact that they really have improved them, renders it less necessary to revive the plan of an uniform Examination for each division of the Kingdom. But a moment's reflection will show that the proposal is still necessary.

The independent examinations for Licences being as numerous as ever, the risk of inequality of standard in different parts of the Kingdom still obtains.

This inequality may doubtless be to a certain degree corrected by more constant and systematic visitations, but the only effectual remedy in the opinion of the Council is the consolidation of Examinations.

In a Resolution, which was carried by seventeen votes against one on the 26th of February, 1870, the Council decided that it was of opinion that a joint Examining Board should be formed in each division of the Kingdom. It is, therefore, desirable that the Council should address a letter to each Licensing Body, transmitting a copy of the Resolution of the 26th February, 1870, and urging that arrangements for the formation of the Boards shall be undertaken without delay. (Signed) E. A. Parkes, *Chairman.*

Moved by Dr. PARKES; Seconded by Dr. ANDREW WOOD; and agreed to: "That the Report of the Committee on Professional Education as now Amended be received and adopted, and that copies be sent to the several Licensing Bodies for their consideration."

2. Moved by Dr. PARKES and seconded by Dr. ANDREW WOOD: "That in case the arrangements for Conjoint Examining Boards are not completed in each Division of the Kingdom by the close of the year, in accordance with the recommendations of the Council on the subject, the Executive Committee shall be authorised to seek an interview with the Lord President of the Privy Council and to urge upon him the desirability of such Medical Legislation in the Session of 1872 as may carry out the object the General Medical Council had in view, in passing the Resolutions of the 26th and 28th February, 1870, and of the 7th July, 1871."

3. Amendment moved by Dr. ALEXANDER WOOD, and seconded by Dr. STORRAR: "That a Meeting of the General Medical Council be held early in 1872, to receive the proposals of the Bodies for Conjoint Examinations, and to consider whether any, and what steps should be taken to carry out the Resolutions of the Council in favour of such combinations."

The Amendment was carried, and having been put as a Substantive Motion was again carried.

The Report of the Committee on the Registration of Medical Students, and the Returns from the Bodies in Schedule (A) of Professional Examinations and their results were read and referred to the Executive Committee.

The following Report of the Committee on the Visitation of Examinations was read, and referred to the next Meeting of the Medical Council.

Some votes of thanks, &c., concluded the Session.

HAVILAND'S GEOGRAPHY OF DISEASE.

On the 10th inst., Baron Corvisart, by direction of his Imperial Majesty, the Emperor Napoleon, visited the author of the above work at his residence, and inspected his maps on "The Geographical Distribution of Disease." This week his Majesty, by letter to Mr. Haviland, intimated his desire to become a subscriber to the work; requesting that each part should be forwarded to him by Messieurs Baillière, Tindall, and Cox. We rejoice at this distinguished recognition of the services of one of our *confrères*, whose arduous labours will doubtless be sweetened thereby.

THE CONJOINT EXAMINING BOARD IN LONDON.

AN important statement on this subject was made to the Medical Council by Dr. Bennett on Friday week, from which we learn that the College of Surgeons and Physicians have been obliged to content themselves with a mutual arrangement, which will not include either the Universities or the Apothecaries' Hall. Dr. Bennett stated that the latter body had been prevented by their Act of Parliament from co-operating as they desired to do. Certain clauses have been included in the scheme to enable the Universities to co-operate if they wish; but the fundamental basis of the scheme is, that no Body which is a party to it shall give any qualification *per se*, except an honorary degree. The examiners are to be appointed by a Committee of Reference, which is to be formed of four medical members from the College of Physicians, four surgical from the College of Surgeons, and one medical and one surgical from each co-operative University.

On the following Friday, Dr. Parkes moved that every Licensing Body receive a copy of a resolution in favour of Conjoint examinations, which had been adopted by the Council last year, and that the Licensing Bodies should be urged, without further delay, to make arrangements for the formation of such Boards.

Sir Dominic Corrigan distinguished himself by standing alone in opposing the proposal which the representatives of Cambridge, Dublin and Durham Universities cordially supported.

We observe with surprise that the Council received no information, as to the state of the question in Ireland, from Mr. Hargreave, the representative of the Irish College of Surgeons.

It should be known that that body has always been most anxious to comply with the suggestion of the Medical Council, and on three occasions made overtures to the Irish College of Physicians and Apothecaries' Hall for the initiation of such organisation. The opposition to any such movement was led by Sir Dominic Corrigan, and the College of Surgeons was at length obliged to abandon the effort.

Sir Dominic Corrigan stated to the Medical Council that "the plan could not be carried out in Ireland." We believe such an observation to be altogether incorrect, and, as far as we know nothing stops the way but exorbitant financial demands on the part of the College of Physicians.

QUALIFICATION IN MIDWIFERY.

AN effort was made last week by a party in the Medical Council to extend somewhat the study of midwifery. Dr. Parkes wished that attendance in twenty labours should be required, but that resolution and two amendments which demanded an increased qualification in midwifery and diseases of women were all rejected, so that the requirements of Licensing Bodies in this respect will not be altered.

OBITUARY.

JOSEPH GOODALE LANSDOWN.

CONSULTING SURGEON OF BRISTOL GENERAL HOSPITAL.

THIS gentleman died at Bristol on the 6th inst., aged sixty-seven. Mr. Lansdown was for many years surgeon to Bristol General Hospital, and on his retirement in 1861, he was appointed consulting surgeon.

THE LATE DR. TANNER.

WE have to announce the death of a very popular London physician, who has achieved no inconsiderable reputation both in his profession and as a *littérateur*—viz.: the late Dr. Thomas Hawkes Tanner, F.L.S., who has but recently passed from amongst us at the age of forty-six. He had been out of health for some time, and there is no doubt but that his death was caused by the effect of overwork on the brain. His father was secretary to the Army Medical Board. Dr. Tanner was educated at the Charterhouse, at which period of his life he met with an accident, which caused a slight lameness all his life. He entered King's College in 1843, in 1849 took M.R.C.S.E., and the same year graduated in medicine at St. Andrews. After being resident physician in King's College Hospital, he began practice in Charlotte street in 1861, being about the same time appointed physician to the Farringdon Dispensary. In 1850, he took M.R.C.P.E., and also lectured for a little time on Forensic Medicine at

the Westminster Hospital. He leaves a wife and family to lament his untimely loss. He was successful in his profession, above many, and was also known in medical journalism.

THE LATE DR. HEWITT.

THE late Dr. Samuel M. Hewitt, although his death occurred when only twenty-five, had already reached considerable eminence among the younger Dublin physicians. He commenced as demonstrator of anatomy in the school of the College of Surgeons, and his election as physician to the City of Dublin Hospital was not contested. He was most attentive to the patients in the hospital under his care, and whilst amongst them he caught typhus fever, of which he died. The May number of the *Dublin Quarterly Journal of Medicine*, contains an able paper from his pen. He was followed to his grave by all his colleagues, about a hundred students, and many distinguished medical men.

THE LATE MR. A. W. DUMVILLE.

THE profession loses one of its most skilful and practised surgeons in the person of the late Mr. Arthur William Dumville, F.R.C.S., of Manchester, who died on the 8th inst., aged fifty-two. He was for many years lecturer on surgery at the Manchester School of Medicine, and surgeon to the infirmary. He was unusually able as a clinical teacher. As an example of his skill, it may be remarked that he used to perform Syme's operation of external urethrotomy, without a guide, with a dexterity, we make bold to say, unsurpassed by any modern surgeon. He wrote but little, so it is probable that he will not be remembered so well and widely as he deserves to be.

DR. DUNDAS.

THE profession loses another distinguished member in the person of the late Dr. Robert Dundas, who died at his residence in Gloucester place, London, on the 25th ult., in his eightieth year, the cause of death being exhaustion consequent on a chronic attack of sciatica. He was born in Ireland towards the end of last century, and entered the army (medical service) at an early age. He served in the Peninsular, and at the siege of Orleans 1815, afterwards settling at Bahia in Brazil, where he was medical superintendent of the British hospital for twenty-three years with great credit. His health failing, he resigned and returned to Europe, but as he was naturally too active to lead a life of leisure and let his abilities rust away, he settled in practice at Liverpool, when he was also appointed physician to the Northern hospital. In 1852, he published "Sketches of Brazil," in which he strongly advocated the dogma that intermittent fever is *not* the result of malaria, but may be generated by electrical, thermometric, and morbid hygienic conditions apart from the action of marsh miasmati. He also adduced considerable evidence to prove the possibility of treating long continued fever by the use of quinine. In 1854, he left Liverpool and settled at London, where he remained until the day of his death. He was a stern, intellectual, firm, upright, conscientious, unflinching, affectionate, and sympathetic man, and had great influence over all with whom he met.

Medical News.

A Valuable Precaution.—When we regard the number of invalids who are suffering from disorders of the digestive organs arising from carelessness in eating and drinking, we are inclined to wish that the old times had returned, when physicians sat by their wealthy clients to warn them against excess, and to decide upon what was wholesome. Chaucer reads us a good lesson when he recounts the obstinacy of Henry I., who died from eating lampreys :—"He wylled of a lampreye to ete, But hys leches hym verbede, vor it was a fetle mete."—*Food Journal.*

Kangaroo Soup.—Ever since European colonies were founded in Australia, the excellence of the flesh of the kangaroo has been universally recognised by the colonists. The tail, which is very muscular or fleshy, is regarded as an especial luxury, and kangaroo-tail soup is probably one of the best kinds of soup ever placed upon the table in any country. It comes to this country in a perfectly fresh state, in tins, like Australian beef and mutton, and is sold under the name of Kangaroo venison.—*Food Journal.*

Presentation.—Dr. Johnston, of Montrose, on retiring from practice, after having been nearly thirty-five years engaged in it, has been presented by his friends and patients with a very handsome testimonial in the shape of a silver service.

The End of the Zouave Jacob.—It may be remembered that some time ago a certain Zouave Jacob gained great notoriety in Paris by professing to cure all diseases with the simple touch of his finger, and that thousands of the most civilised people in the world patronised him. The *Figaro* tells what has become of this arch-humbug. He joined the army of the Loire, and was shot on November 28th, by his own comrades for treachery and espionage—truly a worthy end to such a career.—*Globe's Correspondent.*

Testimonial to Professor Halford.—The *Melbourne Argus* of May 20th, says that Professor Halford has been presented with a testimonial, consisting of a handsomely bound book and a purse of 120 sovereigns, as a recognition of the merits of his method of treating cases of snake-bite by the injection of ammonia.

Ricord and Demarquay.—It is intended to entertain at a complimentary banquet MM. Ricord and Demarquay, who are now in London. Sir W. Fergusson, Bart., F.R.S., will preside. The committee of arrangement includes Mr. Busk, Mr. Paget, Mr. Hilton, Mr. Curling, Mr. Hancock, Mr. Erichsen, and Sir Henry Thompson.

British Medical Association.—The local committee appointed by "The Three Towns," Plymouth, Devonport, and Stonehouse, to prepare for the annual meeting of the British Medical Association in 1871, have succeeded in obtaining the cordial co-operation and assistance of the civil and military authorities, so that every facility will be furnished them for inspecting the naval and military arsenal; Her Majesty's ships of war in the Hamoaze and Plymouth Sound; Her Majesty's dockyards at Devonport and Keyham; the Royal William victualling yard, and the naval and military hospitals in Stonehouse; the Breakwater and its lighthouse; the Eddystone lighthouse; the Plymouth Citadel, the Hoe, and the forts recently erected within a radius of five miles.

Sanitary Condition of London.—At the Court of Sewers last week, Dr. Letheby reported that during the past fortnight 539 houses had been examined, of which 60 required sanitary improvement in various particulars. 99 bakehouses and 69 vessels had on inspection been found to be in a good condition. 1,428 articles of clothing had been disinfected at the City mortuary. At the markets and slaughter-houses 3,266 lbs. of meat had been seized as unfit for human food and destroyed in the usual manner. It consisted of 31 sheep, 7 pigs, 4 calves, 13 quarters of beef, and 4 joints of meat. 43 deaths and 72 births had in the course of the fortnight been registered in the City. The mortality returns were much below the average (80) for the corresponding period of the last ten years. 14 of the deaths were among children of less than five years of age, and 11 among persons of sixty and upwards. The chief causes were: —Phthisis, 5; mesenteric disease, 4; hydrocephalus, 2; pneumonia, 4; bronchitis, 3; small-pox, 1; croup, 1; whooping-cough, 1; and scarlet fever, 1; making 11 deaths from tubercular disease, 5 from inflammatory affections of the lungs, and 4 from diseases of a zymotic character. The returns indicated a satisfactory condition of the public health.

Small-pox in Southampton.—The deaths from small-pox seem now to be sensibly on the decrease weekly. Sixteen during the fortnight ending Saturday, as compared with twenty-six for the two weeks preceding.

A new cure for Cancer.—A remarkable plant is reported from Ecuador, the juice of which is said to be a certain cure for cancer; Dr. Keene, of Washington, pronounces it a most valuable discovery for the medical faculty of the world. We should think so!

The Son of Dr. Jenner, and nephew of the discoverer of vaccination, is now through adverse circumstances, living in a very small cottage with hardly the necessaries of life.

Plants from Morocco.—Dr. Hooker, director of the Royal Botanical Gardens at Kew, has returned from Morocco with a large collection of new and rare plants.

NOTICES TO CORRESPONDENTS.

Dr. Edwards Crisp.—We cannot re-open the question.

Dr. Letheby.—Proof returned too late for insertion.

Hints how to make Vaccination more Efficacious.—We have received the concluding remarks from Mr. Robert Hanslip Sers, together with a woodcut illustration of a proposed new Vaccination Sleeve. Our correspondent is such an earnest worker, and has proved himself so thoroughly practical in his suggestions, that we shall give the earliest insertion to his paper, for which we tender him our thanks.

The following communications are in type, and will appear, if possible, in our next:

Dr. Letheby, "On the Purification of Water." (2nd part).

Dr. Morgan, F.R.C.S., "On the Nature of the Venereal Poison, as Illustrated by Direct Experiment and Observation." Illustrated with diagrams printed on toned paper.

Professor Sorby, F.R.S., "On Blood-Stains."

VACANCIES.

Taunton Union. Medical Officer for the Churchstanton District. Salary £52, with extra fees for Midwifery. (See advt).

Birmingham Free Hospital for Sick Children. Resident Medical Officer. Salary £60 per annum with board.

Bradford Infirmary. Physician. Honorary.

Seaman's Hospital (*Dreadnought*). A House-Physician and a House-Surgeon.

St. George's Hospital. Medical School Teacher of Physiological Chemistry.

Warwick County Lunatic Asylum. Assistant Medical Officer. Salary £100, with board and residence.

Huddersfield Infirmary. House-Surgeon. Salary £60, with board.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Diseases of the Skin, 9th Edition. By Thomas Hunt, F.R.C.S. London: J. Richards.

A Treatise on Diseases of the Nervous System. By William A. Hammond, M.D. New York: Appleton & Co.

St. Moritz as a Health Resort. By R. W. Hewlett, M.D.

The Baths of Barmio. By R. Whitfield Hewlett, M.D. London: J. & A. Churchill.

Smoking. By John C. Murray, M.D. London: Simpkin & Co.

The Modern Operation for Cataract. By Hasket Derby, M.D., Boston.

The Education of Women. By Mrs. Wm. Grey. London: Ridgway.

On Bone-Setting. By Wharton P. Hood, M.D. London: Macmillan & Co.

Good Health; Milk Journal; Food Journal; New York Medical Journal; Nature.

APPOINTMENTS.

Caird, T. W., M.R.C.S., Surgeon to the Devon and Exeter Hospital.

Campbell, W. M., M.B., Junior House-Surgeon to the Northern Hospital, Liverpool.

Donovan, D. D., Physician to the Cork General Dispensary.

Duke, B., M.R.C.S., Resident House-Surgeon to the Brighton Dispensary.

Edwards, H. J., M.R.C.S., Surgeon to the Teignmouth Infirmary.

Firman, Mr. C. G., Assistant-Surgeon to the 1st Kent Artillery Volunteers.

Griffin, Mr. I., M.R.C.S., Ensign in the 3rd Oxon Rifle Corps.

Kempe, A., F.R.C.S., Consulting Surgeon to the Devon Hospital.

Lee, E. S., M.R.C.S.E., House-Surgeon to the Leicester Infirmary.

Nicholson, Dr. D., Assistant Medical Officer to H.M.'s Invalid Prison at Woking.

Rope, H. J., M.R.C.S.E., Resident House-Surgeon to the Salop Infirmary, Shrewsbury.

Tatham, G., M.R.C.S.E., J.P., Vice-President of the Sussex and Brighton and Medico-Chirurgical Society.

Torry, J. C., M.D., M.R.C.P.L., Physician to the Infirmary for Consumption, &c., Margaret street, Cavendish square, W.

Marriages.

De Lisle—Blair.—On the 11th inst., at the Church of St. Peter Port, Island of Guernsey, Frederick Irving De Lisle, L.R.C.P., &c., to Lucy Caroline Josephine, daughter of the late Lt.-Col. Blair, C.B., 10th Bengal Cavalry.

Haslewood—Ashton.—On the 5th inst., at Castleton Church, Albert O. Haslewood, Surgeon, of Castleton, Derbyshire, to Mary How, younger daughter of the late Robert How Ashton, Esq., of Castleton.

Shaw—Donkin.—On the 11th inst., at Ryhope Church, Charles Shaw, M.D., L.R.C.S.Ed., to Janet Donkin, younger daughter of the late Robt. Donkin, Esq., of North Shields.

Deaths.

Dumville.—On the 8th inst., Arthur W. Dumville, F.R.C.S.E., of Ardwick green, Manchester, aged 58.

Hester.—On the 1st of May, at Wangaratta, Australia, J. Hester, M.D., second son of J. T. Hester, F.R.C.S.E., of Hastings.

Hemphill.—On 7th July, at his Father's residence, Wheatfield, Myroe, James Patton Hemphill, A.M., M.D.

May.—On the 5to inst., Willoughby May, L.R.C.P.Ed., M.R.C.S.E., of Teignmouth, aged 31.

Mostyn.—On the the 6th inst., at Alpha House, Fairview, Dub'in, T. Mostyn, Deputy Inspector-General, late of the 27th Regiment.

Russel.—On the 5th inst., Robt. C. Russel, L.R.C.S.Ed., of New Machar, Aberdeenshire, aged 67.

Advertisements.

GENERAL HOSPITAL AND DISPENSARY FOR SICK CHILDREN, BRIDGE STREET, MANCHESTER.

The Office of RESIDENT MEDICAL OFFICER to the above Institution will become vacant on August 14th. Candidates for the Office must be on the "Medical Register" and unmarried. The salary is £100 per annum and board. Applications addressed to the Hospital, Bridge Street, must be sent up to July 22nd.

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THE ACADEMICAL SESSION for 1871 and 1872 will commence on MONDAY, the 2nd OCTOBER, in the new Buildings on the Albert Embankment, Westminster Bridge.

To enter, and for further particulars, apply to R. G. WHITFIELD, Medical Secretary, at the Manor House, St. Thomas's Hospital, Newington, Surrey, S E.

Naval Medical Department, Admiralty, Somerset House, 1st July, 1871.

NOTICE OF EXAMINATION FOR ENTRY OF ASSISTANT-SURGEONS IN THE ROYAL NAVY.

NOTICE IS HEREBY GIVEN that a COMPETITIVE EXAMINATION for the Admission of Assistant-Surgeons into the Royal Navy will take place at the University of London, Burlington Gardens, on Wednesday, 9th August, 1871, and following days, at 10 o'clock.

Candidates must present themselves at this Department on Monday, 7th August, 1871, bringing with them the various Certificates of Qualifications specified in the Regulations of the 24th June, 1871, when, should they be found in all respects eligible, they will be permitted to appear for Examination.

A. ARMSTRONG, Director-General.

TAUNTON UNION.—The Board of Guardians of this Union are desirous of receiving Applications for the Appointment of a MEDICAL OFFICER (duly qualified) for the Churchstanton District, comprising the parishes of Churchstanton and Otterford.

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This salary includes all extra fees of every kind, except 10s. for each case of Midwifery which the Medical Officer shall attend, if lawfully authorised; he will, if duly qualified, be appointed under the Vaccination Act of 1867, with the fees prescribed by the said Act; and he will be entitled to 2s. 6d. per case for each quarterly visit to Lunatic Paupers resident in the district.

Information as to the district, duties, &c., may be had on application to me. Testimonials of Qualification, &c., to be left at my office, on or before Friday, the 20th July, instant. The election will be proceeded with on Thursday, 27th July, instant.

No Candidate need attend unless requested to do so by letter from me.

Residence within the district required.

HENRY CHAS. TRENCHARD, Clerk to the Guardians.

Dated this 13th day of July, 1871.

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The Summer Vacation ends on August 16.

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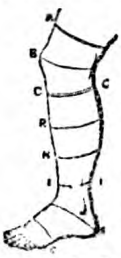
By Order of the Committee,

July 1, 1871. EDWARD WATHERSTON, Hon. Sec.



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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 26, 1871.

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ON BLOOD-STAINS.

By H. C. Sorby, F.R.S., &c., &c.

Much attention has lately been directed to the detection of blood by means of its characteristic spectra, and a considerable part of what I have written on the subject has been reprinted or described in Dr. Letheby's paper.* This, however, merely refers to what I had been able to ascertain six years ago, at the commencement of the application of spectrum analysis along with the microscope, when the instrument itself was in a most unsatisfactory state. I have since succeeded in making it far more perfect, and so much improved the methods of experiment, that what was then almost impossible can now be done without any serious difficulty. It, therefore, appears to me desirable that the readers of the Medical Press and Circular should be made more fully acquainted with the present state of the subject, not only on account of its purely scientific interest, but also because of its practical importance.

Since the publication of my earlier papers, I have found that the double tartrate of potash and soda is a most convenient reagent to be used to prevent the precipitation of oxide of iron in solutions containing free ammonia, and that the double sulphate of the protoxide of iron and ammonia is a much better deoxidising reagent than the simple sulphate, because it does not so readily become oxidised by keeping in coarse powder; and, being more bulky, a somewhat larger quantity can be used, which is important, since it is generally requisite to employ a piece so small as to be almost invisible. I have also found that for some special purposes boric acid and dilute hydrochloric acid are very useful. As named in my former papers, the glass cells used to contain the solutions for examination under the microscope are best made from barometer tubing. The most convenient size is half an inch long, with an internal diameter of about one-eighth of an inch, for then they can be easily filled, or emptied and washed out, and yet they can be inverted or kept horizontal without loss of liquid, when it is desirable to remove any deposit or to let it settle to the side. These cells should be fixed on a piece of plate glass with purified gutta percha, since that resists so well the action of the various reagents.

The dispersive power of the spectrum-microscope should be sufficient, but not too great. It is a very common error to suppose that a high dispersive power will show the spectra better. This is true enough in the case of other departments of spectrum analysis, but, as a general rule, the absorption-bands due to solutions of organic colouring matters are much more distinct with a lower. The proper amount of dispersion is that which is so great as to well divide the bands, and yet no greater than will show them as dark as possible. If a considerably greater power be used the bands are indeed more widely separated, but are themselves so spread out and diluted that they become comparatively indistinct. On this account a solution which would show a well-defined dark band with a low dispersion might readily enough show none at all with a greater, in the same manner that in some cases all the important general characters of an ordinary microscopical object might be lost by using too high a magnifying power. In the case of the simple microscope much depends on using a power suited for each class of object, and so also in the case of the spectrum-microscope the amount of dispersion should vary according to circumstances.

There are spectra which require a considerable power, but this does not apply to those of such organic colouring matters as blood. I have made many experiments in order to ascertain what is the amount of dispersion which will separate the bands sufficiently to allow us to measure their position with all needful accuracy, and at the same time show them distinctly, and I have contrived a new form of direct-vision prism, lately made for me by Mr. Browning, which, in my opinion, is in all respects satis-

* Medical Press and Circular, New Series, XI., June 7th, 1871, p. 431; and *The Doctor*, I., July 1st, 1871, p. 130.

factory. It consists of two rectangular prisms of crown glass, combined with one rectangular of very dense flint, and another less dense, of such an angle as to give direct vision. The result is that we obtain a good medium dispersion, and the side of the prism next the eye being inclined at an angle of forty-five degrees, the position of the absorption-bands can be measured by means of the screw micrometer proposed by Mr. Browning,* and since then somewhat modified at my suggestion.

It would be a very great error to suppose that the detection of blood-stains depends merely, or even mainly, on the recognition of the spectrum of unaltered blood. If the stain were quite recent, the very well-marked spectrum of oxidised hæmoglobin would indeed furnish very excellent evidence, but even then our confidence may be very greatly increased by observing the various other spectra that can be derived from this colouring matter by the use of appropriate reagents. In the case of stains which have been kept a few days in the impure atmosphere of large towns, and even in that of those kept a few weeks in the purest air of the country, this is absolutely necessary, since they no longer contain unaltered blood. It is, therefore, important to understand the changes that occur in keeping, since they not only require us to modify our method of experiment, but may also furnish important evidence.

A fresh blood-stain on a fabric which does not contain any substance that will act chemically on blood, is easily soluble in water, and gives rise to a solution of oxidised hæmoglobin. This, when examined, would of course show the well-known spectrum, with two very distinct absorption-bands in the yellower half of the green. In the recent discussion of the subject much has been said about this spectrum of blood being different from that of any other substance. That may be true enough — at all events I do not know any that gives exactly the same, but there are some which give bands so far similar as to show the importance of studying the effect of different reagents. I have always said that our confidence in detecting blood depends on the character of the *various spectra* seen in particular conditions, and not on any *one spectrum*, independent of other facts. As thus understood, we may safely say that the spectra of blood differ most completely in the general character and position of the absorption-bands from those of any other known substance. My meaning will be better understood by describing a few particular cases. The colouring-matter of the petals of the red variety of *Cineraria*, when dissolved in water, gives a spectrum with two very well marked absorption bands almost in the same place as those in the case of blood, only they are of more equal width. However, in adding ammonia the spectrum of the *Cineraria* is completely changed; whereas that of blood remains the same, and therefore there is no kind of difficulty in distinguishing them at a glance. Cochineal also gives two bands not unlike those of blood, and the addition of a little ammonia makes them deeper, as is also the case in blood that has been partly changed to methæmoglobin; but on adding excess of boric acid the bands of the cochineal are raised very much towards the blue end of the spectrum, while those of blood remain unaltered, and therefore in this state there is no chance of confounding these two colouring matters. I do not know any substance which gives the same spectrum as blood when the solution contains excess of ammonia, and likewise when it contains excess of boric acid. This however is by no means the most striking character of blood, for its behaviour with reducing reagents and with acids is still more unique. Thus, on adding to the natural solution of blood a very little ammonia and a small quantity of the double tartrate of potash and soda, no change is produced; but if a portion of the double sulphate of the protoxide of iron and ammonia about one-fortieth of an inch in diameter be then added, and the whole slightly stirred, so as to mix uniformly without much exposure to the air, the original two dark bands gradually fade, and are replaced by a single fainter and broader band in an intermediate position. This change takes place naturally when a solution of blood is kept for a day or two in a narrow cell, especially if closed with a cover, so that after a while the spectrum becomes indistinct. After being thus changed, when the solution is well stirred with a stout platinum wire flattened at one end and turned up square like a small hoe, the original bands can be again seen. This change by deoxidisation and reoxidisation serves to distinguish blood from by far the greater number of coloured substances. We may after this readily obtain another series of remarkable reactions. On adding a slight excess of citric acid the bands gradually fade, and if enough blood be present a new faint band may be seen in the red, but on then adding excess of ammonia, though this band is removed, the original bands are not restored, or only to a very slight extent. This peculiarity alone serves to completely distinguish blood from the great majority of colouring matters, which do indeed very commonly give a different spectrum when acid, to what they do when alkaline, but after they have been thus changed by the acid, they are restored by the alkali to the former state. There are very few which are permanently decomposed by a weak acid, like hæmoglobin is into hæmatin. The addition of a small piece of the ferrous salt to this alkaline solution of hæmatin deoxidises it and develops the spectrum of deoxidised hæmatin. This is characterised by a most unusually dark and distinct absorption-band in the green, and a fainter nearer to the blue end. When well seen this is a most striking and unique spectrum. Since deoxidisation takes place somewhat slowly, especially in cold weather, it is well to rather more than fill the cell with liquid and cover it with a small piece of thin glass, to prevent exposure to the air, and then to keep it and repeatedly examine it, until the spectrum is well developed, which may be perhaps after a quarter of an hour or more. On stirring so as to expose to the air, the dark band of deoxidised hæmatin disappears, and very commonly the bands of oxidised hæmoglobin can be again seen; for it appears that the addition of citric acid, as described above, does not completely change the hæmoglobin into hæmatin. We have thus another and quite different repetition of the same unusual sort of change produced by the deoxidising action of the ferrous salt in an alkaline solution, and this fact, combined with the character and position of the absorption-band, is alone quite sufficient to distinguish blood from any substance that I have yet examined. It will thus be seen that blood possesses quite a number of very special peculiarities, each of which alone would serve to distinguish it from nearly all other coloured substances, and when we bear in mind that all these peculiarities may be observed by using no larger quantity than one-hundredth of a grain in one single cell, they constitute such a remarkable and unique whole, that when we also consider the exact position of the absorption-bands, as seen by comparing together, side by side, the various spectra produced by a suspected stain and by a fresh specimen of blood, it appears to me next to impossible that any other substance could give the same results. At all events I think we may most confidently say that they serve to completely distinguish it from all known colouring matters. The behaviour of ordinary dyes, paints, and fruits is almost as different as could possibly be imagined.

Where a blood-stain is kept in a very damp place, the hæmoglobin is gradually changed into hæmatin, or both are completely decomposed. This corresponds with what occurs when a dilute solution is exposed to the air. If, however, a stain be kept dry, it is gradually altered into a mixture of hæmatin, and what in my first paper I called *brown cruorine*, but which was named *methæmoglobin* by Hoppe-Seyler at so nearly the same time, that I do not know which was the first proposed. At all events, his name has been more generally employed, and, therefore, I think it best to adopt it. A

* *Monthly Microscopical Journal*, III., 1870, p. 68.

good deal has been written about this substance, and as I contend, some very erroneous opinions have been maintained. It is quite certain that it is in some way closely related to hæmoglobin, but whether it is only a peculiar molecular modification, or, as I have argued,* hæmoglobin combined with an extra amount of oxygen, may still be considered doubtful. My reason for thinking that it is, so to speak, peroxidised hæmoglobin is that it may be at once formed from hæmoglobin by the action of oxidising reagents, and can be at once restored to the original state by deoxidisation. When a blood-stain is kept dry, this compound is gradually formed, and after a while we have a mixture of it with hæmatin, and a brown substance not yet much studied. When such a stain is digested in a small quantity of water, the methæmoglobin dissolves along with perhaps a little hæmatin, but the greater part of this latter is left insoluble, mixed with the brown substance already named. On examining the spectrum of a sufficiently strong solution, the methæmoglobin shows a moderately well-marked absorption-band in the red, and two or three other bands in the green, the relative distinctness of which varies much according to the more or less feebly acid or alkaline state. Now, one of the most interesting facts connected with this substance is, that when to the neutral solution obtained from a moderately old stain, a little of the double tartrate, and then a very small quantity of the ferrous salt are added, the spectrum of oxidised hæmoglobin is produced. If left long with excess of the ferrous salt, this becomes deoxidised, but on stirring, the spectrum of the oxidised form remains permanently. Since the methæmoglobin resists decomposition for a very long time when kept dry, we may, in this manner, obtain the spectrum of fresh blood from very old stains. I have even succeeded in developing it from a stain more than forty years' old. On adding ammonia to a somewhat strong solution of methæmoglobin, the band in the red is at once completely removed, those in the green are made much more dark, and a special characteristic narrow band is developed in the orange, and when this is deoxidised, we obtain hæmoglobin, which can be oxidised by stirring, and then afterwards all the other spectra can be developed, as in the case of fresh blood. As will be seen, these various facts are very remarkable, and they are quite unlike what I have seen in cases of any other substance. The rate at which the colouring matter of a fresh stain is altered into methæmoglobin varies very much according to circumstances, so that, as already named, the impure air of a large town will produce as much change in a few days, as the more pure air of the country in a few weeks. The weak acid of perspiration may also rapidly cause this alteration in the case of stains on worn clothing. If a stain has been kept dry in a town, and yet this change had not occurred, or only to a very slight extent, we might conclude that it was of recent date; but, if it had been, we could not be sure that it was old, for special causes might have produced a rapid change. In examining a stain that had been kept some days in a town, or in a house where gas was burned, we must, therefore, be prepared to find that the portion easily soluble in water does not give the spectrum of fresh blood, but merely somewhat obscure bands in the same situation, and a faint one in the red; but, by proceeding as already described, the spectrum of oxidised hæmoglobin may be developed, and thus we should have additional, very remarkable evidence that the stain was due to blood. We must, however, bear in mind that probably some unaltered hæmoglobin would be present, so as to modify the spectrum, and that some hæmatin might have been dissolved, so that the band of deoxidised hæmatin might be seen when the solution was completely deoxidised.

After digesting a somewhat altered stain in water, a considerable part of the hæmatin would be left insoluble. This may then be dissolved by means of dilute citric acid, or diluted ammonia, and the presence of the hæmatin established by observing the spectra, when acid, alkaline, and deoxidised. We must be guided in our choice of the solvent by the nature of the fabric on which the stain occurs. If it be coloured, an unstained portion should be digested in dilute citric acid, and also in dilute ammonia, in order to ascertain whether either of these would interfere with the final result. In some cases dilute ammonia dissolves out a considerable amount of the dye, whilst citric acid does not, and then, of course, that should be used. In other cases ammonia is the best solvent, as for example where much earthy matter is present. This insolubility of hæmatin in water might often prove important, since sufficient might be left to enable us to detect it without difficulty when the blood had been so far removed by washing, that nearly every one would think it impossible to recognise that blood had ever been present. If the stain were on cloth, which had been so sponged and wiped that no mark whatever was left, it would generally be quite easy to detect the dried-up blood solution left in the tissue. In such cases, considerably more of dilute ammonia or citric acid might be used, than would fill an experiment cell, and the solution might be concentrated by evaporation at a gentle heat. Fortunately, hæmatin resists decomposition for a very long time when kept dry. I have found no difficulty in recognising it in the case of a stain forty-four years old; but, in some such very old stains, there is a large relative amount of a brown substance, which does not give any decided spectrum, and is apparently a product of the further change of hæmatin, perhaps analogous to that which may be formed by the action of strong ozone. Such stains could, however, be seldom of more than scientific or historical interest.

In all that I have so far said, I have assumed the fabric on which the stain occurs does not contain any substance that would at once change it into hæmatin, or act as a mordant, so as to prevent the solution of blood colours, and I have also supposed that no material amount of any other soluble colouring matter is present. Cases, however, might occur where the detection of blood would be most materially interfered with by one or all of these circumstances, and then it would be requisite to adopt different and special methods, according to the particular circumstances of the case. I shall not attempt to explain these here, for they have lately been fully described by me in a paper published in the *Monthly Microscopical Journal*,* in which I have shown how all the difficulties that I have been able to think of may be overcome, and how blood may be recognised in the water, or soap and water in which stained clothes had been washed. I will, therefore, conclude this somewhat popular account of the general principles involved in the spectrum method of testing, by a description of the best method of preparing some of the more interesting objects, either for temporary inspection or for more permanent references. The spectrum of deoxidised hæmatin is seen to the greatest advantage, by deoxidising a solution of fresh blood boiled for a short time with dilute ammonia. This gives rise to a very pure hæmatin, free from unaltered hæmoglobin, which is nearly always present when it is changed by the action of citric acid, and makes the bands of the deoxidised hæmatin less distinct, by causing a general shading of the intermediate green. It is also free from the brown substance already named, so that the colour of the deoxidised solution is a fine, clear, and almost pink red. Such a preparation may be kept some time in one of the glass cells, by fastening down the cover with gold size, but objects for permanent reference should be sealed up hermetically in glass tubes. Those which I employ are half an inch in diameter, and about three inches long, made flat at one end like the bottom of a bottle, and drawn out taper at the other to a capillary tube, about as wide inside as

* *Quarterly Journal of Microscopical Science*, X., 1870, p. 400.

* Vol. VI., 1871. Pp. 9-17.

the thickness of a small pin. These are filled with an air pump, by placing them at the bottom of a tube about ten inches long, containing the solution, pumping out the air, and letting in the liquid over and over again, until only sufficient air remains to allow of the expansion of the liquid in hot weather. We need not trouble ourselves that a solution of fresh blood cannot be kept unaltered, since it can so easily be procured, but it is useful to have one of the deoxidised modification ready for reference. In all cases, the blood should be allowed to coagulate, and the fibrine separated by dissolving out the colour in water. A tube can then be filled with a solution of such a strength as to just show the two bands well divided, and a small quantity of iron filings previously or afterwards introduced into the tube by the small opening. After sealing with the blow-pipe, and keeping for a few days the spectrum of deoxidised hæmoglobin will be seen to great advantage, and undergo no sensible change after a year or more. Acid hæmatin solution of sufficient strength to show the band in the red may be prepared by the use of citric acid, and when sealed up, keeps unaltered for some years. My best specimen of deoxidised hæmatin was prepared by the action of citric acid on fresh blood solution, leaving it for a while, and then adding excess of ammonia. On sealing it up in this state, the decomposition of the other constituents of blood gradually, but completely deoxidised the hæmatin in the course of a year or so, and the solution is now, after three years, perfectly clear and free from deposit, and of a fine pink-red colour, showing the spectrum to perfection, with the principal band so dark and distinct, that all who have seen it, are astonished that any one could have said that such a band is only a "slight dimness." However, since it may not be convenient to wait until the solution has thus become deoxidised by its own decomposition, it may be deoxidised by the addition of ferrous salt. Such preparations keep for a year or two, but in many cases a coloured deposit has been formed, and the solution has become paler, which may perhaps have been due to my not having properly separated the fibrine in the first instance.

In conclusion, I would say that I hope no one will suppose that such diagrams of spectra as can readily be given by means of woodcuts are fair reproductions of their actual appearance. This is more especially the case when they have been copied over and over again, until, like those recently given in this journal, they have become extremely unlike my original drawings, and still less like the beautiful objects themselves.

ON THE QUALITY OF THE WATER-SUPPLY OF SOME OF THE LARGE CITIES AND TOWNS OF ENGLAND AND SCOTLAND

IN RELATION TO THEIR SANITARY CONDITION.*

By H. Letheby, M.B., M.A., &c.

(Continued.)

"In the first group, with its largest masses of population, and its highest degrees of hardness of the waters, we elicit a yearly mean mortality of 21·9 per thousand of the living. In the second group, in which Edinburgh and Leith take their place, in spite of what should have been the advantage of the smaller masses of the population, the diminished hardness of the waters connects itself with a mortality increased to 24·9 per thousand. Passing to the third group, in which Dundee and Paisley are situated, with what should have been the yet greater advantage of the masses of the population having undergone a further reduction, we find, with the still decreasing hardness, a still increasing mortality, the amount now rising to 26·3 per thousand. And in the fourth and last group, in which Glasgow, Greenock, Aberdeen, and Perth find their position, again the yet further diminished average of the masses of population foregoes its advantage, and the lowest proportion of hardness is marked by the highest proportion of mortality, which stands now at a yearly average of 28·5 per thousand of the living. This result, by its near correspondence, confirms that arrived at by Dr. Letheby and his associates from their less ample details, which, with an average hardness of 14·9, give a mortality of 22·2, and with a hardness averaging 4·9, a mortality of 26·1; the mean of the last three groups, as detailed above, being, when taken together, 4·2 of hardness, and 26·6 of mortality. If this so uniform descending in the hardness of the water, and climbing of the rate of mortality, could be viewed as but a coincidence, it carries with it, at least, a terrible consistency that may well arrest attention. But to regard it as a mere coincidence, would be manifestly to reject unreasonably the best description of evidence which such a subject is capable of admitting. It is true that the condition of health of a community is contingent, not on any single natural influence, but on the mutual actions and reactions of a variety of agencies in relation to regimen, diet, atmosphere, &c., on the presence of which, in greater or less purity or cogency, the general issue depends. But it is the province of statistics, should the result, in any individual example, appear to be affected by the failure or predominance of any individual agency, to spread the inquiry over an enlarged field, so that the disturbing element in one direction becomes neutralised by the existence and adduction of a compensating element in another. And, above all, it is to be noted whether, however other elements may waver, there be one element that is uniformly present, and in a ratio that is ever capable of being nearly determined. Such an element, so capable of being known and measured, we have here, along with the water itself, in the varying quality of its hardness, as denoting the degree of its impregnation with carbonate of lime; beside which must be placed the other superior properties of a water with which that impregnation is customarily associated."

Summary Abstract of Tables.

Degree of Hardness.	Number of Towns.	Average Death rate per 1,000 of Population.	Average Degree of Hardness.
Over 10 . . .	25	21·9	16·0
10 to 6 . . .	17	24·9	8·0
6 to 2 . . .	15	26·3	3·8
2 and under .	8	28·5	1·3

And, lest the true meaning of these tables should be misapprehended, it is right to say that they do not in any sense imply that soft water is the immediate cause of the higher rates of mortality, but that hard water is, in some way, concerned with the preservation of the public health. The results, in fact, show that in a number of large towns with every variety of hygiene, as regards situation, whether it be inland or near the sea-shore, at high elevations or at low, with every degree of overcrowding and every description of industrial occupation, there is concurrently with the use of soft water a high death-rate, and with that of hard water a low. It is remarkable, moreover, that, *pari passu*, with the downward degree of softness there is an upward movement of mortality. The inference from this is not that soft water kills the people, but that hard water protects them from the untoward influences of a city life; that it gives vigour to the constitu-

* Read before the Association of Medical Officers of Health on Saturday, May 20.

tion, and enables it to resist the action of unwholesome agencies.

"Nor is it alone by the greater proportion of deaths that the action of an insalubrious influence is denoted. There are a thousand petty ailings and discomforts, which, with as subtile a force as that produced by a prolongation of east winds, renders existence uneasy without making it immediately unsafe. It is not mere life for a population that is to be desired, but a consciousness in it of tone and vigour, and of mental as well as bodily elasticity. There are those who, when they defend the qualities of a water that has been challenged, surprise us by seeming to speak as if it was to be expected that, when an unwholesome water is introduced in one year into a city, in the very next ensuing years we should see already rickety children crouching at the thresholds, and the streets thronged with men with sallow faces, craving for mental and physical stimulants to relieve life of its irksomeness, and to quicken it into feverish excitement while they hasten on its close." But Nature does not work in such fashion, for "when she tends towards perfection, it is by slow degrees; and we mark the completed stages of the progress, or its final result, rather than the progress itself. And it is not otherwise when the course imposed upon her is one of deterioration. Each generation bears with it a downward tendency, which it bequeaths to a succeeding generation, to be again intensified and again transmitted; more frequently adding, yet sometimes subtracting, a modicum till the measure is complete. It is by statistics that we strive to mark the stages; but in all statistics a main element is time."

"Upon the whole," therefore, says the physician, "I think that few who have followed this inquiry with attention, and will weigh what has been demonstrated for a hard and against a soft water, with an unchanging consistency throughout of direct as well as collateral evidence and argument in regard to both, will wonder that the Commissions at Paris, Vienna, and London have finally decided in favour of a hard water. Of the new waters designed for Paris, the copious sources of St. Philbert and of Armentières, to be brought from a distance of about eighty miles, have an average hardness of 12·46 per gallon, while of those chosen for Vienna, the still more copious source of the Kaiserbrunnen, of ancient fame, and forty miles from the city, and those of the Stixenstein and the Antonioquelle, show an average hardness per gallon of 8·82 degrees." The hardness of the water of the Thames which is supplied to London is about 15·5 degrees; and all these are recognised as excellent waters for the supply of large cities.

With this, says the physician, I conclude, and having seen in the course of the argument that, while on one side random assumptions have crumbled down into nothing, on the other, carefully gathered proofs and authorities have accumulated into solid strength. "Perhaps never, certainly rarely, has any kindred scientific demonstration, positive as well as negative, been more complete, in any reasonable sense of what is possible with our finite means of knowledge." And now, finally, I will recapitulate the conclusions which he holds to have been established.

1. The human body needs for its structure and maintenance the supply of certain salts, among which are the carbonate and phosphate of lime, these being in a special manner required to give stability to the bones, but having also their further uses in the living economy.

2. The phosphate of lime is supplied to us in our ordinary animal and vegetable food, but is not presented to us in water.

3. The carbonate of lime, on the contrary, is not primarily presented to us in sufficient quantity in our solid food, but is contained in variable and more fitting proportions in spring and river waters.

4. It is from the carbonate of lime brought down by rivers into the sea that all marine animals derive the denser parts of their construction, the remains of which, during the progress of geological periods, have been, and continue to be, aggregated into huge expanses of limestone rock.

5. What has sufficed for the wants of these lower animals has sufficed also for those of the higher organisations of which man is the head.

6. Positively, this is proved and confirmed by the fact that it is in the limestone districts, where the waters are more or less hard, that man has been shown to have reached his most vigorous average physical development.

7. Negatively, this is proved also by its having been found that the mortality of our principal towns increases, on a calculation of averages, in the proportion that the hardness of the waters is diminished.

8. A water containing about six grains of carbonate of lime is nowhere held to be a hard water, but is fitted for every use of domestic economy or manufacture.

9. Such a water, whether as a drink, or as combined with our food, presents to us in the most regular and constant of forms, and in its most simple, natural, and easily appropriated state, the carbonate of lime required for the healthy maintenance of the living system; while it is otherwise naturally preferable, because imbued with more agreeable qualities, and with higher refreshing and invigorating powers.

10. A lake water, independent of the consideration of its low impregnation with carbonate of lime, is further objectionable from its deficiency of air and carbonic acid, its extreme coldness in winter and tepidness in summer, its combination with peaty and other matters, the abundant presence of living animal and vegetable organisms, and its general want of sapidity and agreeableness, and, consequently, its lower refreshing powers.

11. These views, so obviously concordant in fact and reason, are consistent with the natural tastes and instincts of all peoples in all ages, have been maintained by the mass of scientific men in all countries, and have been publicly ratified through the results of repeated Government inquiries.

12. Therefore, wherever a community has a choice between a water immediately derived from springs, and thus moderately impregnated with carbonate of lime, the excellence of which no one questions, and a lake water, the defective qualities of which are denounced by many, it ought unquestionably to prefer the former, on every probable consideration of comfort, health, convenience, and, in the end, were it on no other grounds than these, of the truest economy.

CLINICAL LECTURES

ON THE

DISEASES PECULIAR TO WOMEN.

By Lombe Atthill, M.D. Dub.,

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LECTURE VI.

Menorrhagia continued—Granular ulceration of cervix uteri—Treatment of—Granular condition of cavity—Treatment of—Mode of dilating cervix—Sponge tents—Sea-tangle bougies—Barnes' Dilators—Nitric acid use of—Curette—Placenta retained after abortion.

In my last lecture I dwelt at some length on the subject of subinvolution of the uterus, as bearing on that of menorrhagia which is nearly always associated with it, and I mentioned that that unhealthy condition of the uterus predisposed to the occurrence of ulceration of the cervix, but this affection is often met with independent of subinvolution and is by itself capable of giving origin to profuse menstruation.

Mere abrasion of the lips of the os uteri is not sufficient to produce menorrhagia, but that unhealthy spongy condition of the cervix in which the mucous membrane lining its canal becoming hypertrophied and thickened, bleeds on the slightest touch, the os being patulous and the lips everted, is quite capable of originating severe menorrhagia. A young married woman, aged twenty-four, who had never been pregnant stated that she had become greatly debilitated by the excessive loss which occurred at each menstrual period. She had been treated by ergot and astringents exhibited by the mouth, and by injections of alum and water, but this treatment produced no good effect. A vaginal examination proved the existence of extensive granular ulceration of the os and cervix uteri. Now in severe cases such as the one I am referring to, you may rest satisfied that the unhealthy condition of the mucous membrane extends at least as high as the os internum, and that you will fail to effect a cure unless your treatment reach every portion of the diseased tissue, therefore with the view of permitting the necessary applications to be made to the whole extent of the cervical canal, I commenced my treatment by introducing two tents of compressed sea tangle, two pieces being sufficient for the object I had in view, which was not to open the uterus to such an extent as to enable me to examine its cavity, but only to permit me to treat the entire of the cervical canal. I left these pieces *in situ* for twenty-four hours, and on withdrawing them after the lapse of that time I cauterised freely the whole of the diseased surface with strong nitric acid. This did not cause any pain. On examining the os uteri a few days subsequently I found it in a much healthier condition, the menorrhagia never returned, and although a considerable time elapsed before the uterus regained a perfectly healthy state, still the progress of the case was rapid and the cure perfect, the only treatment subsequently necessary being the occasional application of a twenty grain solution of nitrate of silver to the os uteri, and at a later period of small blisters over the sacrum; finally not the slightest trace of the ulceration remained and menstruation became in all respects normal. The foregoing case illustrates perfectly the mode of treatment I as a rule adopt. Of course it is not always necessary to dilate the cervix uteri. If the case be recent and you can satisfy yourself that the unhealthy condition of the mucous membrane does not extend very high, the use of the solid nitrate of silver or brushing the part lightly over with nitric acid may be sufficient; but in the more severe forms of the disease such treatment will prove to be merely palliative, and the only effectual one will be found to consist in that which I have advocated. I believe not a little of the opprobrium which rests on obstetric practitioners for the length of time over which their treatment extends, is due to excessive timidity and to the use of inefficient remedies.

A condition very analogous to that which we can see in the cervical canal, occurs also in the interior of the womb as the result of congestion and inflammation of the lining membrane of that cavity, a fact which is often overlooked; indeed the majority of systematic writers altogether omit mention of it. Dr. Tanner in his excellent work on the "Practice of Medicine" mentions the "existence of an unhealthy pulpy condition of the mucous coat" of the uterus as a cause of menorrhagia. My own experience leads me to conclude that while a "pulpy" condition is rare, chronic disease producing a rough granular state of the mucous membrane lining of the cavity of the uterus and giving origin to menorrhagia is far from being uncommon. This condition I believe to be in many respects analogous to that so commonly met with in the eyelid, and you will fail to cure the menorrhagia which it causes till you have destroyed the granulations on the mucous membrane and restored it to a healthy state, just as you would fail to relieve the ophthalmia depending on granular lids till you have cured the palpebral affection. I may here take the opportunity of laying down a rule on which I always act, and one which I advise you to adopt—namely, that whenever you meet with a case of menorrhagia *in an otherwise unhealthy woman* which a careful vaginal examination proves not to depend on ulceration of the os and cervix uteri, on an extra-uterine polypus, on cancer or such evident cause, to dilate the cervix and os internum with the view of determining what the condition of the interior of the womb may be. This I hold to be your manifest duty.

I cannot refrain from quoting the judicious remarks of Dr. Tanner with reference to this subject. He says speaking of menorrhagia—vol. ii., p. 301—"When a woman suffers from repeated attacks of uterine hæmorrhage which can only be partially or temporarily relieved by rest, nourishing food and proper astringents, we may be sure that there is some organic disease of the ovaries or uterus; and though the cervix and body feel healthy to the touch, we can be certain that the bleeding is due to some actual disease, that it is not functional." And further on after enumerating what these causes may be he adds, "There is only one plan of treatment which can be adopted with a reasonable hope of success, and that is to dilate the os and cervix thoroughly so as to permit the removal of the source of evil." I fully endorse these observations. There are two methods still practised of accomplishing this object, the one with sponge tents, the other by means of sea tangle. The former can be made of any required size, it is merely necessary to cut a fine clean sponge into pieces conical in shape and of various size and lengths, for you should always be provided with several tents of different sizes before commencing the process of dilatation. You should then wrap each piece as tightly as possible with fine twine commencing at the narrow extremity and winding it on till it reach the thick end. The pieces of sponge should then be immersed in a strong solution of gum arabic, left in it till thoroughly saturated, and then hung up to dry slowly. Before these are used the surface should after the removal of the twine be rubbed smooth. A small sized tent is to be first inserted, a larger one being introduced on its removal after the lapse of from six to twelve hours. I have entirely given up the use of sponge tents myself: they are troublesome to prepare, give rise to a very fœtid discharge, and are further objectionable because the mucous membrane lining the cervix sinks into the cells of the sponge which is consequently lacerated as the tent is withdrawn, and thereby the risk of inflammation occurring is greatly increased; besides sponge tents from their conical shape necessarily dilate the os externum far beyond what is required before the os internum is opened even to a moderate extent. In fine sponge tents should never be used if sea tangle can be obtained. Tents made of this substance, technically called *laminaria digitata* have been in use for some years for the purpose of dilating the cervix. The method first adopted was to introduce one which after the lapse of some hours was withdrawn and another of greater calibre introduced in its place, the process being repeated till the os internum was sufficiently dilated. This process was necessarily very tedious and besides objectionable in other points of view. It is now given up and a modification of it introduced by Dr. Kidd of this city adopted in its place. Dr. Kidd's method possesses these three great advantages—that it is comparatively rapid, that it is cleanly, and lastly and most important of all that it dilates the canal equally throughout its whole length, except in some cases of rigidity of the os internum to which I shall allude presently.

Having decided to dilate the cervix the first step is to expose the os uteri by means of the duck-bill speculum, next to seize the anterior lip with a small hook and with it to draw down and steady the uterus as shown in Plate II. You should previously measure the depth of the uterus and have ready several pieces of sea tangle bougies, each piece being at least the length of the uterine

cavity. These you now proceed to introduce, the main difficulty is nearly always with the first, and this difficulty is greatly increased if the uterus be retroflected. The short lengths not being so easily manipulated as longer ones I sometimes when difficulty occurs take an entire bougie and pass it through the os internum as I would the sound. I then slip pieces of the proper length in beside it, for when we have inserted one piece it straightens the uterus and serves as a guide to the others. When several pieces have been introduced you can withdraw the long one, or if before passing it you nick it round at a point corresponding with the length of the other pieces you may be able to break it there, and so avoid the trouble of having to substitute another length in its place. The number of pieces you should insert varies in each case. If the patient have never been pregnant and the cervix rigid you will not be able to get in more than three or four, but if she have borne children or if the cervix be relaxed you may succeed in introducing double that number, or even more without difficulty.

If a small number only have been introduced, it is better to withdraw them after the lapse of nine or ten hours and introduce a larger number; but if seven or eight pieces have been inserted they may be left for twenty-four hours before any further steps be taken. The sea tangle rapidly absorbs moisture from the vagina and uterus, and swells, and by swelling forcibly dilates the cervix. This of course causes pain which however is seldom very severe and generally passes off after a few hours. If it continue I usually direct a morphia suppository to be introduced into the rectum, or 20 grains of the hydrate of chloral to be administered at bed time. Dr. Graily Hewitt who still advocates the use of the sponge tents in preference to the sea tangle, states, as an objection to the latter that it is liable to slip out. This certainly is true if you use the short tents which are sold in boxes, but if you use pieces of the bougie of the length already specified and take care that they pass up to the fundus, there is very little chance of them being expelled; on the contrary I have on two or three occasions experienced some difficulty in removing them. This has been the case when the os internum was so rigid, that it prevented the sea tangle expanding as freely at that point as it did in the cavity of the uterus and in the cervical canal; and the pieces of tangle being thus constricted in the middle, it was necessary to press the index finger of the left hand firmly against the lip of the os uteri, while with a pair of long forceps held in the right hand one piece is seized and slowly extracted. These are the cases in which as just mentioned the whole extent of the canal is not equally dilated, and then fresh pieces of the tangle must be introduced and time given to allow of them to expand, before proceeding to explore the interior of the uterus. You will however from time to time meet with cases in which although the sea tangle has expanded to its fullest extent, still from the size of the tumour or some other cause the os internum is not as large as you would desire. Under such circumstances I usually complete the process by the introduction of one of Dr. Barnes's dilators. These are Indian-rubber bags of a somewhat hour-glass or rather fiddle shape. They are made of three different sizes. One end terminates in a slong slender tube, the extremity of which is furnished with a stop-cock. The dilator is introduced in a flaccid state into the uterus on the point of a staff or sound, the terminal bulging part being carried through the os internum, and air or water being then gradually forced into the dilator through the long tube just alluded to, it is left for an hour or two, and by that time has generally distended the canal to a considerable extent. The peculiar shape of the dilator prevents it when once it has been distended, from slipping out of the uterus. Dr. Barnes originally introduced these bags into practice for the purpose of dilating the os uteri in cases in which it was desirable to induce premature labour, a purpose which they often serve admirably, but their use is now further extended, and we use them occasionally for the purpose of completing the dilatation of the cervix in the unimpregnated uterus.

You have had frequent opportunities of seeing the process I have described carried out—and must have noticed the entire absence of unpleasant symptoms, after a proceeding so apparently severe as the forcible dilatation of the cervix uteri—I have therefore no hesitation in recommending you to adopt this course in your future practice, as being one which you have seen productive of such good results in this hospital.

I have now explained to you the mode by which dilatation of the cervix is to be accomplished. It remains for me to direct your attention to the way in which you are to proceed, when having withdrawn your sea tangle or sponge tents, you desire to clear up the doubt which exists and satisfy yourself as to the cause of the menorrhagia. Attempts have been made to examine the interior of the uterus by means of the endoscope; but as yet with negative results, the hæmorrhage which in these cases is always present to at least some extent, and the mucous discharge which is continually being poured out prevent any thing being distinctly seen. We are therefore obliged to rely on the sense of touch alone, and must therefore pass the index finger fairly through the os internum till the tip reaches the very fundus. To accomplish this by no means easy matter, it is necessary in the first instance to draw down and fix the womb, this you effect by seizing the anterior lip of the os uteri with a vulsellum, which you intrust to an assistant to hold, while the fundus should be at the same time pressed down by your left hand or better still by another assistant, the finger well oiled is now introduced slowly through the os internum, and swept round the entire cavity of the uterus. You will thus detect the existance of a polypus or a tumour no matter how small, should either be present, while the educated finger will recognise the rough uneven feel which the mucous membrane if in an unhealthy granular condition conveys to the touch.

I have already expressed my opinion that this condition of the lining membrane of the uterus is probably due to subacute inflammation, this view I believe to be correct, but be the cause what it may, the mode of treatment should be the same, and that is to destroy these so-called granulations "and endeavour to excite healthy action in the diseased part." With this view I invariably make use of the strong nitric acid, applying it with extreme freedom to the interior of the uterus. In the present case it is necessary to reach the entire of the diseased surface, for if the acid be applied imperfectly or partially the irksome process of dilating the cervix must be gone through again, I apply the acid by means of a thin strip of lint wrapped firmly round a piece of stick, or better still fastened through a loop of iron wire, such as that at the end of the stilette of an ordinary catheter, the os is brought into view by the use of the duck-bill speculum which protects the posterior wall from any task of injury, its concavity being smeered with lard to prevent the acid from corroding it, while the anterior wall is guarded by the vulsellum with which the lip is still firmly held, the stick or wire armed with the piece of lint saturated with the acid is passed boldly and rapidly through the dilated cervix, swept round the entire of the interior of the womb and with drawn, another piece of lint soaked in water should be at once applied to the os to prevent the vagina being injured by any acid discharge which might issue from the uterus, and then the lip being freed from the grasp of the vulsellum and the speculum withdrawn, the patient is to be placed in bed.

The subsequent treatment is very simple, should the patient suffer pain which she seldom does to any great degree, I order a morphia suppository to be introduced into the rectum, but even this in many cases is unnecessary, indeed much less pain is caused by this application than by the introduction of the solid nitrate of silver, though this latter would seem the milder treatment of

the two ; this immunity from pain after the acid is I think, partly at least due to the circumstance that the cervix and the os internum have been previously dilated. At the end of five or six weeks I introduce the speculum and examine the condition of the os. The slough caused by the nitric acid has generally by that time separated and you have a healthy granulating surface exposed to view. I brush this over with a ten grain solution of nitrate of silver at intervals of a day or two, and in a fortnight, as a rule it is perfectly healed. You can doubtless recal to mind several of the cases which have been treated by this method during the past session, the following one which is at present in the house, serves as an example :—J—— C——, a married women, æt. twenty-eight, admitted 26 Nov., 1870, has never been pregnant. Menstruation regular till within the last few months when she observed the flow to become much more profuse than formerly and to last for a greater number of days. Latterly the interval between each period has been but a fortnight. She has suffered and continues to suffer greatly from severe pain over the left ovary and in the back. On making an examination per vaginam the os was found to be relaxed and patulous, the sound penetrated to the depth of nearly three inches, the fundus appeared to be slightly enlarged. The existence of a small polypus or fibrous tumour being deemed possible dilatation of the cervix was decided on, five lengths of compressed sea-tangle were introduced on the morning of the 3rd Dec., on removing them next morning the os internum was found still too contracted to admit of the passage of the finger, Barnes's small sized dilator was consequently introduced and maintained in the cervix for a couple of hours. On removal I was able to introduce the finger and to reach the fundus, but neither polypus nor tumour could be detected in the uterus, the inner surface however was felt to be rough and uneven, the entire of this surface was freely cauterised with the strong nitric acid ; this patient was discharged on the 21st Dec. perfectly well. Such is the treatment I nearly invariably adopt, of course circumstances occasionally require me to modify it somewhat. Were the patient in a very feeble debilitated condition I should endeavour in the first instance to improve her health, restraining the menorrhagia by plugging, by alum injections, or by hot water-bags applied to the spine ; but this treatment would be altogether palliative, and I should as soon as possible have recourse to the radical plan I have just advocated.

Two other modes of treatment have been practised to which it is right I should call your attention, namely, the injecting into the uterus of astringent or caustic fluids, and the scraping of the inner surface of the uterus with an instrument called the curette. I do not think either of these modes of treatment as safe or as satisfactory as that just detailed. Inflammation of a serious and even fatal character has followed the injection of fluids into the cavity of the uterus, and I look on it as a hazardous practice. If any of you gentlemen should be induced to try it hereafter, let me recommend you in the first instance to dilate the cervix so that the injected fluid may have a ready means of exit. As to the curette, it is in my opinion a most unscientific instrument, and ill adapted to attain the object in view. This instrument is intended to detach any soft bodies which may exist in the interior of the womb ; in plain English the object is to scrape its lining membrane, and as this has to be done almost at random, it is evidently a mere chance whether it effects the object in view or not. Récamier himself who invented it advocates the cauterising of the interior of the uterus with nitrate of silver after the curette has been withdrawn,—a clear proof that the use of the instrument even in his own hands proved to be inefficient. There is just one case in which in my opinion the use of the curette is justifiable, that is for the removal of a small polypus the size of a pea or bean, and which it is difficult to seize with a forceps for the purpose of twisting off, and yet may be too large to be easily destroyed with nitric acid. But then the cervix should have been previously dilated, and the instrument be guided along the finger to the required point.

The retention of a portion of the placenta or of the fœtal membranes is so well known a cause of uterine hæmorrhage that it needs but brief notice. Not long since we had in hospital a case to which I feel it is right I should call your attention. This woman was the mother of five children. Early in February she had a miscarriage at about the fifth month of pregnancy. There was considerable hæmorrhage at the time ; the discharge did not entirely disappear for four or five weeks. After an interval of about a fortnight a red discharge which she supposed to be the regular menstrual flow appeared, and continued with short intervals till the 1st May, when she came under my care. On examining her I found the uterus to be much enlarged, the sound penetrating to the depth of four inches. The large size of the uterus and the freedom with which the sound rotated in the cavity induced me to suppose that it contained a tumour of some kind, and I determined to explore the interior. I accordingly dilated the cervix, and on passing my finger through the os internum detected what appeared to be a polypus attached by a slender pedicle to the uterine wall. I seized it with a vulsellum and using very slight traction extracted it, when I found it to be a portion of placenta which had been retained in utero for nearly three months, giving rise to the symptoms I have detailed.

From what I have told you as to the causes on which menorrhagia depends, you will understand why it is that astringents and hæmostatics administered by the mouth, are so frequently ineffectual in stopping the hæmorrhage. You are not however to suppose that they are useless. On the contrary, they are frequently productive of much benefit and generally are valuable adjuncts to our surgical treatment. In cases of profuse menstruation depending on subinvolution, you will often find ergot to check temporarily the discharge. I generally give the liquor ergotæ in twenty drop dose every four hours. If the patient be anæmic, I usually administer along with it ten drops of the tincture of the perchloride of iron. Recently I have been trying the effect of strychnia in combination with ergot and am satisfied that it greatly increases the peculiar action of the former drug on the uterus. I have not tried it as yet in labour, but you have had an example of its effects in the case of the patient, who was admitted for profuse hæmorrhage coming on three weeks after abortion at the fourth month, which I believe to have been kept up by the retention of the placenta. You may have remarked that each dose of the ergot and strychnine was followed by sharp uterine pains, which resulted in the expulsion of the placenta. I recommend you to try in your future practice this combination. Gallic acid too, alone or in combination with ergot, is an admirable medicine, and often produces excellent effects. I usually give both in ten grain doses. The mineral acid and acetate of lead are extensively prescribed in cases of menorrhagia. They are however, very unreliable agents.

[We regret that by a printer's error the woodcut of modified *écraseur* was inserted in our last issue in place that of the intra-uterine *porte-caustique* referred to by Dr. Atthill in his lecture.—Ed. M. P. and C.]

STATISTICS OF VENEREAL DISEASE IN TH E 2nd BATTALION 7th ROYAL FUSILIERS.

By D. Mackie, M.A., M.D., Assist.-Surgeon.

At the present time, when the statistics of venereal disease are eagerly studied and canvassed both by the advocates and by the opponents of the Contagious Diseases Acts, it may not be without interest to examine the vicissitudes in the amount of venereal which a single corps has

experienced during the last nine years. In the case of the above-named battalion this interest will not be diminished by the circumstance that during that period it has been stationed in Gibraltar, Malta, Canada, and England successively; thus affording us the means of judging of the effect on the amount of disease, produced by the different circumstances in which the soldier is placed in these widely separated stations. Another advantage for this examination which this corps presents is, that during the whole period of nine years no change in the means of prevention has been made in the regiment, so that the variations in the amount of disease are entirely due to extraneous causes.

From Gibraltar, where the Royal Fusiliers were stationed for several years, we went to Malta in the autumn of 1863; we left Malta for Canada in the spring of 1865; and we returned from Canada to England in the summer of 1867. At Gibraltar and Malta strict sanitary supervision of the women obtains. In Canada, although there exists on the Colonial statute book a Contagious Diseases Act, formed on the Imperial model and for the benefit of the Imperial troops, it was not put in force at the stations where we were quartered, nor as far as I am aware at any other station in Canada.

With these preliminary remarks, I give in the following table the annual amount of venereal disease in the battalion at the different stations mentioned; premising that in this as in the rest of the tables this amount is calculated as *the rate of admission into hospital per annum per* 1,000 *of mean strength.*

Table No. 1. Royal Fusiliers.

Gibraltar.			Malta.			Canada.			England.		
1861	1862	1863	1863	1864	1865	1865	1866	1867	1867	1868	1869
183	151	144	71	31	25	65	68	102	398	273	310

The difference in the amount of disease suffered by this corps in these four stations is thus very manifest; Malta showing the least amount, Canada and Gibraltar occupying the second and third places respectively, and England standing at the top of the scale. This relation will be more obvious if we take the average of the three years at each station. These averages give us the following comparison:—

Malta.	Canada.	Gibraltar.	England.
48	78	159	327

We thus find that the amount of venereal in the Royal Fusiliers at the above stations was very nearly in the geometrical progression 1, 2, 4, 8; in other words, whilst it was nearly twice as much in Canada as at Malta, at Gibraltar it was quite twice as much as in Canada, and in England it was more than twice as much as at Gibraltar.*

The small proportion of venereal among the troops at Malta is generally attributed to the stringent enforcement of compulsory treatment of the diseased women. That the strict police supervision to which the women in Malta are subjected has really very much to do with this small proportion of disease among the troops seems to me almost proved by the following table, compiled from the official returns, and giving the amount of venereal in the garrison during a period of ten years:—

Table No. 2. Malta Garrison.

1859	1860	1861	1862	1863	1864	1865	1866	1867	1868
149	148	102	50	44	53	44	60	54	70

By a glance at this table we see that in the last seven years the amount of disease was more than one-half less than in the first three, the exact average of the last seven years to that of the first three being 53·5 to 133. The reduction evidently began in 1861, but was not fully accomplished until the following year; and it is officially "attributed to the adoption, in the middle of 1861, and to the efficient execution, of a system of police surveillance of the prostitutes."* In order fully to appreciate the extent of the diminution it is necessary to omit the intermediate year 1861, in the middle of which the system of police surveillance is said to have been established, and to compare the two years preceding its adoption with the seven succeeding. The average of the two former years we see to be 148·5, that of the latter being, as already mentioned, 53·5; in other words, the effect of the new system was to reduce venereal among the troops to nearly one-third of its previous amount. If, then, it be true that "a system of police surveillance of the prostitutes" was first strictly carried out from the middle of 1861, it seems impossible to avoid the conclusion that the decrease of disease in the garrison was owing to this circumstance; but opinions will probably differ as to the mode in which this cause effected the diminution.

At Gibraltar, where the women are subject to a similar police supervision, we have seen that the Royal Fusiliers had nearly four times as much disease as at Malta. To institute a comparison, however, between Gibraltar and Malta, it is desirable to have statistics on a larger scale than that furnished by a single corps, and during a longer period than three years. I have therefore compiled the following table from the official returns in order to show the amount of venereal in the whole garrison at Gibraltar during the same period of ten years over which Table No. 2 extends.

Table No. 3. Gibraltar Garrison.

1859	1860	1861	1862	1863	1864	1865	1866	1867	1868	Average.
259	172	238	184	127	158	149	156	214	225	188

Throughout the whole of this period police surveillance of the women was maintained at Gibraltar; and though the above table shows great oscillations in the amount of disease, there was no great permanent change as at Malta. The question, however, remains—how is it that there should be so much more venereal at Gibraltar than at Malta? From the table we find that the average amount at Gibraltar is 188; that is 3½ times the average amount at Malta since the adoption in 1861 of police surveillance there; while even before 1861 the rate at Malta was less than that at Gibraltar in the proportion of 148·5 to 188. From this comparison we may conclude that the police surveillance of women is but one factor out of several in determining the amount of venereal among our troops. It seems indeed far from impossible that in other places, amid other circumstances and other ways of life, the police supervision of the women might have an entirely opposite effect to that which it has been shown to have had at Malta. In Canada, where no such police surveillance is exercised, we have seen that in the Royal Fusiliers the amount of disease was only one-half what it was at Gibraltar. The amount in this corps, however, while in Canada, was exceptionally small in proportion to the average rate of venereal diseases among the whole of the troops on that station, as will be seen from the following table, which gives the same information regarding the troops in Canada as the last two tables give with respect to those at Malta and Gibraltar:—

Table No. 4. Canada Garrison.

1859	1860	1861	1862	1863	1864	1865	1866	1867	1868
102	113	129	145	191	206	159	139	183	193

This table gives 156 as the average amount of venereal among the troops in Canada; so that the average rate of disease in the garrisons of the three foreign stations stands as follows:—

Malta.	Malta.	Canada.	Gibraltar.
Before 1861.	Since 1861.	—	—
148·5	53·5	156	188

Comparing the amount of venereal at Gibraltar with the

* Calculating from the official returns of venereal among *all* the troops quartered at those four stations during the same years, we find that instead of the progression 1, 2, 4, 8, which obtained in the Fusiliers, the ratio was nearly 1, 3, 4, 6.

* Army Medical Blue Book for 1862, page 50.

amount in our army at home, it is usually made a subject of congratulation that it is so small at this station, "being repressed," as Dr. Parkes says, "by police regulations."* It may be legitimately doubted, however, whether the amount of disease at Gibraltar affords sufficient cause for congratulation. It may be asked whether it is not with foreign stations, such as Malta and Canada, that Gibraltar should be compared rather than with England; and if this question is answered in the affirmative, then the above figures suggest quite other feelings than those of congratulation, and force us rather to lament that disease at Gibraltar should be in excess of what it is at the other two foreign stations. Comparing Malta before 1861 with Malta after 1861, we have seen that a great and permanent reduction of disease was effected through the enforcement of police regulations upon the women; but comparing Gibraltar, either with Canada, or with Malta before 1861, we might conclude that the system of police surveillance has not only not "repressed" disease at Gibraltar, but that it has had an exactly opposite effect, and has positively fostered it. But the problem is too complex to warrant hasty conclusions.

A similar inference as to the effect of "police regulations" on the amount of disease in England might be drawn from the following table, which gives the amount of venereal among the troops at home during ten years:—

Table No. 5. Troops at home.

1859	1860	1861	1862	1863	1864	1865	1866	1867	1868
422	369	354	330	307	291	283	259	291	282

From this table we see that disease steadily decreased from 1859 to 1866 inclusive, while in 1867 it suddenly rose to as high a figure as that at which it stood three years before. The Contagious Diseases Acts were first put in force in the end of 1866, and the returns for 1867 give us the first result of one year's working of those acts. Perhaps it may be a mere accidental coincidence, but the fact is certain, that the sudden arrest in 1867 in the diminution of disease, (a diminution which had been steadily going on for eight years,) and its return to the higher amount of a former year, *immediately followed* the putting in force of the Contagious Diseases Acts. We shall more fully appreciate the change by examining the following table, which shows the amount of decrease in each successive year from 1860 to 1866 inclusive, and the amount of increase in 1867:—

	1860	1861	1862	1863	1864	1865	1866	1867
Decrease . .	53	15	24	23	16	8	24	—
Increase . .	—	—	—	—	—	—	—	32

It is true that in 1868 there was not a further increase, for in that year, as will be seen from Table No. 5, there was a fall of 9. This fall, however, was exceeded in amount in every year before 1867 excepting one, and does not therefore require to be referred for explanation to the action of the Contagious Diseases Acts, unless indeed we thereby explain its unusual smallness.

CASE OF INTRUSION OF A NEW SHILLING INTO A BOY'S STOMACH.

By R. Locke Johnson.

Visiting Physician to the Infirmary for Consumption and Diseases of the Chest, Margaret street, Cavendish square.

Robert S., æt. twelve years, having received his usual weekly stipend for services rendered as machine-boy in a printing office, placed in his mouth one of the shillings given him, in order to get it changed for coin of minor value before his arrival at the residence of his parents. Why he wanted change was this: a mutual arrangement had been entered into between his parents and himself, by which the boy was permitted to retain for pocket-money 3d. per week, and his wages being even money, *i.e.*, five shillings, Master S. invariably secured his allotted pocket-money prior to yielding up the larger amount to his family, and for the purpose of this allotment he placed the shilling in the position stated. On the occasion under notice, not only the recognised threepence, but the entire shilling slipped into the wrong pocket, for Robert S., whilst on his way towards a friendly shop, where small change was occasionally given him, encountered a "fellow workman," who, to use his own words "squared at me in fun, then chucked my chin, so I threw up my head, and the shilling lobbed into my stomach."

The boy felt the shilling "glide down" freely, but suffered no inconvenience from it until the following day, when he experienced considerable uneasiness and some pain towards the pyloric orifice of the stomach. I ordered the boy to be supplied with plenty of well boiled vegetables, porridge, minced meat, bread and milk, &c., and to be permitted to enjoy himself out of doors freely. In thirty-four hours from the intrusion of the coin it was passed by him. He had two motions previously. No medicine was given until the coin passed.

A few years ago a girl, æt. eighteen years, accidentally swallowed a shilling. Oil pills and draughts were administered. The patient did not eject the coin until the eighth day subsequently, and in the interim suffered intense pain in the gastric region; was purged, restless, and very feverish. Bearing in mind that patient, and also in consideration of Robert S.'s age, induced me to treat his case herein set down, and the result has been, I consider, satisfactory.

Hospital Reports.

KING'S COLLEGE HOSPITAL.

Saturday, June 15.

(Under the care of Mr. Henry Smith.)

Varicose Veins—Œtheromatous Tumour, removal of—Epithelioma of the Lip—Polypus of the Ear.

Mr. Smith introduced to the class a man who had very extensive varicose veins; the long saphena could be traced from the side of the great toe to the opening. Many other veins were also much enlarged, and there was a large bag of veins on the inner side of the popliteal space. Mr. Smith passed about thirteen needles under the more prominent, and applied the twisted suture. Mr. Smith afterwards remarked that all ordinary treatment having failed, together with the fact of the man's life being in constant danger lest the vein gave way, he felt quite justified in operating, and, moreover, he had had as severe a case before which had got perfectly well by this procedure.

The œtheromatous tumour removed by Mr. Smith was a small one, situated on the face of an infant. He carefully dissected it out, removing the whole of the sac, and then applied a pad and bandage. These cases he observed generally did well, *but the sac must be removed, or the disease would recur.*

The case of epithelioma of the lip was situated on the lower lip of a man, whose appearance denoted fair health, and, moreover, there was no enlargement whatever of the neighbouring glands. Mr. Smith made a V-shaped incision, removing with the diseased portion a good margin of healthy tissue; the edges of the wound were then brought together with pins and the twisted suture-dressed in the ordinary method, and painted over with collodion. Mr. Smith remarked:—1st. On the circumstance of the man bearing the operation without flinching—chloroform not having been administered. The ability to bear pain seemed to him to be granted in a greater degree to some

* "Manual of Hygiene," 2nd edition, page 531.

men than others, though the possession of this power by some men was opposed to the views of physiologists, who maintained that the same intimate structure of tissue was common to mankind in general. 2nd. The case was a most favourable one for operation, inasmuch as there was no implication of adjoining structures; and 3rd. In performing an operation similar to this, it was of the utmost importance to take care that the whole of the disease was cut out, and consequently he had removed a considerable portion of healthy tissue also. This procedure was perfectly justifiable for the reason already given, and, moreover, the extreme elasticity of the lip rendered the healing of the wound not only easy, but the deformity afterwards was very slight. The case was just one of those of which you might predicate a successful cure.

Mr. Smith then removed a polypus from the ear. Great care he said was necessary, as if force were applied, and the patient happened to move, the tympanum might be injured; moreover, you ought always to be careful, and seize the pedicle.

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

JUNE 27TH, 1871.

REPORT OF THE COMMITTEE ON VACCINO-SYPHILIS.

THE following are the cases (of the first series reported on April 25th) which the Committee have had an opportunity of seeing through the courtesy of Mr. Hutchinson:—

Vaccinifer No. 1, female, aged seven months. Had been used on February 7th for vaccinating the series of cases reported by Mr. Hutchinson on April 25th. This child is hydrocephalic; its head is much elongated and widened posteriorly; the fontanelle is somewhat more open than usual. It is pallid, but not unhealthy looking. There are five marks on the left arm from vaccination, which are quite healed. No eruption can be seen anywhere; the arms and genitals are quite clear, but the mother states that there were sores on the latter after vaccination. The glands in both groins can be distinctly felt. The mother is rather pale, but looks healthy, and declares she has always been so. This is her first child.

The following persons were vaccinated from the preceding case on February 7th, and presented on May 16th the following features:—

1. Female, aged seventeen, a hearty, robust, plump girl, with bright colour. Has three vaccination marks on the left arm in a horizontal line, the outer of which is not yet healed. The base of this sore is very slightly thickened. Mr. Hutchinson states that this girl has been living at home with her friends, and taking her medicine very irregularly.

2. Male, aged eighteen, assistant to a stationer in Westminster. A dark-complexioned, strumous looking lad. Has three cicatrices on his left arm, which present nothing different from vaccination marks. There are a few small scattered spots of acne on the shoulders and upper part of chest.

3. Male, aged nineteen, a warehouseman in the City, a healthy-looking lad. Has an unhealed ulcer, larger than a shilling-piece, on the right arm, resulting from vaccination. The sore is covered by a crust, which is disposed to scale slightly, and its base is leathery. Nothing else can be detected.

Mr. Hutchinson states that this is the last case traced of the series related on April 25th, and therefore treatment was commenced later than in the others. He also informs us that in the above three cases the vaccination sores all healed, and subsequently ulceration set in at some of them, which continued to spread slowly until mercury was given, when in about ten days they commenced to heal. Black wash was applied locally. The same sequence of events occurred in all the other cases of this group.

From the foregoing account it will be seen that neither the vaccinifer, nor any one of the three cases vaccinated from it, presented any symptoms of constitutional syphilis at the time of our examination. But whilst in Case No. 2 the vaccination sores were healed, leaving nothing but the ordinary scars, in cases Nos. 1 and 3 there were still open ulcers at the site of the vaccination fourteen weeks after its performance. These ulcers were of a suspicious, but not of a conclusive, character.

Of the second series reported by Mr. Hutchinson in an appendix on May 9th, we have seen the vaccinifer No. 2, and three children vaccinated from it.

Vaccinifer No. 2, male, aged seven months. Had been used on February 13th for vaccinating the series of cases reported by Mr. Hutchinson on May 9th, and brought under his observation by Mr. Warren Tay. This child is hydrocephalic; its head is universally enlarged; the fontanelles are perhaps more open than usual. It is a pallid, delicate-looking child, and has a slight herpetic eruption on the forehead, but is very lively. It breathes hard through the nose; the mother says it has a cold and is teething. There is a small white scar at the anus as if from an ulceration. The glands in both groins are large and separate. On the right arm are five vaccination marks, which are all healed.

The mother is a bright-complexioned, healthy-looking woman. Has never suffered from illness. This is her first child. She has never had a miscarriage, or discharge, or sore nipples. She says the child has been occasionally nursed by the landlady and her children. She knows that one of these was ill, and sent to Croydon for its health, and that the mother had attended a hospital in the Hackney road, but she never heard what was the matter with either of them.

The father, aged twenty-seven, cabinet maker, is a spare, pale man, but apparently in health. He had worked thirteen years in the same situation. He denies having had venereal disease of any kind, and readily submitted to examination without previous preparation. Nothing could be found except some enlarged separate glands in the left groin, and a slight white scar on the inside of the cheek opposite to the left molar tooth. The only illness he has ever had are measles and whooping-cough.

The following cases, which had been vacccinated from vaccinifer No. 2 on February 13th, presented the appearances detailed below on May 16th—thirteen weeks afterwards:—

1. E. T—, aged four years and a-half, female (No. 2 in Mr. Hutchinson's second appendix). A pallid, thin, strumous-looking child. On the right arm are two sores covered by crusts. The larger of these has a circumscribed thickened base, which is superficial, and has a leathery feel when compressed; the surface of this is disposed to scale. The glands in the corresponding axilla are enlarged. There is a scaly eruption, consisting of small, circumscribed, for the most part circular spots, of a copper colour, at the back of the neck, the lower part of the abdomen, and the upper and outer part of the thighs; with a general scattered mottling of the trunk on its anterior surface especially. The inguinal and post-cervical glands are large and distinct. Both the tonsils are excavated, but not now ulcerated.

2. A. E. T—, aged eighteen months, male (No. 1 in Mr. Hutchinson's appendix). A fat, well-grown, hearty-looking boy. On the left arm are two large dusky-coloured marks of vaccination, which are scaling on the surface, but not ulcerated; these have a thickened base precisely similar to the preceding case. There is a general mottling of the trunk, which is fading, and a few small scaly spots resembling those in foregoing patient, and scattered over the abdomen. The glands in each groin are very distinct. There is well-marked ulceration of both tonsils.

The mother of these children is a healthy-looking woman. She had not suffered from illness. A rigid cross-examination failed to elicit any history of previous syphilis in herself or either of her children.

3. W. C—, aged ten, male (No. 3 in Mr. Hutchinson's appendix. This case was not reported at the Royal Medical and Chirurgical Society). A spare lad, but not unhealthy in appearance; his mother says he has lost flesh lately. On the left arm the cicatrices of vaccination in infancy show plainly, and below these are two large sores covered with crusts, with well-defined thickened circumscribed bases, surrounded by a dusky areola. The glands in the corresponding axilla are enlarged. The inguinal and post-cervical glands are very perceptible to touch. There is a scaly eruption, for the most part

in small annular patches, over the trunk and limbs, which is fading. On each tonsil is a deep vertical ulcer, with a grey unhealthy surface.

The mother is a tall, healthy-looking woman. She has never had any serious illness, and no history of previous syphilis in herself or her boy could be obtained. These three cases were vaccinated on the same day, and the ulcers resulting had never healed, but have slowly increased in size. There has been no treatment in any of them.

In our opinion these three cases present unequivocal evidence of constitutional syphilis, and we see no reason to doubt, from the appearances presented by the arms, and from the history of the cases, that the disease had been conveyed by vaccination.

As to the method in which vaccination was performed in these cases, and the character of the fluid inoculated, whether lymph, blood, or both, we could obtain no satisfactory evidence, and with regard to this question we may refer to the remarks made by Mr. Hutchinson in the appendices to his paper, where such facts as could be elicited are recorded.

(Signed) Samuel Wilks, Geo. G. Gascoyen,
Wm. S. Savory, Thomas Smith.

The following case was shown to Dr. Wilks by Mr. Hutchinson on May 19th, being one of the second series:—

4. Female, aged fourteen (No. in Mr. Huchinson's second appendix). There was a round red sore on the arm, raised and granulating. Over the body and arms was a well-marked eruption of bronze-coloured, scaly, raised spots. The tonsils were swollen, and slightly ulcerated.

(Signed) Samuel Wilks.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 26, 1871.

THE CONTAGIOUS DISEASES ACTS.

The Report of the Royal Commission has been the signal for so much new controversy and for such a strange display of feeling, that we must ask our readers to consider for a moment two or three separate events in connection with the matter.

Just before the issue of the Report in reply to Mr. Baines, Mr. Bruce said the report of the Commission would be in the hands of the members in the course of a few days. It was signed by twenty-three of the twenty-five members, two being absent, one from illness and the other on duty. The number of dissents detracted from the unanimity of the report. Two-thirds of the members were in favour of qualified compulsory application of the Act, one-third (or rather, seven) were in favour of strengthening rather than weakening the Acts; six were in favour of repealing all compulsory legislation, and all were in favour of further legislation, with a view of modifying the law to make it applicable to the whole country. Such a report was intended for the information of Government, of Parliament, and of the whole country; and at this period of the Session it would be impossible for hon. members to give due consideration to the report so as to be able to pass a useful measure founded upon it. It was, therefore, not the intention of the Government to introduce a Bill. (Cheers.) Strong feelings had been created in the public mind by the repetition of statements that in carrying out these Acts outrages had been committed upon innocent and virtuous women; and those statements had not been confirmed. Had they been confirmed, it would have been the duty of the Government, under any circumstances, to repeal Acts capable of such abuse; but the Commissioners said that the result of inquiry was to satisfy them that the police were not chargeable with any abuse of authority, that they had discharged delicate and difficult duties with moderation and caution, and that there was no foundation for the charges which had been so rashly made and repeated, and which had contributed to excite public indignation against these enactments. That finding was unanimous, and an examination of the facts showed not only that many of these statements were gross exaggerations, but that the greater part of them were sheer inventions. (Cheers.) The House would therefore see that the substitution of legislation for that now in force was a matter which required on the part of the Government deep and anxious consideration, which could not be given to it either by the Government or by private members at this period of the Session.

As soon as the report appeared a conference of representatives of the various branches of the Association for the Repeal of the Contagious Diseases Acts was held. There were a very large number of ladies present. The Chairman considered that the Royal Commissioners, had issued a weak and vacillating document. He referred to the clause recommending that all licensed victuallers harbouring prostitutes should, upon conviction, forfeit their licenses, and to that recommending the abolition of compulsory and periodical examinations. He condemned the conduct of Mr. Bruce in respect to the Act of which they complained, and considered that they should declare that nothing would satisfy them but the total and immediate repeal of all the obnoxious Acts, including the Act of 1864. Dr. Guthrie, of Edinburgh, then read a memorial, requesting the Government to take steps during the present Session to repeal the whole of the obnoxious and immoral Acts known as the Contagious Diseases Acts. He said, so strong did he feel upon this question, that he was prepared to sacrifice party for the purpose of obtaining the total repeal of those disgraceful Acts. He considered the ladies who had taken a prominent part in this movement had covered themselves with great honour. The memorial was almost unanimously adopted.

After this a deputation, extraordinary in its character, composition, and conduct, waited upon Mr. Bruce at the Home Office. The *Times* thus describes the gather-

ing :—"The male portion of the deputation consisted of members of different religious bodies and persons said to represent various towns, while the female portion was constituted of young, middle-aged, and elderly women, apparently eager to enter into discussions on the subject, and who gave the most unremitting attention to the proceedings."

Mr. Fowler, M.P., in introducing the deputation, said that the very existence of the Liberal party depended upon the manner in which this subject was dealt with. (Loud cheers.)

Mr. Bruce.—I must tell you that this is not a public meeting. I shall be happy to hear your views, but you must not conduct these proceedings as if you were in a public meeting.

The Rev. Dr. Guthrie declared that unless the Acts were repealed the subject should be brought to the knowledge of every household in the kingdom; and he expressed himself as horrified at the literature which Christian men and women, who were loyal subjects, would feel it their duty to send broadcast.

The Rev. Dr. Rigg believed that if the Acts were not repealed the people would have to be made to understand the subject, even at the hazard of the matter being discussed by women and children.

Several other persons broke the limit drawn for speakers and insisted on continuing the discussion.

Mr. Bruce said at length—I assure you that I have other engagements before I go to the House, and I have now but little time to spare. It certainly strikes me as peculiar that the opposition to these Acts—the strongest opposition—should come from places the farthest removed from the towns where the Acts are in operation. (Murmurs.) I cannot but express my regret that the advice of Mr. Otway was not followed, and I think it is in the worst possible taste to make attempts to influence me by appeals to my own interests. I am here as representing the Government, and it is, to say the least, wrong to attempt to induce me by appeals to private motives to take a certain course. Of this I have no doubt, but further legislation of a repressive character is needed—legislation which may put an end, as far as legislation can, to certain immoral practices, and thus save many unhappy women from the course which they now adopt. The Government, feeling that to attempt to repeal these Acts without a substituted measure would not only be dangerous, but would be impossible in the present state of the Session, I appeal to the members of Parliament here whether, supposing the Government were desirous to carry the repeal of these Acts, it would be possible to pass such a Bill through the Legislature? Well, now, the Commissioners were men capable of inquiring, and with full powers, and yet they report—and this is unanimous,—that there is no evidence whatever to justify these statements of interference with liberty by the police. Well, they are gentlemen of truth and honour, and I would set their honour and truth against the honour and truth of any three-and-twenty gentlemen, and they signed the report to the Queen that, having given every opportunity to have these statements justified, none had been proved. (Confusion and murmured remarks.) If the outrages alleged to have been committed under these Acts had been proved there would have been abundant reason for abrogating the law, but this reason did not exist.

Those who have been readers of the MEDICAL PRESS AND CIRCULAR for the last year will certainly not accuse us of failing in liberality of opinion in respect of the Contagious Diseases agitation. The expression of opinion may therefore come with some force from us when we say that proceedings like this are scandalous, disreputable, and unconstitutional. The only effect they could have on any conscientious or powerful Government would be to give birth to a determination not to submit to such bullying.

It is stupid and foolish for a crowd of agitating women to constitute themselves the exponents of thoughtful reformers—it is, in the highest degree, unwise for them to adopt this highwayman's challenge to the Government. But it is still worse (and we are astounded to read such words from the lips of Dr. Guthrie, of Edinboro') to try to carry their point by means of a threat to let loose the indecencies of prostitution and syphilis propagation in "every household in the kingdom."

SCOTLAND.

EDINBURGH.

THE FEMALE STUDENTS.—At a meeting of the lecturers at Surgeons Hall it was resolved by a majority of votes to rescind the resolutions passed last summer granting permission to female students to attend the courses of lectures delivered there. This prohibition does not extend to those lecturers who give instruction to women desiring to qualify as nurses.

THE sum of £200 has been given by a lady towards the establishment of a Woman's Hospital in Edinburgh.

ABERDEEN.

A DEATH from chloroform is reported as having occurred in Aberdeen Dispensary.

Notes on Current Topics.

Detection of Blood Stains.

AN American contemporary says that iodide of potassium dissolves traces of blood, even from clothing which has been thoroughly washed, but hæmatin crystals cannot be obtained from the solution.

Gunning has discovered, in the acetate of zinc, a reagent that precipitates the slightest traces of the colouring matter of blood from solutions, even where the liquids are so dilute as to be colourless. Blood washed from the hands in a pail of water can readily be detected in this way. The flocculent precipitate, thrown down by the acetate of zinc, must be washed by decantation, and finally collected on a watch glass, and allowed to dry, when the microscope will readily reveal hæmatin crystals, if any blood be present. This test has been repeatedly tried with entire success.

Epidemic among Horses.

THE *New York Sun* says—Within a few weeks past an alarming and fatal malady has made its appearance in the stables of some of the city railroad lines in New York. By some it is pronounced to be cerebro-spinal meningitis. The first symptoms are manifested in the slow, sluggish movement of the hind quarters, and in stumbling. It is a disease of the membranes over the spinal marrow, and

beginning apparently over the lumbar vertebræ, effectually paralyses the hind quarters. The distemper gradually works itself along the spinal cord until at last it reaches the brain, when the fore legs give way, and the horse is deprived of the use of his limbs. The most remarkable feature of this disease in its present aspect—one in which it differs from the real cerebro-spinal meningitis—is that the horse continues to eat and drink as heartily as though he was well, his appetite seems to increase rather than diminishas the disease advances. If the horse, when stricken with the disease, is allowed to lie down, he will never get up. Therefore, just as soon as numbness in the hind quarters is noticed, the horse is supported by broad canvas bands, and as soon as he is able to stand he is turned loose. In some localities it has swept over the country as a curse, paralysing in a day the farmer's finest stock. The poor truckman, too, who is so dependent upon his horse for his livelihood, has not been exempt from the ravages of this epidemic, but in a few hours has been obliged to see his horse stricken down helpless and die.

The Abuse of Medical Charity.

A LARGE deputation, representing three important organisations, had an interview with Mr. Stansfeld, on Tuesday, in relation to the present system of medical relief of the poor and the abuse of the dispensary system. Sir Charles Trevelyan and other gentlemen attended for the Society for Organising Charitable Relief; Mr. Corrance, M.P., Mr. Kennaway, M.P., and other gentlemen, attended in connection with the Metropolitan Branch of the British Medical Association and the Poor-law Medical Officers' Association. Sir Charles Trevelyan opened the proceedings by stating that at a conference of the medical profession held under the presidency of Sir William Fergusson, when no less than 156 members of the profession were present, resolutions were passed condemning the existing system of gratuitous medical relief, and looking for an improved condition of things to the establishment of provident dispensaries. The medical profession then formed four committees, and their reports and resolutions Sir Charles laid before Mr. Stansfeld. The deputation asked for the assistance of the Poor-law Board in encouraging the establishment of provident dispensaries, in discouraging free medical out relief, and in placing the out-door medical relief under the Poor-law Board. The conference lasted nearly two hours. Mr. Stansfeld said he was most desirous of meeting with members of these societies, for the purpose of discussing these questions. He was convinced of the evils of which they had spoken: and he well knew the value of voluntary effort in aid of the legal or regular forces in lessening those evils. Their opinion, as he gathered it, was that there should be no gratuitous medical relief except under the Poor-law Board. Several voices affirmed this view. He pointed out that the Poor-law Board could not control the free action of institutions supported by voluntary subscriptions, and that this could only be done by appealing to the public, and by influencing the organs of public opinion to stop such evils by exposing their dangers. He stated that the Poor-law Board was proceeding to urge forward the dispensary system in town under the Act of 1867, and even in the country, where the Board had no power of enforcing its views on this point as yet, the system was being adopted by guardians, whom he had found generally willing to take advice. Speaking of a proposed "general system," he expressed his confidence in a local rather than in a centralised system, and he thought that though local action caused some delay sometimes, yet that, on the whole, it worked better than the over-ruling and over-governing found in a centralised system. He quite agreed as to the necessity of the provident dispensary system, but said it rested with the public. The deputation thanked Mr. Stansfeld and Mr. Hibbert, M.P., for their attention, and withdrew.

Meat Preserving Competition.

THE *Melbourne Argus* informs us that an interesting competition between the meat-preserving companies of Victoria and the Admiralty manufacture carried on at Deptford has taken place. The object was to compare, under equal circumstances, the Victorian meats with those preserved under Admiralty auspices. The competition may be said to have arisen out of a judgment passed by the Society of Arts. That body having had submitted to their criticism certain tins of meat preserved by the Melbourne Company, taken at random from the stores of the company's London agent, sent to the Deptford dockyards, for preserved meat wherewith to compare the colonial sample. There decision was that the Melbourne Company's meat was excellent, and only just inferior to the Deptford meat, to which expression of opinion the Melbourne Company strongly demurred, because their meat had been taken at random, while the authorities at Deptford had had ample opportunity to specially prepare for the comparison. At the request of the agent-general the Admiralty authorities caused six cases of Deptford preserved boiled beef to be sent to the Victorian Government as a sample. A circular was issued from the Victorian authorities to the various meat-preserving companies inviting them to send in samples of their meat. The samples were stowed away for more than six months in the Custom house. The various tins were sent in to the judgment chamber with their labels obliterated, and simply numbered, so that no obvious means of identification were afforded. The Government appointed a day on which the tins should be opened, and a number of gentlemen were nominated to sit in judgment. Mr. Moody said it was not till after a full decision had been come to that any of the judges knew on whose manufacture they had passed their opinion. The decision of the Committee was that they considered the meat in Nos. 2 (Melbourne Meat-preserving Company), 4 (Echuca Company), and 5 (Warrnanbool Company), as excellent in all points. The meat in the No. 3 (Ballarat Company) tins was slightly over- cooked, but otherwise good. The meat in the No. 1 (Deptford) tins was decidedly over-cooked, and, in the opinion of the Committee, therefore objectionable, but the meat was sound.

Health of Dublin.

IN the Dublin district the births during the week ending July 15th amounted to 157. The average from the years 1864 to 1870 was 158. The deaths registered during the week were 103. The average of previous seven years was 106. Four deaths were caused by fevers, viz., two by typhus, and two by typhoid. Scarlet fever proved fatal in two instances, and small-pox in one. Croup was the cause of two deaths, and eight were ascribed to convulsions. Four deaths resulted from pneumonia, and but one

from bronchitis. Two deaths were referred to apoplexy, four to heart disease, and two to aneurism. One death was attributed to Bright's disease, and to kidney disease unspecified two. Nineteen persons fell victims to phthisis, two to mesenteric disease, and one to scrofula. Three deaths from cancer were registered. Four deaths were the results of accidents.

Dyte *v.* the St. Pancras Guardians.

It is really time that medical men stood "shoulder to shoulder," when we notice the shabby way in which public bodies of men treat the most able and hard-working amongst our fraternity. In the *St. Pancras and Holborn Journal*, of July 15th, we notice that Mr. Dyte, the able officer of the Jewish Board of Guardians, in Bishopsgate, who was appointed to the post of Medical Officer to the Highgate Infirmary for some time, and suddenly removed from his post in order to make way for a gentleman, favoured by some one of the parties which make up that famous Board of Guardians, has naturally demanded some pecuniary satisfaction for a dismissal which was quite unexpected by him. The defendant Board acknowledges the ability of their late medical officer, but states that it is not indebted at all to Mr. Dyte, although it comes out in evidence that they had given that gentleman to understand that he was to be retained in his position for some longer period. In point of fact, the Board, seeing how far they fail in establishing their case on the grounds of justice and equity, wish to strain in their favour whatever legal technicality may be left to them. Not a moment too soon has arisen the agitation in favour of Poor-law Medical Reform, when such cases as that of our able *confrère*, Dr. Dyte, can occur under the present system of nomination. A subscription to enable Dr. Dyte to carry on the case has been opened, and Dr. Woodman, of the London Hospital, receives subscriptions.

Protection from Poisoning in England.

The Pharmacy Bill, after having passed the House of Lords, and achieved its first reading in the Commons, has submitted to the inexorable demands of the Army and Ballot Bills, which have devoured almost the entire legislation of the year, and it has been withdrawn. We deeply regret this result, for we fear the protection of the public from misadventure may be seriously endangered thereby. Before the next meeting of Parliament, the Government which has pledged itself to effect this necessary and just reform, may have died, and its successor may want the votes of the druggists. Mr. Forster, who has taken the matter in so firm a hand, may probably be translated, in the style of the present Government, to a bishopric, or constructorship of the navy, or some other office of which he is utterly innocent, and the sailor or lawyer who may be selected to succeed him at the Privy Council, may possibly not care whether or not Her Majesty's lieges are poisoned occasionally. Moreover, the druggists will have time to organise a barricade, and we know by the anti-vaccination and contagious diseases agitations, that there is no opposition too ridiculous to effect its object, if it be only pushed, without scruple, through the medium of indignation meetings and newspaper paragraphs.

Mr. Forster makes rather a poor show just now. He talked very loud, and blustered a good deal, and now his superior officer, without hesitation, puts a stop to his threatened onslaught. Meanwhile, we are encouraged to see that the "Party of Order," who have voluntarily adopted precautions against poisoning, and dont wish to be slovenly, are coming to the point, and the *Pharmaceutical Journal* is, after the example of the *Times*, throwing out feelers for a change of policy from opposition to adhesion. A letter in favour of the amended Bill is published in that periodical this week, and it bears the signatures of almost all the large respectable chemists in London, and many in the country. Thus the opposition is narrowed to the limits of the small retail druggists, and loses so much of its force that we have reason to believe that it will lack power eventually to defeat the reform.

Professional Evidence.

A case was tried last week at Portsmouth which discloses, in a most marked degree, the serious differences which prevail when members of the Profession are called upon to give evidence before a jury. Excuses have been allowed in some cases, and with reason, for this unsatisfactory state of things, particularly in cases of railway or other accidents; but that there should be such strange divergence of opinion upon the effects of the commonest drugs upon the system, as in the case before us, in which a solicitor is charged "with administering certain noxious drugs to the person of a young lady, thereby producing abortion," is, we confess, the very reverse of creditable.

We might be accused of very strong language if we ventured to remark, that the opposition of *sides* caused a member of the Profession to forget the honour due to it, to himself, and the public for truth's sake. But the expression of such views upon the conduct of medical men in our courts of law is very common indeed outside of professional circles, and it is well sometimes, even at the risk of giving offence, that we as journalists should boldly draw aside the curtain, and in the name of our common right to an honourable profession, and our title to that of gentlemen, ask why these things should be? We know of hundreds of instances where our brethren have yielded to no equivocation in cases which offered the most tempting pecuniary inducements. But with these we have not now to do. We ask why there are any exceptions?

Our Population and its Increase.

The enumerated population of England and Wales living at midnight on April 2nd, 1871, was 22,704,108 souls. This is an increase of 2,637,884 over the numbers living at the last census, and exceeds general expectations, for the increase from 1851 to 1861 was 2,138,615, and the rate of increase was 12 per cent. in the ten years that ended in 1861; whereas the rate of increase in the last ten years has been 13 per cent. When we add to the population of England and Wales that of Scotland, Ireland, and the Channel Islands, with a provisional return of British subjects abroad, the whole numerical strength of the United Kingdom may be taken at 31,817,108 persons, of whom 15,549,271 were males, and 16,267,837 females.

The Emperor and Empress of Brazil, in company with Dr. Acland, inspected the Radcliffe Infirmary, Oxford, on Saturday last.

Medical Evidence.

With shame we quote from the *Standard* the following remarks in reference to the evidence of Drs. Jackson, Haynes, Walton, and Gay, for the defence of Mrs. Newington *alias* Davey :—

"The necessities of the defence did but furnish another proof of the worthlessness of what is known as the testimony of experts. Mrs. Newington's medical witnesses were open to the remark that they were speaking less with reference to the ascertained circumstances of the case than to frame a theory of their own which might justify a verdict of acquittal. We can understand the embarrassments of their position, but we cannot approve their way of extricating themselves from them. We are willing to accord all due weight to scientific opinion, but we consider it a misfortune, alike for the public and for the savans, when it becomes evident that such opinions may be obtainsd by any one who is willing to pay the market price for them. In actions for damages this is quite bad enough, but it is infinitely worse when the same means are employed at inquiries consequent upon the deaths of those who have gone to their last account, and which intimately concern the lives and limbs of all whose evil hap it may be to suffer from excesses of ungovernable passion and the outbreaks of lawless violence."

We express no opinion as to whether or not these observations are applicable to the case to which they are applied, but we cannot but admit that this and much more might truly be said of medical evidence generally. What a disgrace to our Profession is involved in the statement that their sworn testimony may be obtained by anyone "who is willing to pay the market price for it." We are well aware that medical witnesses do not sell their honour with their evidence, but it is patent that instead of setting themselves dispassionately to investigate a case, and testifying thereon the unbiassed truth, they are wont to set themselves to find out facts for the support of a favoured theory, and then swear their *exparte* ideas as if they were skilled opinions.

A son of Professor Humphry won the Queen's Prize at Wimbledon.

The *Gaulois* alleges that a considerable fall has taken place in the level of the ocean in consequence of the tropical heat !

A case of small-pox was landed, on the 16th ult., at Portland, from H.M.S. *Seamew*, and was taken to the Government hospital. Cases of small-pox are being brought into Shields by shipping.

Charles de Buddely and his wife, the medico-botanical abortionist, and the clairvoyant, whose career we noticed some weeks since, have been sentenced to twelve months' imprisonment and hard labour.

The health of the Wimbledon Volunteer Camp is unusually good this year, the medical superintendents being Surgeon-Major Wyatt, Dr. Mayo, of the Inns of Court R.V., and Assistant-Surgeon Temple, V.C. Since the camp was established there has been an average number of 2 600 men under canvass, not one of whom has been sent away in consequence of illness. There have been a few cases of rheumatism, and one or two of diarrhœa, with two or three patients in hospital from trifling accidents.

Professor Sayre, of New York, has been quite starring it amongst us in London. He has lectured to most attentive audiences, and demonstrated his mode of treatment of disease of hip-joint at several metropolitan hospitals.

Mr. Rawlinson, C.B., has written to the *Liverpool Daily Post*, and says the report of Drs. Parkes and Sanderson, on the sewers of Liverpool, is "misleading and dangerous to the health of Liverpool." He says that it is a mistake that sewers require no ventilation, and that all covered sewer shafts ought to be *un*-covered for ventilation, and the sooner the better.

We would recommend our readers, and, indeed, society in general, to follow the sensible example of the Emperor of Brazil, who rises early and takes morning drives in the suburbs. If we were to follow the example of our ancestors in the matter of early rising, our health would be better, and our work done before the heat of the day.

We would put those who are leaving town on their guard against taking infected apartments at the seaside or in the country. The danger of contracting infectious diseases is especially great this year, by reason of the late epidemic. All who are about to leave London should be vaccinated.

At a late meeting of the Council of the Royal Medical Benevolent College, the Rev. Dr. West spoke of the desirability of introducing lay boys, which had hitherto been impossible by want of funds. Mr. Erasmus Wilson offered to erect, at his own expense, a suitable building for their reception, the estimated cost of which will be £3,000.

Last week H.I.H. the Crown Princess of Prussia, attended by her suite, visited the German Hospital at Dalston. She was received by the staff, and inspected the hospital. She expressed an opinion that, for sanitary reasons, bed curtains were better dispensed with in a hospital. She was otherwise very pleased with the arrangements.

Five companies have recently been started for supplying bituminous paving asphalte or noiseless pavement, so that we may hope soon to have our streets covered with it, and the rattling over the stones, at present so annoying, be dispensed with for ever. Better provision should, however, be made for cleansing it, as it forms a disagreeable dust in windy weather, and a slippery slide in wet weather.

The Manchester Anti-vaccination League held their annual meeting last week. Among the letters of apology for non-attendance was one from Sir Thomas Bazley, M.P., who wrote saying he was "really very sorry to differ from the anti-vaccinators on the question of vaccination." The Bishop of Manchester and Mr. Hugh Birley, M.P., also held opinions opposed to the league ; and Mr. Jacob Bright, M.P., while offering facilities for vaccination, would at the same time take greater precations than any that have yet been taken to have it well done and to guard from injury.

In consequence of the Asylums Board having provided more accommodation for small-pox patients, the two iron hospitals in Marylebone have been closed. Dr. Whitall has drawn up a report, from which it appears that the old iron hospital was opened January 11th, a second, February 10th, each having plenty of room for thirty beds. They remained open up to June 24th. During a period of twenty-four weeks 215 small-pox patients were admitted. The number of deaths was 39. Of the cases, 190 had been vaccinated, 4 inoculated, and 41 neither. Of those who died, 20 had been vaccinated and 19 had not. Dr. Whitmore suggests a number of temporary iron hospitals. The cost of each patient is about 23s. per week, including all miscellaneous expenses.

HOMŒOPATHY—ITS PRINCIPLES EXPLAINED.

(*Continued from page* 36.)

This, then, is Dr. Epps's answer to the question—"What is Homœopathy?" "It is the administration of remedies to assist life in its struggle, and such remedies as cannot be at all dangerous or unpleasant." In other words it is giving something which is perfectly harmless and not at all disagreeable to take. But conscious that the question is not thus answered, he goes on to say what it is by comparison. He tells us that there are three modes of administering medicines. (Are these remedies?) The antipathic, the allopathic, and the homœopathic. The antipathic (ἀντι and παθος) mode is to give medicines capable of producing symptoms opposed to the disease; the allopathic (ἀλλὸς and παθος), or counteraction induces the disease to change its locality, or simulates natural metastatis; the homœopathic (ὅμοιος like, and παθος), is to give medicines which produce the same or a similar disease to that for which it is administered. As an illustration, he says, "the antipathic mode is to put out a fire by heaping damp materials on it." It would have been more correct to have said "by throwing water on it." The allopathic "is to light a fire in another place." Again his reason is defective. The object of counteraction is not to get two fires to burn together, but to transfer the original fire to a place where it cannot do mischief, or where it is under our control. That this is often done by nature, and may be imitated by art, is well understood both by the Profession and the public. The homœopathic mode is to add fuel to the flame. That this is their doctrine there is abundance of proof in the "Organon of Hahnemann" or the Homœopathic Bible. It is easy to perceive that the illustration does not apply well on account of the difficulty there would be in removing a fire.

The following examples may assist:—

If a team of horses cannot move their load the antipathic mode would be to get another horse in addition; the allopathic to lighten the load; the homœopathic to add more weight to the load. Or, let a flock of sheep represent the patient and a savage wolf the disease, the antipathic mode would be to destroy the wolf; the allopathic to take the sheep out of the way; the homœopathic to let loose another wolf. Or, leaving metaphor and coming to the exact province of medicine, let us take an instance of poisoning—the antipathic cure would be by administering chemical antidotes; the allopathic to use the stomach pump; and the homœopathic to give more of the poison. Reader, take your choice.

It is not to be supposed from the above that some practitioners use the antipathic and others the allopathic mode of cure. The division is quite a gratuitous one on the part of homœopathists and has never existed. We are neither slaves of a system nor avowed followers in every case of one fallible mortal; but homœopathists tell us Hahnemann was infallible, just as some tell us the Pope is infallible; and surely it would be worthy of consideration whether they could not borrow a further idea from the Papacy. Would it not be well to have a successor to Hahnemann just as they have to St. Peter? Many discrepancies would thus be abolished. We should not have one homœopathist uphold bleeding, another counter-irritation, another external application (all of which are denounced by Hahnemann) unless Pope Hahnemann (or Epps) the Second issued a bull allowing them to do so, and annihilating the decree of his predecessor. Under the gracious superintendence of the successor to their oracle they would surely be of one mind, and their internal dissensions and discrepancies be no longer visible to a discerning public. Still Dr. Epps insists on contrasting these several modes, and thus proceeds:—

"*Antipathy.*—If a person is sleepless, opium, which induces sleep, is given; if a person has excruciating pain opium or some substance having a stupefying power is prescribed; if a person is constipated purgatives are given; if persons have relaxed systems astringents or binding substances are administered; if persons have strong and excessively rapid pulse and circulation blood is withdrawn."

Now, although we might here remark that all antispasmodics are not stupefying, and that no physician acts in the blind way Dr. Epps represents, we would we could stop for an instant upon this subject, that the public may not be led to depreciate or fear valuable remedies from the untruthful representations (we should rather say misrepresentations) of Dr. Epps. Opium, although a powerful poison, and in the hands of the ignorant likely to do mischief, is in the hands of a skilful man by no means the pernicious drug the doctor has found it. He states that the patient is invariably worse after its exhibition. If the Doctor has been in the habit of giving it in improper cases he has doubtless found this the case, but place beside his evidence that of Dr. Todd, who says that "in traumatic delirium when sleep is procured, which may be done by a judicious use of this invaluable agent, the patient recovers." The other cases in which it is useful may all be justified by reason and experience; and so of every instance the Doctor gives. But homœopathic reasons (in more senses than one are they so), tell us that all that men have done for the relief of suffering humanity has been worse than nothing, for they have spent our lives in killing rather than in curing; and to back the mendacious insult bid us lay by all our experience—put away the testimony of all men of all ages, to count Hippocrates a madman, Sydenham a fool, and all their followers extortioners and liars. And what do they offer us in its stead? A German importation just in its cradle, with one Hahnemann its founder! whom they style the "star of truth," and into the bargain their own experience as to the efficiency of infinitesimal doses. Such is homœopathy! But at present we have only penetrated the outside of this bewildered maze. Let us proceed further. We are determined to penetrate its thickest parts, and hope to come out uncontaminated by the folly of those who follow the dreams of a solitary enthusiast to the total exclusion of either philosophical, experimental, or medical science.

The Doctor next assails what he calls "Allopathy," or "Counteraction." He tells us of cases where it only produced temporary relief, and affirms that in every case it "exhausts the vital powers," and so shortens life. Here, again, we totally disagree with him. We cannot tell with what minute investigation he may have endeavoured to decide how much shorter time a man lives for having had a mustard poultice to his chest than he who has not, but we are quite sure that counteraction has saved many a life and is likely to save many more. For a total refutation of his remarks on allopathy we may refer our readers to a work published by this same "John Epps, M.D., &c.," in 1832, in which he advocates the principle of "Counteraction." When he indulges

in imagination his words become so untruthful as to be beneath notice, although he assumes he has had "more experience" in many forms of disease than many "private practitioners." It is very likely that this may be true as the poor weak fellow has lent himself in turn to every fashionable quackery, and his homœopathy is only the last "hobby." He thus concludes his first lecture: "It is hoped that these explanations will satisfy every enlightened mind that the allopathic mode is like the antipathic, merely a makeshift; that it may beat off the disease, but then it only keeps it off as long as the new action induced by the treatment is powerful enough to arrest the life's action to the new direction; and as in so arresting and so directing the life's action it is exhausting the powers of life, the stock with which each one is endowed, the duty of every well-wisher to himself is to ascertain if there are not means by which diseases may be subdued without such exhaustion. Such means do exist. Homœopathy presents them, but this in the next lecture." He must have a very curious idea of "enlightened minds" if he really supposes he has actually convinced them that the whole science of medicine is "merely a makeshift"—that the cure always exhausts the powers of life; and, above all, that homœopathy is capable of curing "without such exhaustion," or even of curing at all. Dr. Epps, however, affirms that it can, but as is universal among homœopathists, he defers till another opportunity to show wherein consists its superiority, or even to tell us what the new doctrine is. The only alternative for us is to take, as we will now do, the writings of the professors of the new system, and expose the fallacies of their reasonings as they proceed. After reading Dr. Epps's ideas of homœopathy and counteraction, we were very much surprised at the following passage in his work "On Counteraction" previously alluded to:—"It becomes a matter of importance to inquire whether or not there are any means to be adopted so as to create in some part (less essential to life than that in which the disease is), another disease by the creation of which a counteraction is induced, and thus the more important part having the action diverted from it, is enabled, by a little assistance, to recover its healthy condition? Another matter of considerable importance is, whether in cases of hereditary liability to disease we may be able by exciting a counteraction in a part less essential to life, to defend the part by the counteraction thus kept up, from being influenced by any cause tending to excite in the part a diseased action? . . . . . To both these questions the answer is the affirmative. Counteraction is that means, and consequently how extensive must be the remedial principle thereof." Such are Dr. Epps's words on "Counteraction." and we have already seen some of his words on homœopathy. They seem to have a great resemblance to each other, and indeed no one can read the two without seeing that his defence of homœopathy is little more than a paraphrase of his "Counteraction" interlarded with cases in which homœopathy was tried, and a few scattered remarks on globulism. It is but too evident that the Doctor's theories, as well as his practice are continually changing. The different forms of practice he has at different times supported show that his foundations in science are easily overturned, or his scruples of conscience easily quieted, when a more novel, and perhaps more advantageous kind of quackery, is rising in the place of that which has become rather stale; so that we should not be at all surprised to find Dr. Epps forsaking homœopathy and taking a newer idol for his fancy. In the introduction to this work he tells us, "That no two diseased actions affecting the general constitution can go on at the same time in the system;" and adds the weight of his authority to the proverb "Poison kills poison." Now, Dr. Epps gives all this for truth, and yet in this work he says that allopathy (his new name for counteraction), is merely a "makeshift," and can only give temporary relief by warding off the disease as long as the action is kept up. Thus from his own words the evidence in favour of counteraction is conclusive, and to say more upon the subject would only be to insult the understandings of our readers.

(*To be continued.*)

SPECIAL CORRESPONDENCE.

THE HEALTH OF PARIS.

[FROM OUR SPECIAL CORRESPONDENT.]

PARIS, July 19th.

As the health of Paris is at present a topic of considerable interest, I send you a few details respecting its present sanitary condition, and the weekly death-rate, which you may rely upon as trustworthy, and will I hope interest your readers. According to the official returns the mortality of Paris is less now than it was last summer, but I do not think much of the figures, as many details must be taken into consideration, such as the decrease in the population from the war, the flight of terror-stricken inhabitants, the departure of the Germans and of all resident foreigners, besides the great decrease in the customary number of visitors. Then we have also the large number of prisoners taken and people slain during the reign of the Commune and the subsequent fights. With all these different causes to affect the mortality, it does not seem at all probable that anything like a correct estimate of the mortality per thousand can be formed. We have no accurate idea of the number of population, and the census has been postponed to next year.

It is, however, said that the present state of the city is very satisfactory, the unusual cool weather, up to Friday week last, being no doubt one of the principal causes. Had the weather been as sultry as it generally is here from the middle of May to the middle of July, the consequences might have been different, for numbers of unburied corpses were lying about here and there, and many more very imperfectly buried, having merely a few inches of earth carelessly thrown over them, about which are many idle tales which are not worth repeating here.

The following are the latest returns:—

July 1st— 9th, 803 deaths.
„ 8th—14th, 790 „

There is at this time no epidemic in the city. *La France* gives the rate of mortality per thousand in the chief cities of Europe for the last week, and makes out the mortality in London to be 61, Berlin 47, Naples 34, Vienna 31, Liverpool 29, Brussels 29, and maintains that of Paris to be only 22! What will journals next tell their readers?

We may congratulate ourselves on having an energetic préfect in the person of M. Léon Say, and a most able sanitary commissioner in that of Baron Larrey. Baron Larrey has communicated several times with the Government, and his advice has been, according to many, acted upon in many instances. The hot weather began in good earnest on the 14th, and comes with all the more violence for having delayed so long. It is dangerous to venture out at mid-day, and is even sultry at four and five a.m. This weather tells very severely on regiments ordered to march under it, as many have lately in making a change of divisions between Paris and Versailles. Many of the men sink down on the pavement exhausted. We may hope indeed for a change from this tropical weather to more moderate heat.

Correspondence.

WHAT IS FEVER?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—How is James this morning, doctor? I think he will get over it. You are not, perhaps, aware that we held a consultation about an hour ago? No, I am not—did you agree? No, they hold out no hope whatever. Then you do, you say? Yes, I am in hopes he will get over it. May I ask you what you ground your hopes upon? Yes, certainly. The tongue is beginning to clean, that peculiar redness along the edges of it has disappeared and he expressed a wish for something. And upon these you ground your hopes? Yes, I do. Did they agree with you about the nature of the disease? Oh, yes; typhus fever—that is a low form of fever of a typhoid type. What is the meaning of typhus, doctor? But, by-the-bye, they agreed with you about your mode of treatment? did they not? Oh, yes, they said nothing more could have been done. The meaning of the word typhus is "Stupor," it is a Greek word. Then why don't you call the disease "stupor fever," and then it would not sound so very alarming? I cannot tell; it is a form adopted by the Faculty. What is fever, then, can you tell me that? Well, yes. When certain symptoms present themselves, we call that fever. Is a symptom a disease, doctor? No, certainly not. Then how can you call them collectively a disease? I can't tell; it is a form adopted and accepted by the Faculty. Oh, bother the Faculty; can you tell me where the fever is? It must be somewhere if it is a distinct and substantive disease. I have told you already all about it; when certain symptoms present themselves they form the disease called fever. Yes, but you cannot tell me whereabouts it is; you call it red, yellow, blue, typhus, or stupor, or stupidity fever, or anything else you like, but where is it located? Well, doctor, do you think it is in the brain, lungs, kidneys, or liver? No, certainly not; at least, in my opinion. They are not affected directly, though they may be, and no doubt are sympathetically. Can it be in the muscles, arteries, veins, nerves, bones, or ligaments? No, I don't think it is. Do you think it would be in the skin, absorbant or exhalant? I cannot think so. What about the stomach and bowels? I think they are deeply concerned. Suppose we remove the heat of the skin. Then the fever vanishes, although it is only a symptom. The disease then must be in the blood, don't you think so? I believe the blood to be poisoned and have thought so for fifty years. The system receives a shock from a miasmatic poison, more or less violent, and the first symptom afterwards is increased arterial action; then the stomach is out of order, and all the other symptoms instantly follow. I think the poison is of an acid nature and coagulates the blood, deprives it of most of its potash and soda, and thereby destroys in a great degree its serum, leaving little but crassamentum in circulation. Why do you examine the state of the tongue so often? Because it shows us the state of the stomach and bowels. Has it any reference to the brains, lungs, or liver? I rather think not. What keeps up the thirst and dry skin? I cannot tell, unless it is the vitiated state of the blood, it having little or no serum to part with. Then you think the poisoned blood acts particularly upon the stomach and bowels? I do; I cannot see that it acts upon any other part. What, not in the exhalants of the skin? No, they would pour out a fluid fast enough if they have any to pour. Then the tongue and mouth are dry for the same reason, and the stomach secretes little or no gastric juice. Yes; and I think the stomach and bowels are the only parts particularly engaged in this disease, except the blood. The membrane that covers the tongue, does not it line the whole tube throughout? Yes, but it changes its organisation as it descends. In the mouth it secrets saliva, in the stomach, gastric juice, and mucus again further down. You think a restoration of the secretions would be a restoration to health, and that that depends upon the state of the blood? Most undoubtedly. The stomach is the first to give in and we place our whole dependence in it, as with healthy gastric juice we would be in good health; you mentioned your hope of recovery in the appearance of the tongue. What does that depend upon? It must be the result of medicine acting upon the blood; the introduction of oxygen, I think. Then your principle is to act upon the blood? Yes; what else have I to act upon? It is through it I must act upon all parts of the body; the blood is the life of man and when poisoned you see the result; you attempt to destroy the poisonous miasma in the air which produces these diseases, or rather which poisons the blood. Why not attempt to destroy it in the blood? What is the use of all your medicine, your diuretics, diaphoretics, &c., &c., if they won't do this? You cannot act upon the skin or kidneys unless through it, and if you do not alter its condition, render it more fluid, in fact destroy the poison in the blood, much upon the same principle you would destroy it in the air, you can be of no service. Throw a solution of the nitrate of potash into a basin containing some of the blood drawn from the arm of a patient, and it will change it at once into arterial looking blood. Might it not have a similar effect if thrown into the system and act upon living blood? It might oxygenise it and destroy the poison. This is just what you do, when you mercurialise the system, a particular poison in the blood attacks the skin and it is called scarlet fever; another attacks the stomach and bowels and is called at first simply fever; when the skin becomes yellow, yellow fever; as the patient gets worse and the blood becomes putrescent, it is then called typhus, putrid, or stupor fever; again, when it attacks the nervous system, it is called intermittent fever or ague; yet in no one case can you point out where the fever is; you are prescribing, for what? The fever. Well, where is it? In ague, the poison remains in the system; but where? There it is at all events until it makes its meditated periodical attack and until it is eventually destroyed by a specific. But we have found no specifics for the other poisons, at least ones admitted by the Faculty. If we can neutralise the poison by mercury, potash, or any such agent, I think it would be a near approach to a specific. What is really the state of the case, in what is called typhoid, or putrid fever? State all the bad symptoms and what do they amount to? Simply that the blood is in a state of putridity and this produces all the fatal symptoms, all of which have arisen from an acrid, or acid miasmatic poison in the blood, and the question is, how, and by what means it can be destroyed. The man is dying from "putrid fever." No, no such thing; for the simple meaning of fever is "heat of skin." But he is dying from a putrid state of the blood. I have often asked myself the question, could there be animalcula in the poison? The kidneys secrete a fluid which will give you an idea of the state of the blood, in colour, smell and sediment. Yes, I know that, but it will give us an idea of the nature of the poison. Granted; but I have seen people in apparent good health passing a similar fluid, and I have changed it to clear by the introduction of from two to four drachms of the nitrate of potash in twenty-four to thirty-six hours. Admitted; but would it have a similar effect in these cases? "Experientia docet." I have the highest opinion of that medicine myself; I have used it most extensively and successfully for upwards of forty-five years; but I think it is not much thought of generally, and merely, I presume, because it is such a common article of commerce. There are poisons so virulent that life cannot be saved, they don't give you time, more particularly in tropical climates, and when the case had been almost prepared for it by this abusing of the system; but where there is time, the introduction of potash into the system, particularly in this form, is of greater moment and interest than it is generally supposed to be, and in my opinion deserves a more extensive trial than I fancy it is thought that it deserves. Although the muriates of potash and soda are found in the serum, I would not like to give the chlorate of potash and although I have often given the potash in other forms, I give preference to the nitrate. Search the "Pharmacopœia" and point out any other medicine more useful; it is very soluble and quickly absorbed, which is very evident from its action on the blood in health, at least where there is little or no constitutional disturbance. Well, doctor, it certainly seems strange that when certain symptoms are clubbed together they produce a disease which you call fever, and yet you cannot point out where the disease is. Is not that a fact? The presence of a hot skin proves most certainly that fever is present; now either the hot skin is the fever, the disease itself or the name fever vanishes. Then you think the disease lies in the stomach and bowels, caused, I presume, by the poisoned blood? Show me where else it is; look at the tongue and follow it down, you can't make a symptom a disease, do what you will. We have examined, I believe, almost every part of the body, and which has proved the most prominent organ? Is it not the stomach? The poisoned blood is, of course, in every part of the body, but it seems to act upon the alimentary tube more than any other part. However, study, reflect, and think, and try if you can find it any other place, whilst I remain,

Yours truly, ALEX. LANE, M.D., R.A.

THE TRADE IN FOREIGN DIPLOMAS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Having read the letters and communications which appeared for some time past in the pages of the MEDICAL PRESS AND CIRCULAR on this subject, I have arrived at the conclusion that we are making too much of it. How many men are there who enjoy the title of Doctor, also Fellow, by virtues of honorary degrees granted by our own universities and colleges, and where lies the difference. It is surely not so bad for foreign universities to grant honorary degrees to duly qualified medical men practising in these countries, as it is for some lordly archbishop to confer the degree of M.D. on some personal friend, and which degree appears in the Register as a legal qualification. When some of our aristocratic brethren who are entering the profession in such numbers through the new portals get used to their honours, they will be more rational in their views. Yours, &c.,

R. T.

Dublin, July 17th, 1871.

[The sale of diplomas is not capable of being defended, and it, therefore, does not surprise us that R. T. makes so bad an attempt at palliating it. He wants to know "where is the difference" between the grant of an honorary degree to a physician or surgeon of high rank and well tested experience and the *sale* of a diploma which is not what it professes to be to a man who is not what *he* professes to be. R. T. apparently thinks our readers are fools, and he aggravates the offence by his ignorance of the fact, that ecclesiastical M.D's. have ceased to exist for about a score of years.—Ed. M. P. & C.]

SLOW PULSE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Allow me, through your pages, to place on record a case of remarkably slow, though otherwise healthy pulse, which I have at present under my observation, and which has been steadily at twenty-seven since I first saw the case. The subject is a woman, of about seventy, feeble, and suffering a good deal from flatus, and otherwise in good health. The heart is rather feeble, but not remarkably so. The intellect very good, eyesight, hearing, &c., all perfect, and no other deviation from the normal standard.

Yours faithfully,

ISAAC ASHE, M.B.

Letterkenny, July, 1871.

DIFFERENTIAL DIAGNOSIS OF PELVIC HÆMATOCELE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I will feel obliged if you will inform me whether pelvic hæmatocele might be confounded with dysentery or enteritis, and whether it is liable to relapse and prove rapidly fatal when an apparent cure has been effected? Is the tumour always palpable in retro-uterine hæmatocele? Does nausea, obstinate constipation, very scanty secretion of urine, and the feeling of a foreign body in the rectum, sensation of abdominal distension and pain, with little or no tenderness on pressure, and a nearly natural pulse, characterise its early stages?

F. M. L.

[We hardly think that pelvic hæmatocele could be confounded with dysentery or enteritis. Its leading feature is the development of a tumour *suddenly*, behind or in front of the uterus, or in one or other iliac region. From its pressure on the neighbouring viscera it may give rise to irritability of the bladder, and constant but unavailing efforts to defæcate, and may prove rapidly fatal by the sudden pouring out of a quantity of blood into the cavity of the peritoneum. We have not noticed the secretion of urine being diminished, but all the other symptoms enumerated by our correspondent may be present, and, indeed, are characteristic of the affection. We do not remember any case in which a tumour, or at least a swelling, was not detected.—Ed. M. P. & C.]

CONJOINT EXAMINATIONS IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—On the important question of conjoint examinations by the licensing bodies in your number for July 19, 1871, p. 65, I read the following:—

"We observe with surprise that the Council received no information as to the state of the question in Ireland by Mr. Hargrave, the representative of the Irish College of Surgeons."

Before I reply to this most inaccurate statement, and contrary to true facts, I ask, Mr. Editor, who is your reporter of the proceedings of the General Medical Council, for the meeting which terminated Monday, July 10, 1871.

Your obedient servant,

WILLIAM HARGRAVE,

Representative of the Royal College of Surgeons, Ireland, on the General Medical Council.

56 Upper Mount street, Dublin, July 20th, 1871.

[We must decline to reply to Mr. Hargrave's question. We observe, however, that our contemporaries, the *Lancet*, *Medical Times and Gazette*, and *British Medical Journal* corroborate our statement. On the 7th inst., Sir Dominic Corrigan stated that the plan of conjoint examination "could not be carried out in Ireland." Dr. Gull wished to know "why such should be the case." Dr. Quain said that the English colleges "had been straining every point to accomplish 'the task,' and if their brethren in Ireland would undertake the same duty in the same spirit, the result could not be doubtful." It is thus evident that the impression existed that no effort had been made by Irish licensing bodies in the direction of conjoint examination. Nevertheless, Mr. Hargrave, who seconded a resolution immediately afterwards, is not reported in any journal to have said a word to undeceive the Council. On the next day he did state in debate on another motion, that he was astonished at the statement that the arrangement was impossible in Ireland, and it remained for Sir Dominic Corrigan to afford to the Council a coloured statement of the facts. We retain our opinion that it would have been proper that the representative of the Irish College of Surgeons should have repudiated an obstructive policy in his College.—Ed. M. P. & C.]

Medical News.

Royal College of Physicians of London.—At an extraordinary meeting of the college on Monday, the 24th inst., the following gentlemen, having conformed to the by-laws and regulations, and passed the required examinations, were granted licences to practise physic, including therein the practice of medicine, surgery, and midwifery:—

Bayley, Robert Luther, M.D., 86 High street, Stourbridge.
Cottle, Ernest Wyndham, B.A., Oxon., M.R.C.S., Southampton.
Curling, William, 86 Guilford street, Russell square, W.C.
Deeping, George Davidson, Castle terrace, Newark.
Ellis, William Hodgson, M.B., Toronto, Toronto.
Ewart, John Henry, M.R.C.S., Gipsy Hill, S.E.
Goddard, Eugene, M.R.C.S., 27 Pentonville road, N.
Lewis, Lewis, M.R.C.S., 3 Argyll square, W.C.
Lycett, John Allan, M.R.C.S., Middlesex Hospital, W.
Moore, Edward William, M.R.C.S., Grove park, Chiswick, W.
Noakes, Samuel Silverthorne, M.R.C.S., Charing Cross Hospital, W.C.
Parrott, Edward John, M.R.C.S., Buckland, near Tring.
Power, Thomas, 72 Stepney Green, E.
Ransom, Frederick Parlett, Fisher King's College Hospital, W.C.
Strafford, Thomas, M.R.C.S., Ripley, Derby.
Waller, Walter Augustus Ewen, M.R.C.S., Guy's Hospital, S.E.
Waterhouse, Frederick, M.R.C.S., Pontypridd.
Yarrow, George Eugene, M.D., Heidel, M.R.C.S., 87 Old street, E.C.

The following candidates having passed in medicine and midwifery, will receive the college licence on their obtaining qualifications in surgery recognised by the college:—

Coltart, William Wilson, St. George's Hospital, S.W.
Duke, Douglas Wm., 3 Belvedere place, Upper Norwood, S.E.

Apothecaries' Hall of London.—At a Court of Examiners held on the 20th inst., the following gentlemen having passed the necessary examinations, were admitted licentiates of the Society of Apothecaries, viz. :—Messrs. Charles Edmund Aikin, of Clifton place, Sussex Square ; Alfred Baldock, of Charterhouse square ; Moses George Biggs, of Welford ; Francis Charles Bryan, of Delamere crescent, Harrow road ; George Haynes Fosbroke, of Bidford, Redditch ; Willoughby Furner, of King's road, Brighton ; Michael Harris, of Hackney ; and George Augustus Tombs, of Cirencester.

A Murderess of Eleven Persons.—A sensation has been caused in Connecticut by the arrest at Derby of Mrs. Lydia Sherman, charged with having at intervals during several years past, poisoned three husbands, two step children, and six of her own children ; the preliminary examination now going on shows strong evidence of guilt, the bodies of her last husband and a child having been exhumed, and upon examination giving evidence of poisoning with arsenic.

Society for Relief of Widows and Orphans of Medical Men.—At a quarterly court of directors held, July 12th, Dr. Burrows, president, in the chair, grants to the amount of £1,278 10s. were made to fifty-five widows, and forty-five children. Two widows and three children were added to the list, the death of one recipient of grants was announced. Two members were elected, and five proposed for election at the next court, to be held in October.

Alexandra Palace and Muswell Hill Estate Tontine.—We can only give an outline of a few of the main features, but the details of this new undertaking will be found in our advertising columns. In the first place, no liability is incurred, as it is a trust matter. Every shareholder (or rather Tontineer) has a right-certificate granted him, according him free admission to the palace and its magnificent grounds, and becomes a participator in an Art Union to be established in connection with the undertaking. It is estimated that the funds for disposal towards this Art Union will during the period of the Tontine amount to £500,000 ; and each 21s. certificate holder may secure five prizes of £500 each. The Tontine is to be closed in 1886, when the property, after having been improved by the devotion of the profits to that end, will be sold, and the proceeds be divided among the Tontineers. Each certificate holder will also provide against loss by a representative life being insured with an office that has undertaken to refund 20s. of every 21s. to each certificate holder. For the various exhibitions and amusements, we must refer our readers to the prospectus.

NOTICES TO CORRESPONDENTS.

PRUDENTIA.—The insertion of the letter will lead to further discussion on a subject which has had full scope in our columns, and for a renewal of which we have not space.

DR. W. GORDON.—Thanks for drawing our attention to the matter.

DR. BELL-TAYLOR.—Your communication did not arrive until a portion of the Journal was printed.

DR. ALEXANDER LANE.—Corrected proof not received until Tuesday morning.

The following communications are in type, and will appear, if possible, in our next:

Dr. Morgan, F.R.C.S., "On the Nature of the Venereal Poison, as Illustrated by Direct Experiment and Observation." Illustrated with diagrams printed on toned paper.

Francis R. Hogg, M.D., M.R.C.S., "On Vaccination and Temperance."

Mr. Teevan, "On Four Cases of Operation for Unusually Large Calculi."

Mr. O Flynn, A.M., M.D., "On Spontaneous Cure of Vesico-Vaginal Fistula."

VACANCIES.

Royal Free Hospital, London. Junior House-Surgeon. Board and residence in the Hospital. (See advt).

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Hospital for Sick Children. Assistant Physician. Honorary.

Bradford Infirmary. Physician. Honorary.

Bodmin Union. Medical Officer for District No. ?. Salary £31.

APPOINTMENTS.

BROADBENT, W. H., M.D., promoted to Physician, St. Mary's Hospital.

HAYWARD, H. H., M.R.C.S., Dental Surgeon to St. Mary's Hospital.

MARRECO, A. F., M.A., F.C.S., Professor of Chemistry at the Newcastle-on-Tyne College of Physical Science in connexion with the University of Durham.

NUNNELEY, F. B., M.D., M.R.C.P.L., an Assistant-Physician to St. Mary's Hospital.

OWEN, E. B., M.R.C.S., Assistant-Surgeon to St. Mary's Hospital.

PALFREY, J., M.D., Physician-Accoucheur to the General Lying-in Hospital, London, vice Alfred Meadows, M.D., resigned.

PRICE, T., L.K.Q.C.P.I., M.R.C.S.E., Assistant Resident House-Surgeon to the East Dispensary, Liverpool.

REECE, J. R., M.R.C.S.E., Consulting Surgeon to the Glamorganshire Infirmary, Cardiff, on resigning as Surgeon.

SHEEN, A., M.D., M.R.C.S., a Surgeon to the Glamorgan Infirmary.

SKEGG, J. J., L.R.C.P.Ed., M.R.C.S., Medical Officer of Health for St. Martin-in-the-Fields.

SWAN, R. J., M.R.C.S.E., Medical Officer and Public Vaccinator for the No. 2 District of the Northleach Union, Gloucestershire.

WILSON, H., F.R.C.S.I., Junior Surgeon to St. Mark's Ophthalmic Hospital, Dublin.

WORKMAN, C. J., Ophthalmic Surgeon to the Teignmouth Infirmary.

SURGEON MAJOR J. FAYRER, M.D., C.S.I., Bengal Medical Department, to be Honorary Physician to the Queen, vice C. Mackinnon, M.D., C.B., late Inspector-General of Hospitals, Bengal Medical Department, deceased.

Marriages.

PEPPIN—HERDMAN.—On the 12th inst., at Walcot Church, Bath, Henry Cole Peppin, Staff Assistant-Surgeon, second son of the late Arthur Bedford Peppin, Surgeon, to Agnes Clara, second daughter of James Herdman, Esq., of Camden crescent, Bath.

TEEVAN—ROBINSON.—On the 11th inst., at Christ Church, Kensington, Wm. Frederic Teevan, F.R.C.S.E., to Georgina, daughter of the late Francis Robinson, Esq.

Deaths.

COLLINS.—On the 13th inst., at Woodhill, Portishead, John H. Collins, F.R.C.S.E., District Surgeon East Indian Railway, aged 54.

NEILSON.—On the 15th inst., C. Neilson, L.R.C.S.I., of Killala, Co. Mayo, aged 74.

MILES.—On the 16th ult., at Colaba, Bombay, Dr. H. Miles, Surgeon, R.A., aged 38.

PRITCHETT.—On the 18th inst., G. W. Pritchett, M.R.C.S.E., of North hill House, Plymouth, Surgeon R.N., aged 65.

REYNOLDS.—On the 16th inst., at Appledore, Devon, William Reynolds, M.R.C.S.E., late of Wellington, Somerset, aged 50.

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ST. THOMAS'S HOSPITAL MEDICAL and SURGICAL COLLEGE.—The ACADEMICAL SESSION for 1871 and 1872 will commence on Monday, the 2nd of October, in the new buildings on the Albert Embankment, Westminster bridge, when Mr. F. Le Gros Clark will give the Inaugural Address.

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Mr. F. Le Gros Clark	Dr. Payne	Mr. J. W. Elliott
Mr. Simon	Dr. Gervis	Mr. Rainey
Mr. Sydney Jones	Mr. Mac Cormac	Mr. W. W. Wagstaffe

For entrances or prospectuses and for information relating to prizes and all other matters apply to Mr. Whitfield, Medical Secretary, the Manor-house, St. Thomas's Hospital, Newington, Surrey, S. E.

ROYAL FREE HOSPITAL, GRAYS INN ROAD.—There is a vacancy for a Junior House-Surgeon at this Hospital. Candidates, who must be members of the Royal College of Surgeons, are requested to send in their testimonials to the Secretary, on or before Thursday, the 27th inst. The appointment will be made for six months only, but the holder will be eligible for re-election. Board and residence are provided in the hospital.

JAMES S. BLYTH, Secretary.

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Information as to the district, duties, &c., may be had on application to me. Testimonials of Qualification, &c., to be left at my office, on or before Friday, the 20th July, instant. The election will be proceeded with on Thursday, 27th July, instant.

No Candidate need attend unless requested to do so by letter from me.

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HENRY CHAS. TRENCHARD, Clerk to the Guardians.

Dated this 13th day of July, 1871.

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Vide page 1075, "Medical Directory," 1869.

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Vide page 1016 in the Medical Directories for 1867.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 2, 1871.

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ON THE NATURE OF THE VENEREAL POISON

AS ILLUSTRATED BY

DIRECT EXPERIMENT AND OBSERVATION.

By Dr. Morgan, F.R.C.S.I., M.D., Univ. Dub.

Surgeon to Mercers's, and to the Westmoreland Lock Hospitals, Dublin; Professor of Surgical and Descriptive Anatomy; R.C.S.I. &c.

In the Medical Press for July 12, 1871, I have shown from Mr. Wallace's note books that the formation of the characteristic pustule and ulcer of the soft non-incubative type was followed by constitutional signs. These sores were produced on *healthy* subjects, and, as in the cases I quoted, derived from Richard Bradshaw (a patient suffering from secondary ulcerations), were undoubtedly derivatives of true syphilis; but as modified by descent, and produced from constitutional evidences, the primary appearance was that of the characteristic pustule and soft or chancroid ulcer. Indeed, if direct experiment be of any value whatever, we must be satisfied that the result of inoculation from "secondary ulcers," from suppurating bubo, and from a "superficial phagedænic sore"—however unwarrantable they were when practised on sound persons—has been shown by Mr. Wallace to be the characteristic chancroid, soft, or simple sore. The history I have quoted of inoculations from R. Bradshaw's secondary ulcer, and the unequivocal and plainly described cases given by Mr. Wallace, in the *Lancet* for July 22, 1837, p. 617 and 618, where inoculation was performed from a suppurating bubo on a *healthy* subject, and was nevertheless followed by constitutional signs, prove the fallibility of the dual theory, and especially the existence of a constitutionally infecting poison whose introduction is manifested by a sore not necessarily preceded by an incubative period.

Mr. Wallace's direct experiment is so striking that I cannot forbear giving an outline of it. He says:—

"March 3, 1825.—I made three punctures on the thigh of a *healthy* man, aged twenty-five, and applied to them matter discharged at the moment of opening a bubo, which existed in a person who had several well marked primary pustular ulcers on his penis (a most satisfactory history of the chancroid lesions).

"March 5.—Each of the punctures has inflamed.

"March 6.—Centre has black point, surrounded by a yellow line, &c., and the usual history of the chancroidal inoculation is given.

"May 8.—Soreness of throat and inflammation of isthmus faucim.

"May 10.—Pain and swelling of upper bone of sternum, and eruption of about twenty pustules on his face and arms.

"May 13.—Complains very much of pains in his breast, forearm, elbow and ankle; most severe at night."

If this direct experiment be put in juxtaposition with those I have last given of Philip Wall (Case No. 2), infected from a secondary ulcer; or of J. F. and John T. (Cases 3 and 4); the phenomena of all are similar: yet who can doubt the existence of constitutional taint following the local manifestations of their chancroidal sore. I am by no means surprised at these results as I have seen unquestionably as severe if not severer, constitutional signs follow the chancroidal sore, than the sore ordinarily recognised as the infecting or chancre proper, in men not unusually and in women frequently. I have before stated that "nearly all the patients in the Dublin Lock Hospital suffered from this form of sore;" the other surgeon, Mr. McDowell, stating that it is "generally, certainly not always, the most frequent form of sore." Yet constitutional signs are almost invariable. Various ingenious adaptations and distortions of popular theories have been attempted, so as to avoid or explain away this everyday experience, but which I have before alluded to and dissipated.* The fact remains incontrovertible. Indeed, the following instance given by Boeck in his straightforward and unbiassed manner is conclusive, and is quite in conformity with usual observation here. He says p. 64 :—

* Medical Press, March 22, 1871, p. 239.

"A very young girl, K. E. (whose sister was a *fille publique*), intending to adopt this kind of life, presented herself for inspection, and received the usual certificate from Mr. Lund, the official surgeon, who noted at the same time that *she had the hymen intact*, and was therefore a virgin. In a few days afterwards she came to hospital suffering from small non-indurated ulcers near the vulvo-vaginal glands. She was frequently examined with the greatest care, but no other affection could be found; but in six weeks afterwards constitutional signs appeared. Any inexactitude of examination must be regarded as impossible in this case, and this observation, together with others, has made me certain that the non-indurated chancre in women can produce constitutional syphilis."

Can anything be more conclusive, and yet such instances as this resemble exactly what is seen in Dublin, where young girls constantly present the usual phenomena of soft sores; they have been tested by auto-inoculation, suppurating bubos occasionally accompany them, yet constitutional signs follow.

Mr. Wallace's inoculations in men above alluded to are equally illustrative. Several cases are given, some of which I hope to tabulate, on account of the invaluable information, as no author practised on the principles that he did of indiscriminate experiment. It must be admitted that he did not then discern clearly as to gonorrhœa not being syphilitic, and he performed subsequently a series of experiments to determine the question.

I have selected one remarkable instance from his notes which bears on the question lately raised by Dr. Hammond, New York ("Lectures on Venereal Disease," 1864, p. 255), where he states that the introduction of the chancroid virus, or indeed of the chancre proper, into the urethra will produce a gonorrhœa; and he illustrates the result by experiment. On examining the result of the direct action of the virus of the "superficial phagedænic sore" of T. Gavan, as indicated in the accompanying illustration, we are struck by the varying effect:—The production of a hard sore in his wife, which assumed after a time a phagedænic edge; the production of a gonorrhœa in M'Connor (Case 7), and in P. Phillips, aged sixty, who had not had gonorrhœa for years, yet is noted as having discharge forty-seven days after the introduction of the matter from Durham's sore, while in others it failed; and in W. Garvey (Case 6), it is particularly noticed no discharge was produced, although the lint soaked with the virus was left in three hours; while in P. Keegan (Case 9), the phenomena produced by inoculation were those of the chancroid sore; but as Gavan himself suffered from intense constitutional signs, it can hardly be supposed that Garvey was not infected.

I have collected the histories of the cases as far as the reports extend, and intend this series to illustrate the effect of the superficial phagedænic sore, as so named by Mr. Wallace, when tested by experiment.

Experiments from a Superficial Phagedænic Sore.—History of the source of the infection used.

December 28.—J. Gavan has phimosis and superficial ulceration of the upper part of the orifice of urethra; rather healthy looking; the body of the penis feels hard and swelled; the whole of the right side of the penis from the pubis to within an inch of the orifice of the urethra ulcerated; it is superficial, its surface is pulpy, whitish, in some parts at the circumference is pustular pulpy white; the surface is rather raised over the surrounding skin, the edge is abrupt. There is another ulcer at the left side of the penis of the same character, one inch long and half an inch broad; the skin lies loose on a large portion of the orifice of the penis, which is not ulcerated, and when removed the cutis underneath is whitish and pulpy, and on scraping it bleeds. The skin of the scrotum, particularly at root of penis, is red and swollen. About two months ago got two pimples—white, like pins' heads—level with the skin on the corona, followed by phimosis. About six weeks ago an appearance came on the outer skin as if it had been scalded red; this formed the present external ulcers. The orifice of the prepuce is so much contracted that he is hard set to make water.

January 4.—The sore is redder; inoculated spots have formed pustules with areolæ and black crusts (the site of the inoculations is not mentioned, but it was evidently between the 28th December and 4th of January).

January 11.—The inoculated spots have the common character, &c.

January 21.—The punctures healing; the sore looks redder; where caustic had been applied is healing. His throat is red, swollen, painful, hoarseness, and eruption on shoulders, hips and back; and finally slough of pharynx and iritis, secondary ulcers, &c.

Case No. 1.

January 29.—James Bolger (Fig. 1), has a white sloughing chancre of five weeks' standing, which destroyed frenum, with considerable hardness of prepuce; have cut left thigh with J. Gavan and right with his own, and also above this with J. Gavan.

January 30.—No inflammation.

February 5.—None of the punctures have inflamed; there was a tumour rapidly advancing in his left groin. (No further history; it may be concluded there was no effect.)

Case No. 2.

January 29.—L. Kavanagh (Fig. 2), removed warts from inner surface of prepuce with scissors, and cut him on left side of inner prepuce with J. Gavan.

February 8.—The puncture has not inflamed, the warts seem growing again.

February 21.—Inoculations failed, warts growing; cut with Gavan on right, and Durham (suffering from intense constitutional signs and secondary ulcer of right leg which furnished the matter) on left thigh.

February 24.—The punctures a little inflamed.

February 25.—The punctures have not inflamed any more; passed matter of Durham and of Keating (with an elongated ulcer on prepuce, nearly in its granulating stage) into his urethra with lint.—No further history, and it may be concluded there was no effect.

Case No. 3.

February 1.—T. Allen (Fig. 3), aged twenty-four, has gonorrhœa a month. Cut with matter of J. Gavan.

February 3.—Punctures on thigh are a little red. He seems to have scabies and lepra vulgaris. The orifice of the urethra was also scarified, without any effect.

February 5.—The punctures have not inflamed; the orifice of the urethra remains free from sores.

No further history; all probably failed.

Case No. 4.

January 29.—P. Reilly (Fig. 4), gonorrhœa a few days; cut left thigh with J. Gavan.

February 1.—No inflammation of the punctures. No further history.

Case No. 5.

February 1.—M. Byrn (Fig 5), external and internal gonorrhœa, cut with matter of J. Gavan on left thigh.

February 3.—The punctures not inflamed.

February 12.—Has somewhat the appearance of a raised primary sore disappearing on his inner prepuce. No inflammation of the punctures. Now cut on right thigh with J. Gavan.

February 21.—The cuts on right thigh look scurfy, but not inflamed. Cut lower down with J. Gavan, by lint laid on.

February 25.—Inflammation of punctures disappeared. Cut again with J. Gavan.

No further history; it may be concluded there was no further effect.

Case No. 6.

February 19.—N. Garvey (Fig 6), a patient suffering from a sore and ulcerated bubo. The matter of J. Gavan

ON THE NATURE OF THE VENEREAL POISON.

BY MR. MORGAN, F.R.C.S.I., &c.

Illustrated by Mr. Wallace's Inoculations.

EFFECTS OF INOCULATION WITH THE SUPERFICIAL PHAGEDENIC SORE

Of J. Gavan, who presented himself Dec. 28. On Jan. 4 the inoculations on his thigh had produced "pustules with areolæ, and black crusts," on himself. On Feb. 21 inoculation from his sore succeeds with Fig. 9, and fails with Fig. 5. On Feb. 19, when mixed with the patient's own discharge, produces gonorrhœa, by being passed into the urethra.

Fig. 12.—M. Gavan, the wife of J. Gavan, suffered from a sore with a hard base on the labium, which assumed a phagedenic border, followed, in due time, by constitutional signs.

Fig. 1.—J. Bolger. Both his own and Gavan's discharge failed when inoculated.

Fig. 2.—L. Cavanagh. Gavan's inoculations failed; Durham's‡ inoculation also failed.

Fig. 4.—P. Reilly—inoculation failed.

Fig. 3.—J. Allen—inoculation failed.

Fig. 5.—M. Byrne—repeated inoculations failed.

Fig. 6.—N. Garvey. Sore of Gavan and his own bubo discharge were inert when introduced into the urethra.

Fig. 8.—J. Walsh—matter from his own sore and from Gavan mixed, and passed into urethra; probably failed.

Fig. 7.—M. Connor—the discharge of his own sore, and of J. Gavan's, when introduced into the urethra, succeeded in producing a discharge.

Fig. 11.—J. Craven—the matter of Durham,+ and of Gavan both failed to inoculate.

Fig. 10.—P. Phillips—the matter of Durham's* sore, when introduced into the urethra, produced a discharge.
The matter from Gavan failed to inoculate.

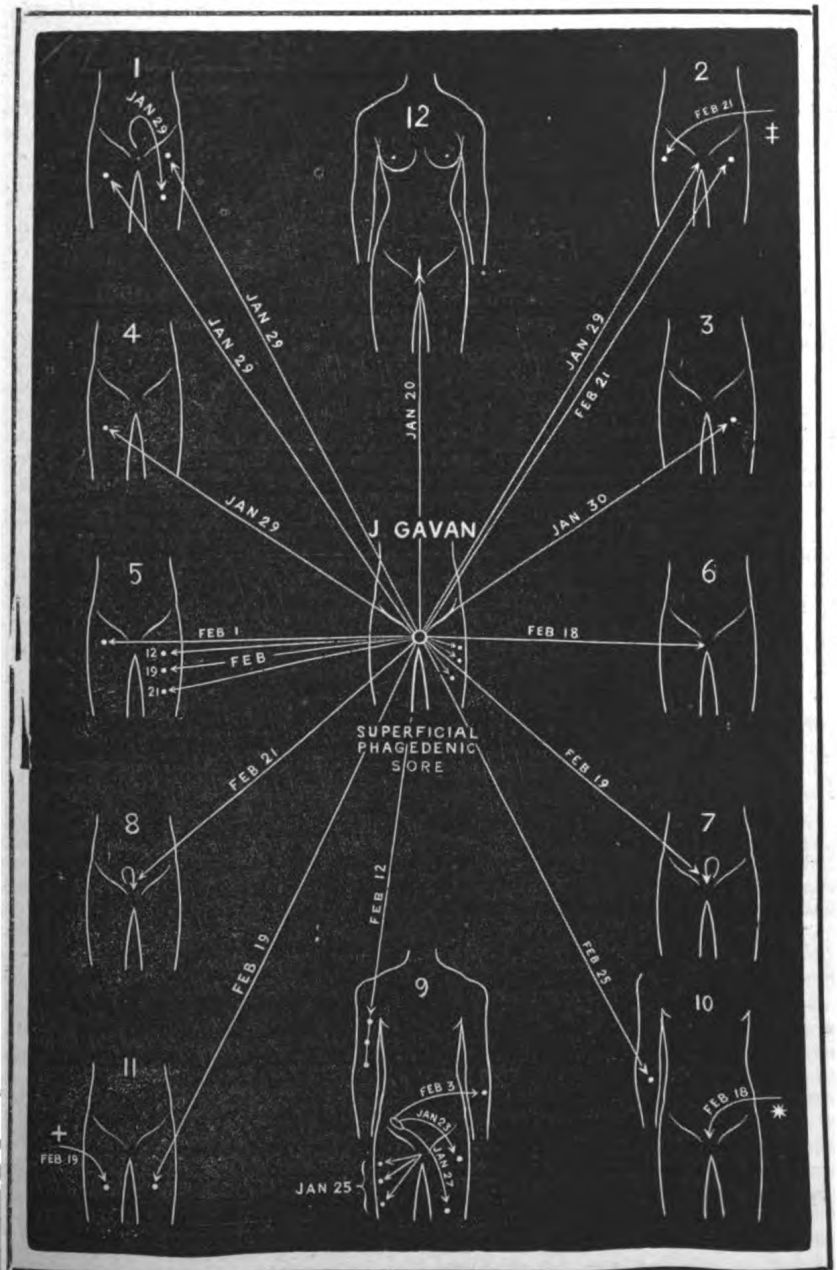
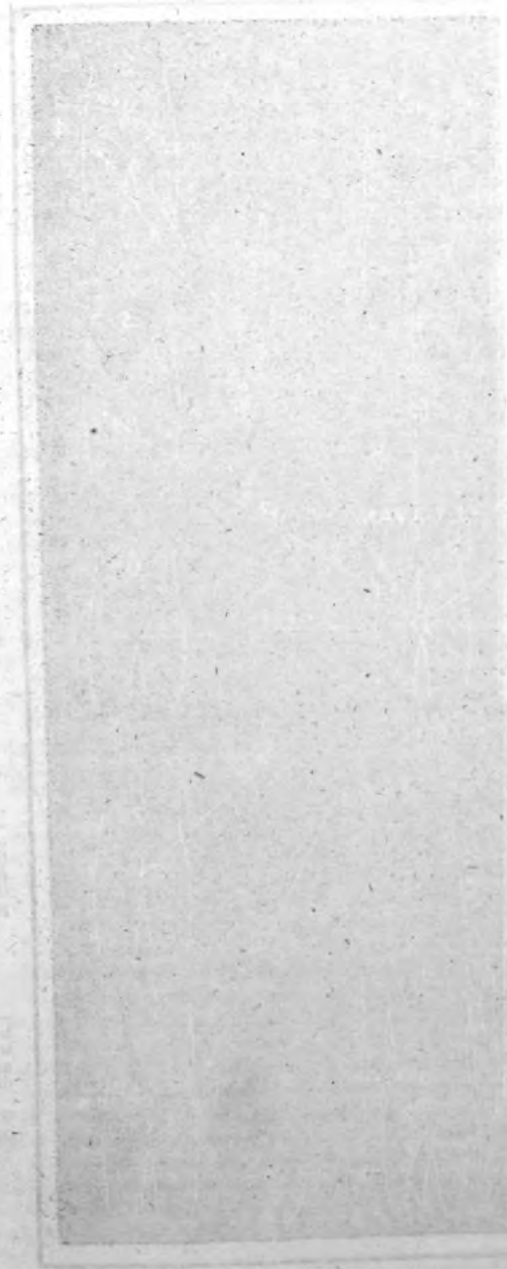


Fig. 9.—Pat Keegan. See Case 9, which is remarkable. (1), He resisted inoculation from gonorrhœa with indurated urethra: (2). he resisted inoculation from a child's secondary ulcer; (3), he resisted inoculation from his own suppurating bubo; (4), he resisted inoculation from his bubo when healing; and, finally, he is inoculated from the sore of J. Gavan, on Feb. 12, which had failed on the same day with M. Bryne, Fig. 5, and at various other dates, with the several others.



passed into the urethra (matter from his own bubo had been passed into urethra without effect January 27). No effect was produced on the urethra ; the lint remained in for three hours, &c.

February 24.—Says his urine has some difficulty in getting out of the passage. I see no difference in his state, &c.

March 9.—A copious rash, &c., appeared.

April 20.—Is full of pains, &c.

Case No. 7.

February 21.—M. Connor (Fig 7), primary sore on inner side of prepuce, rather superficial, and ulcerated bubo in left groin. I have passed lint from Gavan's penis and dipped in Connor's own matter into his urethra. He says there is some discharge from his urethra, but no ardor.

February 24.—Says there is much more discharge from his urethra since the day after that on which the matter was passed into it. End of report.

Case No. 8.

February 21.—Thomas Walsh (Fig. 8), sores rather superficial, but characteristic on the surface of the prepuce; has erections with tightness of prepuce ; have mixed matter of Gavan and his own and passed into urethra.

No further history ; it may be concluded there was no effect.

Case No. 9.

(Described by Mr. Wallace as "gonorrhœa with bubo.")

January 15, 1835.—P. Keegan, æt. sixteen, gonorrhœa with indurated urethra and lump in left groin of four months' standing. No pain in urinating. Inoculated his left thigh in three places.

January 20.—Inoculated from the matter of an infant who had secondary sores.

January 23.—The spots have not inflamed. This case was a chronic catarrh with a small bubo in the left groin which is red and desquamating. I have allowed the matter to escape, and with it have inoculated right thigh.

January 25.—The spots have not inflamed ; the sore in the groin has projecting lips.

January 27.—The thigh has not inflamed. I have inoculated him from the matter of the bubo as now secreted.

February 3.—Cut the right fore arm with matter from the groin ; the other punctures have not inflamed ; the groin seems healing.

February 5.—The punctures on his arm have not inflamed.

February 12.—Cut on left forearm with Gavan, and desired not to return unless punctures inflamed.

February 14.— The boy attended in consequence of two of the punctures in his left forearm having inflamed. They have a tumid red appearance.

February 17.—The cuticle removed to the extent of a split pea or more ; it seems loose at the edge as if it was detached from a vesicle. The surface itself is red and rather raised ; the base feels tumid.

February 19.—The spots have extended in a bullous or vesicular manner, but not in depth. The surface exposed is red, and is like the surface exposed in the small and superficial pustular form, or has somewhat the appearance of a condylomatous surface.

February 21.—The spots on his arm are become drier and less inflamed, and are covered with a yellow crust. The groin is healed and the urethra better.

February 24.—One of the punctures seems still more red, a portion of the crust removed from the other, and the denuded surface looks fungous.

There seems no further history. Like many dispensary cases the patient probably ceased to attend.

This patient suffering from a late suppurating bubo and gonorrhœa with which Mr. Wallace calls indurated urethra, a term he frequently seems to apply to the condition in acute gonorrhœa, resists first inoculation with his own discharge, therefore there was no larval chancroid ; secondly, the matter from constitutional sores of an infant; thirdly, the matter from his own bubo directly when it was opened ; fourthly, the matter from the same after some days ; fifthly, the matter from the same when healing ; and finally, when inoculated from a patient suffering from "superficial phagedænic" ulcer produces characteristic pustular sores.

Case No. 10.

February 16.—P. Phillips (Fig 10), æt. sixty the subject of prurigo, has formerly had gonorrhœa ; no discharge now, or for years. Passed the matter of Durham (also used with L. Cavanagh—Case 2), into his urethra.

February 21.—No discharge from urethra ; passed Durham's in again.

February 25.—There seems to be some discharge from the urethra ; cut on arm with matter from J. Gavan.

April 13.—Has still a discharge from the urethra.

Case No. 11.

February 19.—J. Craven (Fig. 11), has had gonorrhœa and chordee for some time. Scarified his thighs and applied Durham (see Case No. 2), to right and Gavan to left.

February 23.—The spots have not inflamed.

Case No. 12.

February 3.—M. Gavan (Fig. 12), æt. twenty-eight, the wife of J. Gavan, has a diseased spot on lower part of the left labium, covered with a brown crust, and has a very hard base ; says it commenced about a fortnight ago as an itchy pimple ; says her husband was disordered for nearly two months when she came to him.

February 12.—Ulcer the same; very deep and hard base.

April 15.—Ulcerated throat, looking badly, deafness, pains in shoulder ; the diseased patch on the pudendum has become an excavated ulcer with rather a phagedænic border.

May 23.—Superficial ulcer of palate, two tubercular spots on the chin, and pains.

September 10. — Pains, hemicrania, sore angle of mouth, scaly tubercular rash, three or four subcutaneous tubercles (gummata), and night sweats. Sore is healed.

I have given the notes rather copiously, so that each reader may judge for himself, as to these remarkable facts, that a sore which is auto-inoculable on the patient's self, on January 4, produced a successful inoculation (February 14), on Case No. 9, but fails in other cases; and when introduced into the urethra of Case No. 6 produces, in combination with the patient's own discharge, a gonorrhœa.

SPONTANEOUS CURE OF VESICO-VAGINAL FISTULA.

By D. B. O'Flynn, A.M., M.D.

Mrs. D., æt. twenty-seven, in her first confinement had a tedious labour, and was ill from Saturday night until the following Tuesday. She was a person of robust health, but of small stature, and suffered much from the severity of her pains ; towards the close of the labour the midwife made forcible efforts to bring away the child. At this time I was summoned to see her, and when I arrived at the bed-side I found the child dead, the funis torn, and the perineum ruptured. I removed the placenta without any trouble, and she expressed herself greatly relieved, as she had suffered much from cramp during the last six hours. She lost all control over the lower extremities, and was unable to move in bed without assistance. At the end of four days a slough came away, and I discovered a large vesico-vaginal fistula, through which the urine passed freely. The fistula was situated far back in the vagina, running transversely, and there was great loss of substance. A fortnight after her confinement she was examined by Dr. Nathaniel Hobart, of Cork, who consulted his uncle, Dr. Hobart, who has been a most successful operator in such cases ; those gentlemen agreed to defer operating for three months, until the parts became firm enough to hold sutures. As the woman was

not able to walk or even stand, she had to remain in bed almost immoveable. The treatment consisted in washing the parts with tepid water, and applying a lead lotion. At the end of two months *the fistula was healed*, and she could retain her urine the usual time. In another month she was able to walk with the aid of a stick, and now, at the end of five months, she is quite recovered, and says "she feels all right." Dr. Hobart remarked to me when he saw the case that spontaneous cure was more likely to take place in a large than in a small fistula. On this point I can give no opinion myself, but I believe it is rare to effect a cure in any way after sloughing, and I am inclined to attribute the result in this case to the fact that the woman was kept the whole time in bed, and the mobility of the parts prevented, so that the *vis medicatrix naturæ* was not interfered with.

VACCINATION AND TEMPERANCE.

By Francis R. Hogg, M.D. St. And., M.R.C.S.E.
Royal Horse Artillery.

Private Murphy Maguire, with a pair of black eyes and a tremulous appearance, attributed to falling over a bed-iron and feeling nervous before an officer, is a gentleman not above patronizing the slums occasionally. Like the nobleman at Madame Rachel's, possibly his motives spring from the idlest curiosity, or a desire to study human nature under various phases. Abroad also soldiers are exposed to virulent small-pox—in Japan, Bengal, and other places, yet only one in a thousand is attacked, and less than one in ten thousand dies. This comparative immunity, considerably influenced by the rigid performance of vaccination and re-vaccination by the Army Medical Department, still riding favourite hobbies, raising doubts, and damning with faint praise Jenner's supreme discovery, Medical men are found in the ranks of the anti-vaccinators even in this age of progress.

After many years extensive experience, the most perfect specimen of vaccination recently came under my notice. The mother, a fresh complexioned healthy lady, æt. twenty-seven, born and resident twenty-five years in some of the most pestilential parts of India, there suffering, from varicella, rheumatic fever, cholera, ague, and measles, in the eighth month of pregnancy she gave birth to six children, four of whom survived. Even in sickness and nursing she has always been a water drinker, and her rosy cheerful face would lead one to imagine that Scotland instead of Peshawur had been her habitation. Her husband, also a water drinker, found alcohol most valuable temporarily when suffering from liver disease.

CONCLUDING HINTS HOW TO MAKE VACCINATION MORE EFFICACIOUS.

[*With Woodcut of a Vaccination Sleeve.*]

By R. Hanslip Sers, M.R.C.S.E., Epperstone, Notts.

Besides the condition of the child's skin and bowels, the state also of the *mouth* and *throat* should be ascertained. Congestion, aphthæ, ulceration may apprise us early of approaching disease. When a few papulæ are observed upon the skin, it is well to prepare the parent for a further development of the eruption, or the question, "Is the matter good?" may be followed by the demand, "Was the matter good?" I have stated that I have found two months and a fortnight the most suitable age at which to vaccinate. My reasons for this belief are as follows:—Before this period, the infant is too tender, save under urgent pressure to operate upon; afterwards, dentition may commence to produce its manifold disturbances. Muscular action becomes more marked and vigorous, and practice teaches us that any inflammatory action of the arm less rapidly subsides. I have known vaccination to apparently fail from drying up of the abrasions where from a trifling cause, there has been a slight delay in the subsequent application of the virus, but still more commonly from *inferior quality*, or *insufficient quantity* of store lymph. Also in discharging the contents of a capillary tube, the operator must be careful to prevent the entrance of his own saliva (the lips should be dry), and if this incident occurs, not to mistake it for a liberal supply of lymph. In charging the capillary tube, it may be possible in a moment of *comparative* carelessness to appropriate the dribbling from the child's mouth, in lieu of lymph. Our capillary tubes admit of improvement they ought to be now uniform in size, and less jaggy in their terminal outlines. When the slight abrasion necessary for vaccinia is followed by undue flow of blood deficient in colouring matter, and I have noticed this in syphilitic children, I should suspect a taint, and avoid the child as a vaccinifer.

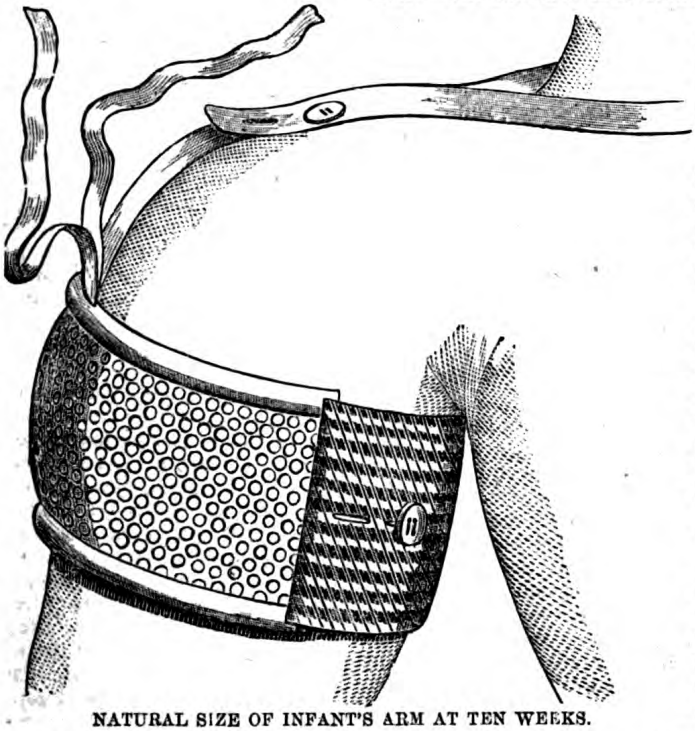
Outsiders require the assurance that vaccination is not an inoculation of scrofula, syphilis, cancer, or malignant disease—that vaccine-lymph is simply cow-pock virus, certainly not a mystic fluid capable of evolving every ill to which flesh is heir—nor need they feel alarmed about any mythic "infinitesimal dangers." The terrible epidemic of variola still raging in our great metropolis, has led to an unusual demand of vaccine-lymph, and one may be excused for an expression of curiosity relative to the source from whence the matter has been and continues to be obtained. Even in rural districts, where purer air does much towards counteracting the defects caused in too many cases by unsuitable marriages, wrong course of life, intoxication and its attendant vices, one feels it difficult to keep up a series of healthy arms, so as to command a good supply of the genuine virus. When one considers the amount of disease among infants in large towns, and the dead loss of store lymph in cases of re-vaccination, it is marvellous how the difficulty is overcome. The pressure arising from the urgent want of lymph, is apt to tell severely upon those from whom it is obtained. Yet the caution is not unneeded to avoid draining puncture vesicles, or the recommendation to leave one vesicle untouched. In cases of emergency where we are obliged to *exhaust* an only vesicle, it is, I believe, the safer and better course to re-operate upon the little patient, in order to insure an extra vesicle. There is another consideration probably brought forward in a recent number of this Journal, which makes this plan advisable—viz.: a plurality of cicatrices yields satisfactory evidence of additional security from contagion.

As it is not unlikely that the public may be supplied with plain directions about vaccination, so in this place, it may be remarked that vaccinia, like dentition, may have harmless irregularities. To give an example, a scab may precede the *full* development of a vesicle. This is not infrequent, particularly when the vesicle is *very large*. The vesicle becomes, as it were, after a variable period, *circumfluent*. Hence, the form of the cicatrix may alter with the depth, extent, and shape of cuticle, scratched, or scraped off. The central portion in the illustration before us, *prematurely* scabs, and in due time leaves a perfectly white and *smooth* surface; whereas the circumference is deeply pitted, showing where more prolonged and specific inflammation has extended. The accidental removal of the highly contagious scab, especially when foreign bodies are present, may lead to troublesome ulceration, and the hardened edges thereof may simulate chancre. The after appearance of a cicatrix must be more or less modified by the *nature* of the skin. Moreover, the inflammation around the vesicles may produce vesication, and even bullæ without detriment to the patient. A cell or two of a vesicle, may fill with blood, and the contents may become either serous or sero-purulent.

Although it is not in our power to determine with precision, the ultimate size of a vesicle, yet it must be borne in mind that our mode of vaccination must chiefly influence its future dimensions. In an endeavour to make a vesicle to equal two or three vesicles, we are apt to far exceed the mark, hence it is in my opinion the safer plan to produce a small vesicle at the commence-

ment, and even with this precaution, the subsequent extension may be more than is desirable. In an instance which lately came under my notice, the upper vesicle measured three quarters of an inch in length, and the lower just half an inch. Heroic vaccination is not popular.

Armed with a vaccination sleeve I confidently look forward to a more regular course of the vaccine vesicle, to an increased supply of genuine virus and a greater control over casualties. The immense benefit to be derived from the removal of all sources of pressure will, I contend, admit of the strictest demonstration. Through the active co-operation of Mr. Miller, Leicester square, London, I have succeeded in obtaining a vaccination sleeve simple in construction, and easily applied. It is hung around the neck and may be further fastened if deemed expedient either to the attachment encircling the child's neck or to its dress. The latter directions will scarcely have to be followed if the vaccine vesicles be placed a little below the insertion of the deltoid muscle. The sleeve tilts somewhat forward, and it is necessary to arrange the vesicles as far from its upper margin as convenient. The apparatus *loosely* surrounds the arm and cannot, I trust, by any chance, impede the circulation or prove in itself a source of irritation. Among the poorer class it may be passed after due immersion in a weak solution of Condy's fluid, &c., from one child to another.



NATURAL SIZE OF INFANT'S ARM AT TEN WEEKS.

The Illustration represents a full-sized sleeve for an infant æt. ten weeks.

DIRECTIONS HOW TO APPLY THE VACCINATION SLEEVE.

1. It should *always* be placed around the neck and arm prior to vaccination.
2. It must be suspended from the proper loophole.
3. Draw a chalk crayon along the side rim of the concave front—apply the sleeve *flattened* to the arm by which means is obtained an exact outline of the space within which to vaccinate.
4. Slightly *bend* or *expand* the zinc arch in order that it may correspond with the inner and outer edges of the arm without exerting pressure on either side.
5. Immediately after vaccination the sleeve may be buttoned, very thin children excepted, through the *first* slit in the waterproof cloth.
6. The mother having redressed the child can tie up the sleeves with the front tapes.

N.B.—The zinc arch must stand forth in as bold relief *upon* the arm after complete fixture as it previously did (otherwise the sleeve is not a fit one for the child), and the mother can be directed to watch that it retain its shape—a slight lateral pressure made with the forefinger and thumb will effect this object if needed.

However, increased experience may lead me to dispense with Regulation 6, as the sleeve should follow every action of the arm. The button, &c., may be superseded by a more convenient outside contrivance.

Is it not time that the *custom* of permitting the specific inflammatory arm of a tender infant to be open to every passing accident should be abolished? Modern surgeons rarely hold with a similar exposure of any other species of ulcer, wound, or inflammation.

MILLER'S DESCRIPTION OF THE VACCINATION SLEEVE.

(*Child æt. two months and two weeks*).

The materials employed in its construction are perforated zinc, waterproof cloth, and tape. When complete it may be briefly described as follows :—

A perforated shield formed somewhat in the shape of an arch passes round two-thirds of the arm, as shown in the diagram, the remaining third being encircled by a broad strap made of waterproof cloth. To the upper part of the shield is attached a series of tapes, two of which are for fastening to the dress whilst the third and longest one is destined to pass over the shoulder and form a loop which fastens round the neck. The dimensions, of course, vary according to the symmetry of the child's arm, but the length for a child of ten weeks is 1¼ inches measuring from the lower margin of the axilla midway to the elbow. The breadth, however, need not be taken into consideration, for zinc being of a pliable nature the shield can be made to accommodate any sized arm. Finally, the straps are made with graduated button-holes, so that the sleeve cannot fail to fit any child of a similar age.

NOTES UPON THE EPIDEMIC OF YELLOW FEVER IN BUENOS AYRES OCCURRING IN THE EARLY PART OF PRESENT YEAR.

Reported by JOHN W. MARTIN, M.D.

Assistant Surgeon to the Mayfield Factory Dispensary; Ex-Assistant Surgeon to the North Tipperary Light Infantry Regiment of Militia, &c, &c.

HAVING just returned from Buenos Ayres, it may not prove uninteresting to the readers of the MEDICAL PRESS AND CIRCULAR, that I should put together briefly what information I was enabled to gather, during the short stay of the S.S. *Copernicus*, on board of which vessel I held the post of Surgeon, relating to the terrible plague that raged in that city, for a period, commencing in the latter part of January, extending through February, March, April, and into the early part of May.

A minute description of the town would occupy more time and space than is requisite; but I must endeavour as shortly as possible, to describe its leading features.

Standing at but a very slight elevation above waterline on the southern bank of the "Plate," it is built in the form of a parallelogram, the longest diameter run-

ning from east to west, the whole being parcelled out into squares, each having a frontage of 150 yards. The houses following the South American fashion, are mostly one-storied, the various apartments opening into small court-yards, called "patios." The streets are paved, but in a most uneven manner, with flagged sidewalks. There is an utter want of sewerage, and no measures are taken to keep the streets clean, the latter being during wet weather, nothing but rivers of mud, and during dry months, dust receptacles. In the eastern and western districts of the town, there are two streets running from south to north, having an incline in the latter direction, which, during the rainy season, become deep and rapid rivers, discharging themselves into the "Plate," and frequently inundating the houses on either side, leaving on their subsidence a layer of mud and deposit, which, under the action of the sun, becomes a source of ill-health to those resident in these streets, and their immediate neighbourhood. The foundation of many of the streets, consists of rubbish and old vegetable matter.

The water-closet accommodation, owing to the absence of sewerage, is well adapted to the production of disease.

A large pit is dug upon the premises; when filled, another is dug close beside it, these pits are at present emptied by means of the air tight carts and hose. The whole city is honeycombed over with them.

Lately, upon the introduction of the water supply by pipes, many persons informed me that the waste water was run off into these pits, with as one would easily believe, a result anything but beneficial. In the centre of each block or square of houses, exists a open space of ground, on which small "shanties," and buildings of a more or less temporary character are run up, in which the lowest class of Italian emigrants live in the greatest state of poverty and dirt, at a charge of about 10d. daily. Such places are termed "Conventillios," and during the late epidemic, served as most prolific breeding grounds for the propagation of the disease.

The epidemic is supposed to have originated from two imported cases, the one coming from Paraguay, the other from Barcelona. It first appeared in the San Telmo quarter, on the eastern side of the town, from whence it spread into the valley, through which one of the two streets already alluded to runs; thence it spread rapidly towards the west, principally affecting such streets, whose foundations consist of rubbish, &c., as already described, and the second of the two river-streets named the "Tercero."

The character of the disease was very malignant, and most intractable to treatment. Commencing with pain mostly affecting the region of the cerebellum and upper portion of the spinal cord, and the lumbar region, irritable stomach, with a sense of oppression in the epigastrium, disordered bowels, dirty tongue, rapid pulse, and a general malaise, in severe cases the fatal symptoms were rapidly developed; great prostration, jaundice, black-vomit and hæmorrhage from the mouth, nose, eyes, ears, and anus. A leading feature in the epidemic was the tendency to suppression of urine in most of the cases, As for treatment: emetics in the early stage were tried with, as I was informed, the worst results; the supporters of the mustard baths and sinapisms, calomel and castor-oil method of treatment, speak confidently of its usefulness, whilst most of the practitioners fell back upon the expectant treatment, meeting symptoms as they developed themselves, and guarding as far as possible against the tendency to death. The mortality was fearful, families being decimated, the total mortality being at the lowest estimate, upwards of *fifteen thousand souls*, and probably more. The highest official returns of the daily mortality was 530, but there is little doubt that this figure is too low, as many bodies were carried to the burial ground, without the official order for interment.

Out of one Conventillo, as many as seventy corpses were carried one morning. I regret to say I was unable to obtain any particulars as to the results of *post-mortem* examinations, neither could I learn that any thermometric observations had been carried out; but when we consider how vast the number of patients was, and the paucity of medical men, such observations could scarcely be expected of them. Out of a population of 180,000, at one time it is thought scarcely more than 30,000 to 40,000 inhabitants remained, all having fled to the camp who could afford it. Viewing the subject in merely a professional point of view, it forms no part of my intention to describe the scenes at, and on the way to, the burial grounds. It was described as something fearful. One burial ground has been closed, and covered with a layer of lime, and earth, and planted, and new grounds opened. It is interesting to note the almost complete absence of cases amongst the shipping, and the fact that though many left Buenos Ayres during the epidemic, yet we have no history of its importation to other ports, or its breaking out on board any of the ships. A similar absence of its spreading is noticeable in the "camp," in spite of the exodus of inhabitants from the City.

This has suggested to my mind the question, was it yellow fever? pure and simple, or was it a fever typhoid in character, and partaking of the symptoms of yellow fever. Certainly the conditions favourable to the production of the exciting poison of typhoid fever are present in a marked degree in Buenos Ayres, and it would be interesting to learn whether in any of the *post-mortem* examinations the characteristic changes in Peyer's glands were present or not. I forgot to mention in addition to the many sources of unhealthy miasm to which Buenos Ayres is exposed, there is a foul stream, the Riachuelo, that runs close to it; and there are large slaughter houses in the near neighbourhood. It is certainly a pity that a town so well placed, and rejoicing in a naturally fine climate, should, through preventible causes, become so unhealthy.

It will be many a long year before the memory of the "plague" of 1871 will fade from the minds of its inhabitants. All honour is due to the medical men and others who bravely faced the danger in the humane duty of giving as far as possible, relief to the stricken ones.

Hospital Reports.

KING'S COLLEGE HOSPITAL.

Excision of Hip-joint.

(Under the care of Professor Wood, F.R.S.)

The case of hip disease was in a young man, by calling a groom. Some time ago he met with an accident and fell on his hip, and subsequently suffered from extreme debility, the result of long-continued discharge from two large sinuses, one leading directly to the joint, the other opening at a position corresponding with the tuberosity of the ischium. Mr. Wood, in the first instance, made a longitudinal incision over the joint, and subsequently, in order to obtain more room, converted it into a crucial one. Professor Wood then carefully dissected round the joint, and divided the several ligaments. His next step was to remove the head and neck of the femur, first, by sawing through the neck with a convenient saw, having a raised handle, known pretty generally by King's men as "Wood's saw;" secondly, by applying the "lion forceps." Great difficulty was experienced at this stage of the operation, a portion of the head of the bone being ankylosed to the upper margin of the acetabulum; by means of the gouge and elevator the difficulty was overcome, and the head was enucleated. The next step was to remove all diseased portions by means of a gouge, curved forceps, and seques-

trum forceps, as well as cutting away suspicious-looking structures. The second stage of the operation was now commenced—viz., laying freely open the sinus over the tuberosity of the ischium, with a view to ascertain if a communication existed between this sinus and the one that led directly to the joint; none, however, was found. The third stage was to divide the tendons of the hamstrings and biceps muscles, owing to contraction of the knee-joint. The wounds were then carefully sponged and dressed with carbolic acid and oil, the edges brought together by sutures, and a light bandage applied. The patient was then removed to bed, and afterwards an extension splint was applied.

Mr. Wood remarked that here was an instance of caries of the bone, which if no operative procedure were initiated nothing remained for the poor fellow but a lingering death, by reason of the continued discharge from the sinuses, if not death from pyæmia itself. It was always a difficult matter to state precisely prior to operating the exact condition that the parts would be found in in a diseased joint, and what complications the operation itself might present.

As regarded the condition of the joint in this case, there had been adhesion of the head of the femur to the upper rim of the acetabulum. Nature, in fact, endeavoured to repair the injury, and this firm adhesion it was that had rendered the removal of the head so difficult. Again, the carious condition affecting a good deal of the bone, some time was necessarily occupied in removing all the diseased parts, which here included a portion of the shaft, as well as the great trochanter. When the second sinus had been laid open the tuberosity of the ischium was found diseased, and portions had to be removed, which of necessity lengthened the operation; while, finally, there was the necessity of dividing the tendons of the hamstrings and biceps subcutaneously for the contraction of the knee-joint.

Professor Wood, in commenting on the case, said:—Excision of the hip-joint, as a rule, did not present the complications and difficulties that this case did; indeed, in children the head was usually found dislocated, and many of these cases were quite simple in character. Another point worth noticing in operations of this kind generally, and especially in the case under consideration, was the slight loss of blood.

Mr. Wood also drew attention to the condition of the man, which had much improved since he had taken the sulpho-carbolate of iron, and as he believed him to be pretty well "carbolised," he hoped pyæmia would be averted.

The man has continued to do pretty well since the operation, and his general health has improved. The sinus leading to the tuberosity of the ischium still remains open, due to some carious bone still remaining.

ST. PETER'S HOSPITAL.

(Under the care of Mr. Teevan.)

Four Cases of Operation for Unusually Large Calculi.

In reference to four recent cases the operator, Mr. Teevan, lately made some observations to the visitors—to the following effect:—

The points of interest in these cases are four in number—firstly, that the calculi were very large; secondly, that the method adopted for their extraction was not in accordance with the rules laid down, and generally accepted by the Profession; thirdly, that the patients so operated on all recovered; and fourthly, that the operation was not in any case followed by incontinence of urine. Surgeons usually extract calculi by means of a limited incision into the bladder, and a subsequent so-called process of dilatation, which is, in reality, complete rupture of the prostate and its capsule. This method is opposed to all the teachings of anatomy, and is usually followed by one of three disasters—death, impotence, or incontinence of urine. Now, I believe that if a free incision be made into the bladder, and the calculus be removed through an aperture which is made by cutting and not by lacerating, we shall greatly lessen the mortality, and entirely abolish such unfortunate sequences as impotence or incontinence of urine. I am prepared to prove that there is no such thing as dilatation of the prostate, and that we ought to adopt a free internal incision, which is in unison with the teachings of anatomy and physiology, and the best surgical principles. I accordingly bring forward these cases to show that by doing that which we are advised not to do, namely, completely dividing the prostate and its capsule, we obtain the happiest results.

Case 1.—James Birch, a powerful, healthy-looking man, was sent up to St. Peter's Hospital on June 10, 1868, by Dr. Buée, of Slough. The patient had suffered from symptoms of calculus for six years, and for the past two years had, through his sufferings, been precluded from following his occupation. He only passed blood three times, and then after riding in a cart. There was but little pus or albumen in his urine, inasmuch as he had lately led a completely sedentary life. On June 11, I examined the patient with a lithotrite, and found he had so large a stone as to entirely preclude the operation of lithotrity. On June 15, I performed the lateral operation of lithotomy. Dr. Aspray gave chloroform, and Mr. W. Coulson held the rectangular staff. After I had grasped the calculus, I had to introduce a probe-pointed bistoury four different times to enlarge the wound in a direction downwards and outwards, in order to allow the stone to slide out without the slightest traction being exerted. The calculus was of lithic acid, and weighed four and a quarter ounces. The patient recovered without a bad symptom, the wound being healed on July 16. On July 25 the patient was discharged quite well.

Case 2.—Robert Wilson, an emaciated sickly-looking man, æt. fifty-five, was sent to me by my friend, Mr. Sebastian Wilkinson, suffering from stone in the bladder, on Aug. 31, 1869. Has experienced much pain for nearly ten years after micturition, and has occasionally passed blood. There was much pus and albumen in his urine. On Sept. 6 I examined patient with a lithotrite, and found that the stone was too large to crack. On Sept. 9 I performed the lateral operation. Mr. Coulson held the staff, and Dr. Aspray gave chloroform. After I had grasped the stone, I had to make three different cuts downwards and outwards to let the calculus glide out without the slightest violence being used. The stone was phosphatic, weighing two and a quarter ounces; it was very flat and oval, its diameter being two and three quarter inches. This patient, although he had no outward symptoms of any kind after the operation, yet had a long convalescence resulting from his great debility, and when he left the hospital three months after the operation, the wound was not quite healed; it was thought that the country air would heal the fistulous track that was left.

Case 3.—George Evans, a pale, delicate-looking man, æt. sixty-two, was admitted under my care for stone in the bladder, at St. Peter's Hospital, on Oct. 1, 1870. Has had symptoms of stone for three years. After examination I found the calculus much too large to crush. I performed lateral lithotomy on Oct. 8, extracting a phosphatic stone, weighing five ounces. After I had seized the stone, I had to make four cuts outwards and downwards, with a probe-pointed bistoury to let it glide out. The patient left the hospital quite well on Dec. 6. Mr. W. J. Coulson held the rectangular staff.

Case 4 occurred in Mr. W. J. Coulsons's practice. William Griffiths, a healthy-looking man, æt. sixty-five, was operated on by Mr. Coulson on March 5, 1868. The stone was of lithic acid, and weighed four and a quarter

ounces. Four separate cuts were required to liberate it after it was seized. On the 20th of the following month the patient left the hospital quite well. Mr. Teevan held the rectangular staff. All these patients recovered without a bad symptom; the free incision permitted the operation to be rapidly performed, and it then appears that the complete division of the prostate and its capsule are attended with the best results.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 2, 1871.

THE DEATH-INJURY OF TALBOT.

The recent exposure of the tergiversation of the *Irish Times* in the simple statement of the circumstances attending the publication of Dr. Bently's letter on doctrinal midwifery, has had, it would appear, no other effect on the editors of that Journal than to confirm them in the determination, at any cost, to secure the sectarian penny. Accordingly, in defiance of the usually accepted code of journalistic propriety, the *Irish Times* immediately on the death of Talbot, published an article calculated powerfully to influence the result of the inquest, and to protect the assassin from the proper punishment of his crime.

We have not thought it fit to follow the example of the *Irish Times* in reviewing the case *pendente cite*, nor do we now before the trial at the Commission propose to enter on the subject further than to refute the tissue of, let us call them mistakes, to which the *Irish Times*, gave insertion. It is as well to say at once that the object of the article was to show that Talbot was killed not by the man who shot him, but by his surgeon, and *ergo sequitur* that the murderer should be absolved from the gallows; and to give colour to this theory a series of statements were publicly made not only rash but in most instances utterly untrue. We quote the *Irish Times* in its own words:—

"It seems to be the opinion of the medical profession of this city that the wound which ex-Constable Talbot received in Hardwicke place was by no means of a mortal character. He died of anæmic convulsions supervening, as usual, on extensive hæmorrhage. In probing for the bullet it happened that the surgeon severed the occipital artery. The flow of blood was stopped by pressure, but on Saturday night, for some reason of which we have not been informed, it was deemed advisable to remove the needle by which the pressure was applied. Early the following morning hæmorrhage ensued. In a quarter of an hour the patient lost an imperial pint of blood. The wound was closed as speedily as possible, but too late to prevent fatal consequences. At noon the patient became delirious, refused the stimulants which the medical men endeavoured to induce him to take, and a series of convulsions, lasting for four hours, put a period to his sufferings."

It is absolutely untrue that any known section of the Profession in Dublin is of opinion that Talbot's wound was "by no means of a mortal character." The general opinion, we have reason to know, is exactly the reverse, and the evidence of Mr. Porter and Mr. Tufnell on the inquest was explicit and conclusive on the point. The extraordinary circumstance was that a man, with a bullet splintered into many pieces lodged in the base of the skull, with a fractured atlas, an abscess communicating with the spinal canal, inflammation of, and pressure on, the spinal column and its coverings and at the base of the brain, could have lived from Tuesday night to Sunday afternoon.

It is absolutely untrue that "he died of anæmic convulsions supervening *as usual* on extensive hæmorrhage." The patient never had a convulsion during the entire time he was in hospital, and every surgeon knows that anæmic convulsions are so unusual as to be almost unheard of.

It is untrue that "the flow of blood was stopped by pressure." During the operation two vessels which were divided in order to arrive at the site of the ball were duly and properly secured by ligatures.

It is untrue that "on Saturday night it was deemed advisable to remove the needles by which the pressure was applied." On the Saturday night nothing was removed, and no needle was ever applied in order to make pressure on the artery. The tenaculum with which the artery was seized for ligature was removed on Friday, and the statement that "early the following morning hæmorrhage ensued" is untrue.

It is untrue that "in a quarter of an hour the patient lost a pint of blood." The secondary hæmorrhage which occurred on Sunday morning was immediately arrested.

Lastly, it is untrue that a series of convulsions, lasting four hours, put a period to his sufferings." Talbot never had a convulsion, but he had the very opposite condition—for he died comatose and with all the symptoms of pressure on the brain and spinal cord.

So far for the facts. The *Irish Times* has acted most improperly—first in prejudging the case; secondly, in publishing a series of inaccurate statements; and thirdly, in exercising its influence to frustrate justice. But its fault has been small comparatively to that of the professional pimp who, while himself secure in his obscurity, whispers falsehoods and aspersions on his profession in the editorial ear. Probably, the honour of the medical detective is worth what is paid for it, and no more. He who sells it loses little, and he who buys will no doubt value it for less when it has served his turn.

BABY FARMING.

THE Report of the Select Committee appointed to inquire into the best means of preventing the destruction of the lives of infants put out to nurse for hire by their parents has been issued. The Committee first draw a distinction between two classes of cases—first, where the children are put out for hire with the deliberate knowledge, and probably also with the deliberate intention, that they will be sure to die very quickly; and secondly, that class of cases where the children are *bonâ fide* entrusted to the care of others, either in the daytime or by the week, that the mothers may return to, and be enabled to carry on, their usual employments. The Committee have no doubt that baby farming is carried on to a large extent in London and its neighbourhood, as well as in other great towns both in England and Scotland. In its criminal character, the larger number of cases occur in London and its neighbourhood, or in some of the larger towns in Scotland, such as Edinburgh, Glasgow, and Greenock. In the manufacturing districts of Lancashire and Yorkshire carelessness, and not crime, is the principal cause of mortality among children put out to nurse. According to the evidence, which the Committee think indisputable, there are in all parts of London a large number of private houses, used as lying-in establishments, where women are confined. When the infants are born, some few of them may be taken away by their mothers; but if they are to be "adopted," as is usually the case, the owner of the establishment receives for the adoption a block sum of money, sometimes as little as £5, sometimes as much as £50 or £100, according to the means of the person who goes to be confined. The infant is then removed (generally immediately after birth) to the worst class of baby-farming houses, under an arrangement with the lying-in establishments, by which the owners of the baby-farming houses are remunerated either by a small round sum, which is totally inadequate to the permanent maintenance of the child, or by a small weekly payment, varying from 2s. 6d. to 7s. 6d., which is supposed to cover all expenses. In the former case, there is every inducement to get rid of the child; and even in the latter case, unless the mother should come to look after it (which she seldom does), improper and insufficient food, opiates, drugs, crowded rooms, bad air, want of cleanliness, and wilful neglect are sure to be followed in a few months by diarrhœa, convulsions, and wasting away. When the child has not been brought from a secret lying-in establishment, the knowledge of these houses, to which other children are taken, was, until lately, acquired by advertisements in the public newspapers; but since the more respectable of these newspapers have declined any longer to insert such advertisements, it is now obtained, though with more difficulty, by private circulars, secretly distributed. The Committee conclude that nothing can be worse than this class of houses, or more reckless than the conduct of those by whom they are kept. The children born in the lying-in establishments are usually illegitimate, and so are the children taken from elsewhere to the worst class of baby-farming houses. In many cases they are abandoned by their mothers soon after their birth, and in addition to the loss of a mother's care, which is alone sufficient to increase the mortality of infant life to a great extent, they are so culpably neglected, so ill-treated, and so badly nurtured, that, with rare exception, they all of them die in a very short time. Nobody, except the owners of these houses, knows anything more about them; their births are not registered, nor are their deaths; some are buried as still-born children, some are secretly disposed of, many are dropped about the streets. In illustration of this it may be noted that the number of infants found dead in the Metropolitan and City police districts during the year 1870 was—males, 143; females, 121; sex unknown, 12—total 267. And the return made up to the 19th of May in this year shows that there were —males, 51; females, 54—total 105. A very large number of these infants were less than a week old.

On a careful review of the whole evidence, the Committee have come to the following conclusions:—1. That there should be a compulsory registration of all births and deaths within a limited period after the occurrence of those events. 2. That there should be a compulsory registration of all private houses habitually used as lying-in establishments. 3. That there should be a registration of persons who take for hire two or more infants under one year of age to nurse for a longer period than a day; but so guarded as not to interfere with temporary arrangements of an unobjectionable character. 4. That voluntary registration should be encouraged in the cases of nurses who are not required to register compulsorily.

SCOTLAND.

EDINBURGH.

THE JEX BLAKE TRIAL.—At a meeting of the friends of the female medical students, it was resolved to raise a fund to defray the expenses incurred in this trial. Before the meeting closed £249 had been subscribed.

Notes on Current Topics.

The late Mr. Courtnay, R.N.

WE have to record the death of the late Mr. Courtnay, of the navy, who died recently in consequence of accidental blood poisoning. Mr. Courtnay, by the present naval regulations, lost three years on half pay, and died only a few weeks before he would have reached the full staff rank. We think the Admiralty should, in a case like the present, give his widow and children the full pension which would have accrued to them had he attained the full staff rank before his death.

Cholera.

CHOLERA in Russia is, according to last accounts, still increasing at St. Petersburg. There were 13 cases and 4 deaths on the 7th ult. The total number of cases from the beginning of the outbreak being 5,330 of whom 2,198 died. The number of males attacked was nearly double that of females.

The disease has principally increased among workmen employed on the river or in excavating.

Cholera has reappeared in Persia. At Teheran on the 7th June the number of fatal cases was 90; on the 9th 100. It has broken out at Korin, Turcomantchai, Sheriff Shirsey, Kerbela, Nedjeff, Mendili, also at Shiraz and among some Arabs near the Shat-el-Arab River. It has ceased at Kiveit and Bedra. Most dreadful sufferings have been inflicted on the poor by cholera in connection with famine and typhus which has appeared at Teheran.

The facts concerned with the late epidemic of cholera in the 18th Hussars at Secunderabad should, we think, be strictly investigated. It may be attributed in a great measure to the use of unwholesome water drawn from a polluted well. The barracks at Secunderabad also have long been considered unhealthy.

Enlarged Tonsils.

DR. RUMBOLD, St. Louis, Mo. (*Med. Archives*), has treated successfully a number of cases of enlarged tonsils by injecting the glands by means of a hypodermic syringe,

with a solution of iodine—iodine, gr. ij.; potass. iod., ℈ ij.; aquæ, ℥j. From twelve to seventeen injections—ordinarily two a week—were sufficient to reduce the gland to its normal condition. The advantage claimed for this mode of treatment was, saving the substance and function of the gland.

Typhoid Fever in Belgium.

In the last session of the Council the burgomaster delivered a speech in which he said it had been too hasty and premature to accuse Brussels of being a hotbed of infection.

M. le Dr. Warentrapp, the medical savant of Frankfort, in a comparative table shows that Brussels instead of being the most unhealthy city of Europe, in reality suffer less than any capital from typhoid fever. The rural districts, however, and united towns of Belgium suffers severely. The following are the number of deaths due to typhoid fever per 100,000 inhabitants, for a few cities, according to his table—viz.: Brussels, 6·23, 1862-65 (least of any); United cities of Belgium but a little more, viz., 9·2 from 1851-60; Rural towns, 10, 1851-60; La Haye, 6·31, 1857-55; Frankfort, 6·8, 1851-65; Munich, 29·1, 1865-66; Amsterdam, 14·1, 1854-62; and London, 9·3, 1851-64.

The Burgomaster proposes a gigantic scheme of disinfecting the Senne at an estimate of six millions of francs.

An Enormous Dose of Opium.

A young man, aged twenty-four years, says the *Shanghai Budget*, quarrelled with his brother, and then swallowed nearly 240 grains, apothecaries' weight, of crude opium. Twelve hours subsequently a native physician was called in. The soporific effects of the opium had so far passed off as to enable this celestial to sit up in bed, converse freely, and to swallow large quantities of mustard and water. The two following days he suffered from headache, lassitude, profuse perspirations, and bronchitis, consequent on engorgement of the lungs. He never vomited, was not an opium smoker, and made a good recovery.

Society for Organising Charitable Relief.

At the last meeting of the Society for Organising Charitable Relief, Sir Charles Trevelyan reported the result of the recent deputation from (1.) The Committee appointed to inquire into Out-patient Hospital Administration in the Metropolis; (2.) The "Metropolitan Branch of the British Medical Association;" (3.) The "Poor-law Medical Officers' Association," and (4.) The "Society for Organising Charitable Relief and Repressing Mendicity." Mr. Stansfeld, he reported, cordially acknowledged the value of voluntary efforts in aid of the legal or regular forces in lessening social evils, and said he was desirous of freely conferring with members of the Societies represented by the Deputation. Assuming the object of the Deputation to be that, as a general rule, there should be no gratuitous medical relief except through the Poor-law, he explained that the Poor-law Board were urging forward the completion of the arrangements required under the Act of 1867, for giving effectual medical relief. The pauperising influence of indiscriminate medical out-door relief was strongly and repeatedly urged by the Deputation, and Mr. Stansfeld was invited to discourage the practice and to promote the conversion of the present Free Dispensaries into Provident Dispensaries. In reply, Mr. Stansfeld pointed out that the Poor-law Board could not control the free action of institutions supported by voluntary contributions, and that this could only be done by appealing to the public, and by influencing the organs of public opinion to stop such evils by exposing their dangers which duty seemed more properly to belong to the Charity Organisation Society. Mr. Stansfeld also expressed his preference for a local rather than a centralised system, and he thought that, although local action caused delay sometimes, yet that, on the whole, it worked better than the over-ruling and over-governing found in a centralised system.

Metric Measures.

The defeat of Mr. Smith's Bill for the introduction of the Metric System at this late period of the Session, in presence of an unprecedented Legislative block, after the promise of the Government to legislate next year, and by the narrow majority of five votes, bears conclusive evidence that before many years we shall have forgotten our multiplication table, and abandoned the use of inches and ounces. It is needless to say that, with all the inconveniences of so repulsive a change before us, we very earnestly desire the passing of such a Bill. We don't go, as Mr. Smith did, to Magna Charta for our reasons. It is sufficient to know that there are two different systems of weights and measures existing in the United Kingdom—that 66 per cent. of our financial transactions with other nations have to be put through a complex arithmetical process before they become comprehensible, and that our simplest calculations involve a troublesome business of adding, dividing, and multiplying. The respective merits of the duo decimal and the decimal systems are, of course, subjects for diversity of opinion; but, supposing the superior convenience of the decimal system to be proved, there ought to be no second opinion as to the propriety of its general adoption. It will, no doubt, take years to eradicate the old system, and introduce the new; but there is no difficulty in making the process a gradual one, and thus obviating too violent a revolution.

The Ravages of the War.

The Medical Department of the Prussian Ministry of War publishes a Report, from which we glean that during the recent lamentable war with France, 101 Prussian surgeons died in the field, or were disabled by wounds; also sixty-three were wounded (two of them each twice over). Twenty-five died of disease; four of these from dysentery; eight from typhoid fever, and one from a combination of both.

Accidental Poisoning.

The position which we have taken with regard to the protection of the public from accidental poisoning, and to the Bill introduced by Mr. Forster for that object, has been designated by the *Pharmaceutical Journal*, in its last issue, as "a totally unnecessary and gratuitous attempt to aggravate a contest which was already too dominant." We should regret that our efforts in the matter were open to any such interpretation, but we cannot charge ourselves with any such result, either in intention

or effect. So far as the vigorous advocacy of one side in a controversy can be so described, we are open to the charge; but we do not consider that the intervention of a medical journal, in such a way, can justly be called gratuitous or unnecessary.

The *Pharmaceutical Journal* considers that the follow-phrase carries with us its own condemnation :—"A larger issue than poison-protection is at stake, for it has now to be decided whether the Government is able to deal with an opposition dictated, not by any principle, but by self-interest and carelessness for the public interest." Well, we have re-read the phrase, and we see no reason to modify it. We are sorry to "speak evil of dignitaries," but we are bound to say that we have failed to discover, in the proceedings of the Association and Committees who opposed the enactment of poison regulations, any higher "principle" than self-interest.

The entire burthen of their song was, that, as the cases of poison were few, it was not necessary or proper to inconvenience druggists by obliging them to observe precautions in the care of poisons. We don't agree in that view. Accidental poisoning ought to be, as nearly as may be, impossible; and no amount of inconvenience to traders ought to prevent the risk being reduced to a minimum.

The Council of the Pharmaceutical Society are, in our opinion, far more censurable than the body of opposing druggists. They accepted from Parliament a trust for the protection of the public—they delayed and obstructed the discharge of that trust, and, being at length forced into action by the Privy Council, they stultified themselves by reversing their policy in deference to trade clamour. It is plain that they had no principle in the matter. If they felt that they were forbidden by the Society to do that which they had promised, they would have consulted their own honour rather by resigning their seats, as Mr. Sandford did, than by holding office by a sacrifice of their expressed opinions.

The Small-pox in London.

A CONTINUED decrease is shown in the small-pox epidemic by the returns up to Saturday. There was a return to a higher figure the week before. The returns of the Metropolitan Asylums Board's hospitals showed a continued increase of vacant beds. Since the opening of the Stockwell Small-pox Hospital 944 vaccinated and 390 unvaccinated patients have been received, in all 1,334. The total admitted since the opening had been 636 vaccinated, and 446 unvaccinated, in all 1,082, of whom 32 vaccinated and 154 unvaccinated had died. A deputation waited upon the Board from Hampstead and urged that the erection of the hospital in that district had been detrimental to the value of property there. The deputation offered to give the Board a site in exchange for that at Hampstead. Dr. Brewer assured the deputation that their request would be taken into serious consideration, but at the same time he reminded them that the Board had to consider the necessities of the metropolis as well as the wishes of Hampstead or of any other district. After the deputation had withdrawn, the subject was debated at great length, and eventually a resolution which virtually gave a negative answer to the request of the deputation was carried.

Cholera.

The *Journal de Saint Pétérsbourg* of the 21st ult. says: —The *Police Gazette* of St. Petersburg published on the 18th ult., the following return of cholera cases—patients, 518; new cases, 67; cured, 33; dead, 27. The same newspaper stated that on the 19th inst., there were still under treatment 525 persons. Since the appearance of cholera on the 29th of August, 1870, to the 19th of July, 1871, there have been 6,072 cases, 3,040 cures, 2,485 deaths. The *Caucasus* newspaper says it is known from reliable sources that the cholera which has this year broken out in Persia originated at Ardebil, on the routs from Taurida to Sirab and Zandrak.

Dr. Jenner.

ALMOST the only living relative of the great Dr. Jenner who bears his name is an aged man now living on 10s. a week in a poor cottage at Heathfield, in the parish of Berkeley.

Mr. Stephen Jenner is the grandson of Dr. Edward Jenner's brother. He was educated for the medical profession, and as a lad was a constant companion and guest in his great uncle's house. He was, indeed, the only person present with him at the breakfast table when Dr. Jenner received the apoplectic stroke of which he died. "There is no person living," says Mr. Jenner in a letter of July 19, "who knows so much of Dr. Jenner's social and domestic life as I do." He is now seventy-five years of age, in very bad health, bearing the ills of life uncomplainingly, not wishing to intrude them upon society.

Effect of Electricity on Plants.

MR. BECQUEREL has presented to the Academy of Science of Paris a memoir, in which he shows that the discolouration of flowers, leaves, and even roots may be effected by the direct and immediate action of electricity. Fifteen or twenty minutes action is sufficient to remove all colour. The red on the surface of certain leaves was removed to the green underside, but the inverse effect has never been obtained.

A new Physical Law.

FOR the purpose of verifying and measuring the force evolved in the dilatation of water in freezing, which has been known to be sufficient to burst cannons, M Bousingault has discovered an important fact by means of a very simple experiment. He filled, very exactly, a steel cannon with water at a low temperature, and having introduced into it a steel needle, closed it hermetically. When this apparatus was placed in a temperature of 23° below zero it was ascertained, by the sound of the needle falling through it when it was turned upside down, that it was not frozen, but the moment it was opened the water solidified immediately. It is proved by this experiment that water placed in such condition that it cannot dilate, is incapable of being frozen.

Potable Sewage.

A CORRESPONDENT of the *Times* stated last week that the River Calder receives, through the Ribble, the sewage of Halifax, with 40,000 inhabitants. It receives, before it reaches Wakefield, the sewage of several smaller towns; it then receives that of Wakefield itself, with

some 36,000 inhabitants; and, four miles below this last town, the water is pumped out of this same river, filtered, and sent back to give drink to its inhabitants.

Again, one of the main sources of water supply of Birmingham—something like 17 millions of gallons per day—is the Bilston Brook, after this stream has received into itself the filth of Bilston. And, another correspondent describes how the Don, rising near Penistone, flows through Sheffield, receiving the sewage of that town's 240,000 inhabitants, and above Rotherham is joined by the Rother, charged with the filth of Chesterfield (10,000 inhabitants). The river passes through Rotherham (27,000 inhabitants), where it is allowed to flow in so large a bed that the greatest possible extent of its perfume is enjoyed by that town, which adds its quota, and the unhappy river flows on with its disgusting burden to Doncaster (20,000), which town has no other water, and so by Thorne and Goole to the sea.

He asks, are all our influential members of Parliament too much engaged with the Ballot Bill, or political humbug of one sort or other, to stir that deadly pool of lethargy whose stagnant waters permit our helpless millions to poison each other? Are we not totally unprepared for the enemy, and yet he threatens us? Have we no fear for our wives, daughters, sisters? Let all who have talent, influence, power, or will, do what they can. There are many who have none of these qualifications, or lack at all events the last.

Effect of Bad Food on Human Lactation.

The observations of Dr. Ducaisne on the modifications undergone by human milk, during the siege of Paris, result in the following conclusions:—

1. The effects of insufficient food are, in the female, very analogous to those in other animals.
2. The effects vary according to the constitution, age, hygienic condition, &c.
3. Bad feeding determines in variable proportions a diminution in the equivalent of butter, caseine, sugar, and salt, while it increases that of albumen.
4. In three-fourths of the cases, the proportion of albumen after bad feeding is in inverse proportion to the caseine.
5. An improved diet makes itself manifest in a remarkable degree, by the composition of the milk, within a few days.

Dr. C. Bastian is to have the full title of physician to University College Hospital.

The Bishop of Chichester opened the Brighton Hospital for Sick Children on the 14th of July.

At the Quarter Sessions recently held at Bridgewater, Reed, Bovett, and Roberts were each fined £5 for refusing to have their children vaccinated.

The staff-surgeon of H.M.S. "Narcissus," flag-ship of the Channel Squadron, has been called upon to refund all the additional pay he has drawn as surgeon of a flag ship. The *United Service Gazette* says, "If extra pay is allowed to officers serving in flag-ships, there should be no exceptions."

The Chairs of Zootomy, or Comparative Anatomy, and of Cattle Pathology in the Edinburgh Veterinary College are now vacant.

The surgeoncy of Chatham Dockyard will shortly become vacant by the retirement of Staff-Surgeon Piers, Royal Navy, on half-pay.

By the resignation of Dr. Murchison, F.R.S., Physician to the Middlesex Hospital, a vacancy is declared. And another by the resignation of Henry Arnott, Esq., Assist.-Surgeon to the hospital.

A summons under the Sanitary Act, taken out against Mr. Davis, surgeon, of Isleworth, for causing a person suffering from contagious disease, viz., small-pox, to expose himself to the public peril by travelling to London in a railway carriage, has been adjourned for a week.

Twenty-one thousand six hundred and twenty-five persons were arrested in London in 1870, against 20,391 in 1869, for being drunk or drunk and disorderly. Is one person arrested in 500 of those who get drunk? At that proportion about eleven millions of persons are "incapable" annually in London.

The following members have been elected Fellows of the Royal College of Physicians of London:—Dr. Bishop, Paris; Dr. Leared; Dr. Child, Oxford; Dr. Hitchman, Mickleover; Dr. Drake, Southernhay; Dr. Copeman, Norwich; Dr. Wade, Birmingham; Dr. Frank; Dr. Stevenson, Guy's; Dr. Theodore Williams; Dr. Tilbury Fox; Dr. Waring; and Dr. Hensley.

At a meeting of the Westminster Hospital Weekly Board, on the 25th ult., to receive applications for the surgeoncy and assistant-surgeoncy, Mr. Pearse, senior assistant-surgeon, was recommended for the post of full surgeon. Two gentlemen, Mr. Cooke and Mr. Roberts, intend canvassing for the latter. The election will come off on Friday.

Founder's Day was celebrated at the Epsom Medical College on the 20th ult. The annual Prefect's breakfast was celebrated, followed by chapel at 1.45, when the speeches came in the school-room. The head-master gave notice that Mr. Erasmus Wilson had signed a cheque for the erection of the first master's house. The health of the school is good, illness being confined to slight colds. Nearly all have been revaccinated.

Our readers will no doubt recollect the case of the death of a young man in Camden Town a few weeks ago said to have been hastened by the administration of strong purgatives by a herbalist who attended him. A case of a somewhat similar nature has occurred at Hull. The patient was Anne Dowsland, æt. forty-seven, suffering from asthma, &c., and she was attended by a Mr. Robinson, a herbalist, who administered pills containing amongst other ingredients—jalap, aloes, ginger, and cayenne! He charged 2s. 9d., and said he would call again in the autumn. He alleged there was swelling at the chest which wanted removing. The patient was

much purged, and complained of severe internal burning pains. She took some of Rooke's pills at the same time. A *post-mortem* was made by Dr. Alison who found the lungs congested and all other parts healthy with the exception of some feet of intestine which were highly inflamed. He agreed with Dr. Nelson that the medicines given had hastened death, and the jury passed a verdict to that effect.

The above facts need no comment, for any reader can draw his own conclusions. The law should be amended to put a stop to this state of things, and prevent quacks prowling about thus.

SPECIAL CORRESPONDENCE.

PARIS, JULY 27.

(FROM OUR OWN CORRESPONDENT.)

I SEND you a few particulars on the subject of cremation of corpses on the battlefield as practised by M. Lanty and M. Créteur at Sedan and other places. I briefly mentioned the subject in my last letter, but as M. Lanty has published an account of his labours I have been enabled to gather a few additional particulars. I need not pause to describe the mode of proceeding as I have no doubt your readers are well acquainted with it. The cremations and disinfections were conducted by the well-known doctor, M. Lanty and M. Créteur the chemist. They were originally commenced in the Champ de Rubecourt, and proved so successful that they were continued on the territory of Lamoncelle. From the 10th of March up to the 25th of April cremation was the only mode of disinfecting employed by the Belgian Government. "This manner of operating was, however," says M. Lante, "antipathic to the officers of the Bavarian Army, and after some official notices we received one day the order to burn no more corpses belonging to that army." It was however next to impossible for M. Lanty to act in accordance with this order, for in the greater number of the incremations the bodies were buried without any respect being paid to nationalities—Frenchmen, Prussians, Bavarians, Saxons, and Wurtembergers being often thrown together in the same grave. "We made observations to the superior German authority," continues M. Lanty, "which at first authorised us to continue, but ended by ordering us to discontinue the burning of German soldiers." It was only after many interviews, and through the active intervention of M. Albert Brun, acting subprefect of the district of Sedan that the different obstacles offered to the satisfactory progress of the work of M.M. Lanty and Créteur were finally removed. From that time (March) their labours proceeded without interruption up to the end of April last, and were extended from the towns already mentioned—viz., Rubecourt and Lamoncelle—to those of Sedan, Givonne, Balan, Bazeilles, Douzy, Daigny, Illy, Floing, Torcy, and Beaumont. In the three latter towns, however, burning was not exclusively employed; but M. Michel, an engineer, made use of his system in 902 graves which I shall describe hereafter.

M. Créteur's operations comprised the disinfection of 3,215 graves (or nearly four times as many as M. Michel) of which 1,986 contained human bodies, and 1,227 those of animals. On an average there were not less than twenty men in each grave, making a total of 39,720 (*human*) corpses; of horses about on an average five (on the banks of the Meuse twenty) in each grave, or a total number of 6,135 horses. The total number of bodies (men and horses) according to the above account, were not less than 45,856, of which three-quarters had been burned.

Not less important results were accomplished in the plains of Bellevue and other places, where 1,500 to 2,000 corpses of horses and oxen were accumulated hardly covered by a thin layer of earth.

I will now give a brief account of M. l'ingineur Michel's mode of procedure, or system of *surélévation des tombes*. M. Michel disinfected 902 graves, extending over an area of 9,000 metres. The bodies were put in the graves naked, and covered with—1. A thick layer of lime; then, 2. A layer of earth; 3. Another, but thinner layer of lime; and then a mound raised with a large base which reached the height of 1 metre 95 cent. to 2 metres according to the importance of the grave. The tumulus thus formed was surrounded with ditches which in assuring the flowing away of waters prevented their stagnation and corruption.

HOMŒOPATHY—ITS PRINCIPLES EXPLAINED.

(*Continued from page* 84).

LECTURE II.

DR. EPPS commences his second lecture not by a fulfilment of his promise to define homœopathy, but by an attempt to account for the cures that have been performed in all ages of the world. His explanations are twofold.

He says that—"1. The new disease instituted by the counteraction of the allopathic treatment has afforded a suspension of the diseased action, and has allowed the natural powers of the system to effect the cure under the existence of that suspension. 2. That the cures, when not effected in this way, have been effected by the medicines prescribed being homœopathic to the diseased states."

1. With regard to his remarks on allopathy the Doctor seems extremely inconsistent, probably arising from the apprehension of truth which may yet remain in his mind. He quotes in 1841 words to prove the "unscientific character (! !) of the allopathic mode," which were written by himself (!) in 1832 to show that counteraction was a most valuable and scientific mode of treating certain classes of disease.* Thus is the Doctor driven about on the waves of opinion or prejudice—one day eulogising a particular mode in which he "has had more practice than most men," and another deserting what lately brought him fees and fame for some more novel way of impressing the public. Perhaps his considerate treatment of counteraction, which he acknowledges often cures (how can he deny that which he before took such pains to prove?) arises partly from the following words occurring in the twenty-ninth chapter of the "Homœopathic Bible."

"As every disease depends only on a particular morbid derangement of our vital force in sensations and functions, when a homœopathic cure of the vital force deranged by the natural disease is accomplished by the administration of a medicinal potency on account of a similiarity of symptoms, a somewhat stronger but similar artificial morbid affection is brought into contact with, and as it were pushed into the place of the weaker, similar, natural morbid imitation, against which the instinctive vital force, now merely (though in a stronger degree) medicinally diseased, is then compelled to direct an increased amount of energy; but on account of the shorter duration of the action of the medicinal potency that now morbidly affects it, the vital force now overcomes this, and as it was in the first instance relieved from the natural morbid affection, so it is now at last freed from the artificial (medicinal) one, and hence is enabled to carry on healthily the vital operations of the organism."†

If these cumbersome lines convey any meaning to the reader it must be that homœopathy is a species of counter-

* "On Counteraction, &c." By John Epps, M.D. Renshaw and Co., 356 Strand.

† Hahnemann. "Organon."

action set up in the part affected, rather than in a part "less essential to life." Common sense will easily determine which of the two is the more preferable. In the words of the late eminent and lamented Dr. Pereira—"Homœopathic remedies would only increase the original disease, and we can easily imagine the ill effects which would arise from the exhibition of acid in gastritis, ... or of mercury in salivation."

2. He tells us that the remaining cures "have been effected by the medicines prescribed being homœopathic to the diseased states." He makes no bones of telling the faculty that no physician before Hahnemann "knew anything about the action of remedies." Homœopathists boldly throw accusations of ignorance against other men, and live upon the injury they inflict upon them, thus rendering themselves liable to fines and expulsion from the "College of Physicians." Comparatvely few, however, are members of that body, and, we believe, none are Fellows; or it would be probable the "College" would stoop to clear itself of all connection with such men. If it did not it would soon forfeit the confidence of both the profession and the public. But to return from this digression. Dr. Epps surely cannot be aware of the double edge of the weapon he employs. We must then take the liberty of telling you Dr. Epps that *mutato nomine de te fabula narratur.* The antipathics may just as well say that all cures you have performed are "effected by the medicines prescribed being antipathic to the diseased states." What say you to that Dr. Epps? Is your opinion to outweigh that of the hundreds of thousands of intelligent observers from Hippocrates to the present time. Will "intelligent minds" prefer the *ipse dixit* of "John Epps, M.D.," to the experience of ages and the observations of the most profound thinkers who have graced the annals of science? We can confidently leave the question for their consideration.

It is easy to perceive that Dr. Epps has not satisfactorily accounted for those cures the reality of which he does not pretend to deny.

Again, Dr. Epps comes to the question "What is homœopathy?' And as an answer thereto we are treated to a life of Hahnemann. In the hands of a Dickens or a Thackeray it is probable that the life of such an enthusiast would have turned out an amusing or powerful satire, which would amply have served the purpose of the present humble performance, but in the hands of "John Epps, M.D., &c.," it merely turns out bare, and our readers will be very thankful that we have neither space nor inclination to quote much of it. The "turning point" in his life is thus stated:—

"In translating (in a work of Cussens) the article on Peruvian bark he was much struck with the account given of the febrifuge or fever expelling properties of this valuable remedial agent. He determines to try it upon himself (a mark of that decision of mind so essential to investigation), and being in the enjoyment of robust health began his experiments. The first dose produced symptoms in him similar to intermittent fever or ague, which bark so often effectually cures. The resemblance between these symptoms and those which are presented in intermittent fever, for which he knew this remedy was famous, so struck him, that he was in a moment of inspiration, thus breathed upon his dormant genius, but to glance at, and to discover the first lines of the truth written in creation, that the law on which the beneficial application of all medicines is founded is this, that medicines cure diseases by their power to produce, when taken by healthy persons, symptoms equally similar to the disease they cure."

This is the only way in which Dr. Epps condescends to answer his own question, and this is his only definition of homœopathy, but we are content to take it such as it is. We have serious doubts about "the first dose producing the symptoms of ague ! ! !" from the fact that scarcely any one but Dr. Epps puts in the words "first dose;" and out of the thousands who have endeavoured to produce the same effects there are not half a dozen who can testify to the truth of Hahnemann's experience. Any reader can try it for himself, and he need not fear any ill consequences. But even granting this to be true, who would not be struck with the fact even from Dr. Epps' narration that Hahnemann upon a single experiment, liable to many fallacies, "in a moment of inspiration" (we should rather call it enthusiasm), built up a theory relative to all matter, and then looked for support for it. He reasons from particular to general; he is caught with a notion of some possibility of a discovery, and straightway tries to prove it—all the time protesting that he was led by experimental research to adopt these views. On this slight and sandy foundation, just as the last stone is put up, he sees his building cannot stand, and accordingly sets to work at once to prop it up with the most handy materials for the purpose. To these Dr. Epps solicits attention:—

Prop No. 1.—"If a person burns his finger and holds it to the fire in a short time his finger will be cured." Doesn't that prove the law? Does'nt heat cure a burn? We believe not. We may not be such profound philosophers as our friend Dr. Epps, but we are fully aware that however captious he may be, heat and cold are but relative terms. To a hand at 80° Fahrenheit 90° will be hot and 70° cold. To a hand at 120° a temperature of 80° would be cold. The holding the burn to the fire is then actually applying cold. No one would think of applying a temperature to a burn of the same degree that caused it. The only homœopathic cure for a burn from a red hot iron would be the application of an iron at a white heat. We advise the Doctor to say no more of Prop No. 1.

(To be continued.)

Parliamentary Intelligence.

CHOLERA.

In the House of Lords, on Thursday last, the Earl of Carnarvon asked whether Her Majesty's government were prepared to take any, and if so, what precautions as to the supposed approach of cholera. The question concerned the welfare of a great number of people in the country, and it was desirable that Her Majesty's government should be able to answer it satisfactorily. It was said that cholera was rife in European Russia, and was gradually moving in this direction, and had advanced, according to a statement published that morning, upon the German frontier, having appeared on the banks of the Niemen, and might be expected to reach Germany within two or three weeks.

The Earl of Kimberley was glad that a question of this kind had been put to him, because to this extent it was unfounded, that in Russia and Poland the existence of cholera was by no means a new fact, having existed in Russia for the last two years. It had indeed appeared rather nearer to Germany, but there it had existed since last April, as it had in the western provinces in Russia. Now he did not say that cholera in Russia was not to be taken notice of, but that no new facts had arisen. No intelligence had reached them of any case occurring in Germany. They had, however, instructed their representative in Berlin to make all necessary inquiries, and to say whether the German government had taken any special precautions. As regarded the practical matter now under consideration, he could only say that if it was in the power of the government to do anything they would do it. But the fact was, it rested almost entirely with the local authorities, who had been constantly told of the precautions they should take. The water supply was a question of great importance, because in the opinion of many most competent persons it was through water the cholera was propagated, and, in any case, there were quite sufficient

grounds for making every one anxious that the water supply should be as pure as possible. There was another measure now passing through parliament which he hoped would have some good effect if passed into law this session, giving, as it would, the local authorities additional power of dealing with these questions. He meant the bill concentrating all powers in regard to health into one department, which he thought would lead to many useful reforms.

In the House of Commons on the same day, the subject was introduced by Mr. Gathorne Hardy, and replied to by Mr. Forster, in much the same strain as in the Upper House.

REPORTS OF THE MILITARY MEDICAL OFFICERS SENT TO THE FRENCH ARMY.

On Thursday, July 27th, Dr. Brewer asked the Secretary of State for War, if he would lay upon the table of the house so much of the reports of Drs. Gordon and Wyatt in relation to their recent sojourn in Paris, and in connection with the French army, as would throw light upon the character and treatment of wounds received during the late war and siege, and any successful or defective system of hygiene which the reports might contain for the guidance or caution of the military or civil medical and surgical profession.

Mr. Cardwell had to report what he had said once before —that these reports were the result of a visit made by officers to a foreign army, by whom they were received with the greatest friendliness and were treated with the greatest confidence. He was not at present prepared to say that he should be ready to place any extracts whatever from these reports upon the table of the House.

THE MEDICAL SERVICE IN INDIA.

Colonel Sykes asked the Under-Secretary of State for India whether Drs. Gopal Chunder Roy, and Krishna Dhurr Ghose, who came to England to compete for commissions in the Medical Service in India, and had obtained the prescribed degrees in medicine and surgery, but were debarred from reaping the reward of their studies and outlay by the competitive examinations being from time to time postponed on the ground of medical officers not being required in India, might, nevertheless, be now allowed to compete, with a view to their being placed on a supernumerary list to fill up vacancies as they occur, to avoid otherwise the total and grievous loss to their time and money, as their present ages would debar them from competing at any future examinations.

Mr. Grant Duff.—I regret that we have no powers to do what my hon. and gallant friend wishes. When the Government of India informs us that it wants such and such a number of medical officers, we announce that such and such a number will be selected by competitive examination, but we cannot ask some score or hundred medical students to enter for a competitive examination, in which the prize would be the chance that the successful candidates might at some indefinite future period be employed as Indian medical officers. I don't think that would be a fair proceeding either to the medical schools or to the Government of India.

Colonel Sykes asked when the next competition would be held.

Mr. Grant Duff.—I have not the remotest idea. (A laugh.)

OBITUARY.

CHARLES NEILSON, M.D., F.R.C.S.I.

KILLALA, CO. MAYO.

Dr. Neilson died on the 15th ult., aged seventy-four years. He was a native of Co. Down, and received his education at the famous seminary of his grandfather, the Rev. Moses Neilson, D.D., Redemon. He early manifested a talent for languages, having been familiar with the Greek grammar at the age of seven years, and also a similar aptitude for medical science, illustrated by the fact that when only twelve years of age, he was able to amputate a limb in Dundalk Hospital, where he was initiated in surgery, under the late Dr. Noble.

He studied in Dublin, and in 1824, took out his diploma in the Royal College of Surgeons, where he highly distinguished himself at the several examinations. He was elected a Fellow of the College in 1844. He began as a practitioner in Killala, and on the establishment of the Poor-law system in Ireland, became the Medical Dispensary Officer of the Killala Union. During the lengthened period of forty-six years' practice, Dr. Neilson was most successful in each department of his profession, having won the confidence of all classes by his skilful treatment of disease, while his urbanity of manner, combined with a genial and liberal disposition, endeared him to a large circle in the community, who now mourn his removal. In the years 1832 and 1849, when cholera ravaged the district, he was most active and successful in his treatment of that terrible epidemic, while his views on the subject which differed from those of many others at the time, have been since confirmed by later therapeutical investigations. He always manifested literary and scientific taste of a high order, and kept up an extensive reading in medical, theological, and modern literature. For several months past, he suffered severely from acute disease of the heart, which terminated in his death on the above date.

Literature.

THE DUBLIN PRACTICE OF MIDWIFERY.*

We have before us a new edition of this once popular treatise on midwifery, edited by Dr. Thomas More Madden, senior assistant-physician to the Rotunda Lying-in Hospital. In size and general get-up there is little change in the book. The editor tells us, in his preface, "that the chief subjects in which alterations and additions have been made are, the twelfth chapter on the forceps, which has been completely re-written. The fourteenth chapter on the treatment of hæmorrhage has been considerably enlarged and altered, and additional chapter on the present type and treatment of puerperal fever has been appended. The following chapters "On the Third Order of Difficult Labour," "On Version in Cases of Pelvic Deformity," "On the Cæsarean Section," "On the Induction of Premature Labour," and that "On Inversion of the Uterus" are all entirely new."

As we have on more than one occasion expressed our opinion upon the merits of this work, we intend at present only to call the reader's attention to that portion of the book which contains the additions and alterations for which Dr. Madden holds himself entirely responsible. We fully agree with the editor's remarks in opening the twelfth chapter, that,—"The chief aim of the art of midwifery has been defined to be the safe delivery of a living child from a living mother. There can therefore be no chapter in a manual of midwifery of greater practical interest than that which treats of the method of accomplishing safe parturition in cases which must terminate unfavourably, to either the mother or the child if nature be not assisted by art." We regret that we cannot look upon the chapter before us as either carefully written or

* "The Dublin Practice of Midwifery." By Henry Maunsell, M.D., formerly Professor of Midwifery in the Royal College of Surgeons, &c. New edition, enlarged and revised. Edited by Thomas More Madden, M.R.I.A., L.K.Q.C.P.I., M.R.C.S. England, L.F.P., &c., Glasgow. Senior Assistant-Physician Rotunda Dublin Lying-in Hospital. London: Longmans, Green, and Co., 1871.

interesting, and the student who depends for his knowledge of the forceps on this chapter, will find himself in an awkward position while undergoing the ordeal of an examination. Although the editor alludes to two varieties of forceps, the long and the short, he only describes an instrument which he tells us he prefers "the measurements of which are ten inches in length from the handle to point. The blades, 6½ inches long, the widest space between blades when locked 2¾ inches, the space between the points 1¼ inches. The total weight of the instrument, 8¼ ounces, and a ring is introduced into the lock into which the fingers of the operator are introduced during the extraction. The fenestra are very wide in proportion to the width of the blade, and so thin, that when the forceps is applied the scalp over the parietal bones projects in such a mannner, that there is comparatively little risk of the maternal structures being injured by the instrument."

These Liliputian forceps, which we suppose are for the future to be styled "Madden's forceps," are the only instruments brought under the student's notice. Now we have not the slightest objection to Dr. Madden having a preference for these—to our mind—miserably impotent instruments, but we cannot allow him to launch them before the public as the "Dublin Midwifery Forceps," without stating that such they are not, for to our certain knowledge the instruments used both at our Lying-in Hospitals and in private practice are Drs. Beatty and Churchill's forceps. There is a slight allusion made to the curved forceps of Dr. Barnes, which the editor states he has occasionally resorted to, but he leaves the reader to find out in some other quarter the peculiar characters of the instrument. The vectis is disposed of in a few well written lines. We regret that we are compelled to speak unfavourably of this chapter, and more especially as it has been completely re-written for this edition by the senior assistant master of the Rotunda Lying-in Hospital, but we feel that it would be unfair alike to the student and the Dublin school of midwifery not to express our opinion freely upon this, the most important chapter in the book.

The fourteenth chapter has some valuable additions, such as Dr. Barnes' treatment of post-partum hæmorrhage by the injection of a solution of perchloride of iron into the cavity of the uterus, a treatment which we believe has been carried out with much success in Dublin practice. Also Dr. Robert McDonnell's improved and simplified method of performing transfusion.

The chapters on craniotomy and the Cæsarean section are badly written, and are for the most part the editors own views, which are opposed to the most eminent authorities of the present day, and of course as such cannot be looked upon as representing fairly Dublin practice. The cephalotribe is disposed of in ten clumsily written lines. We cannot, however, wonder at this, for Dr. Madden tells us "that never before or since his connection with the largest lying-in institution in Great Britain has he ever performed on a living child what Dr. Radford has described as that dreadful expedient nay, shall I not call it murderous operation, craniotomy."

We will not at present go any further, for we believe we have said enough to show the reader that we entirely disapprove of the book in its present form, and cannot recommend it as the old popular Dublin practice of midwifery, and while we trust that we have said nothing in any way disrespectful to the editor, of whom we entertain the highest opinion, we felt it to be our duty to speak plainly, as the very title of the book involves the character of the Dublin School of Midwifery. We hope, however, on a future occasion, to have a pleasanter duty to perform, viz., that of lending our aid to re-instate this book in its once exalted position.

LECTURES ON AURAL CATARRH.*

The subject treated of by Dr. Allen in his lectures and now submitted to the profession in a compact volume, is one of the most frequent causes of deafness, and as the scientific treatment of this infirmity has been so long neglected and by the general body of the profession is so little understood, we must hail every addition to the literature which treats of aural disease as a positive boon. In Dr. Allen's "Lectures on Aural Catarrh," much useful knowledge expressed in a simple and intelligible manner is to be found. When the description and treatment of this one form of ear disease fills a volume of nearly three hundred pages without any superfluous matter being contained in it, the various affections of the aural structures would seem to occupy a wider range than has been hitherto conceded to them. Dr. Allen's book is both practical and clear, we cannot help considering he attaches too much importance to his method of inflating the tympanum; this was at one time largely practised both in England and on the Continent, but fell into disrepute among English practitioners, in consequence of one or more deaths occurring from its employment, in the practice of a London aurist, and of late years it has been employed more as a diagnostic than as a remedial agent. Nor can we consider the method which Dr. Allen proposes for forcibly rupturing the membrane of the tympanum by means of Politzer's bag, to be practicable in the condition of the parts which would alone render such an operation justifiable. If it becomes necessary to puncture this membrane either for the exit of fluid in the tympanum which cannot find egress through the natural channel of the Eustachian duct which is obliterated by inflammatory congestion or other causes, or in consequence of an hypertrophied condition of the membrana tympani, the usual and more simple method of performing this operation, is to be preferred to that which Dr. Allen suggests. Though compelled to differ with the author on these points, we can recommend this little work to the practitioner as a welcome addition to the subject of which it treats.

* "Lectures on Aural Catarrh, or the Commonest Form of Deafness and their Cure." By Peter Allen, M.D., Aural Surgeon to St. Mary's Hospital, &c. London: J. and A. Churchill. 1871.

ST. GEORGE'S HOSPITAL REPORTS.

The completion of a fifth volume of hospital reports* by the staff of St. George's is worthy of special announcement, and although there is much to be said against such undertakings we naturally welcome a volume that contains so many original and practical essays. We shall take other opportunities of referring to those individually. At present we are only concerned to report that this volume is equal to its predecessors, and that it contains the following papers:

1. Jottings from Clinical Practice. By H. W. Fuller, M.D. 2. The Effects of Overwork and Strain on the Heart and great Blood-vessels. By T. Clifford Allbutt, M.D. 3. On Scarlet Fever. By E. Copeman, M.D. 4. Cases of Accidental Poisoning. By C. Paget Blake, M.D. 5. The Modern Treatment of Syphilis; based on the Evidence adduced before the Committee appointed to inquire into the Pathology and Treatment of the Venereal Diseases. By Edgecombe Venning. 6. On Scrofula. By J. Warrington Haward. 7. On Recurrent Insanity. By G. Fielding Blandford, M.D. 8. On Distrain of the Heart. By Reginald Thompson, M.D. 9. Labio-glosso-laryngeal Paralysis. By W. B. Cheadle, M.D. 10. On the Etiology of Pneumonia. By Octavius Sturges, M.D. 11. On Ankylosis. By B. E. Brodhurst. 12. Scarlet Fever as an Epidemic. By A. W. Barclay, M.D. 13. On the Relative Influence of Bread, Honey, and White Sugar upon the Amount of Urea and Sugar excreted in Diabetes. By W. Wadham, M.D. 14. On the Recent Outbreak of Small-pox at St. George's Hospital. By T. Jones, M.D. 15. Results of Recent Vaccination in St. George's Hospital. By R. Wilson. 16. Results of Recent Vaccination in the 1st Regiment of Life Guards. By Edgecombe Venning.

* "St George's Hospital Reports," Vol. 5. Edited by John W. Ogle, M.D., F.R.C.P., and Timothy Holmes, F.R.C.S. London: John Churchill.

17. Annual Report of Medical Cases. By R. Thompson, M.D. 18. Annual Report of Surgical Cases. By W. Leigh. 19. Ophthalmic Report from December, 1868, to July, 1870. By H. Power. 20. Ophthalmic Report from August, 1870. By R. B. Carter. 21. Notes taken in a German Feld-Lazareth. By W. Ewart.

A NEW BULLET EXTRACTOR.

THE shooting of Head-constable Talbot, and the difficulty experienced in finding the fragments of the bullet, have suggested the construction of a new instrument, or rather a modification of the electic probe, by which Dr. Evory Kennedy, of Dublin, hopes to make the detection and removal of the ball a matter of scientific certainty.

The electro probe, as our readers know, is formed of two wires, insulated from each other, and to each of which the opposite poles of a battery are attached. As long as the points of these wires are separated from each other the battery is quiescent, but the moment the ends touch the ball, and thus make metallic connexion, the battery rings a bell. Thus far the instrument is only applicable to the diagnosis of the bullet, but Dr. Kennedy hopes to make it efficient for extracting it also. The wires of the probe are made of platina, which, the instant the ball is touched, fuse by the heat evolved by the electricity into a solder with the lead, and becoming thus adherent, the ball may be removed without any second proceeding. The oxide of lead on the outside of the ball forms an obstacle to the passage of the electricity, but this difficulty is removed by tipping the points of the wires with nitrate of ammonia, which immediately dissolves the film of oxide, and produces a clean surface, suitable for the cofusion of the metals. Dr. Kennedy is engaged in experiments with Mr. Yates for the perfecting of the instrument. We shall publish a full and descriptive illustration of the instrument when these experiments have concluded.

Correspondence.

SKIN GRAFTING.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The enclosed letter, which I received from my son who is attending the military hospital at Bonn, though not written for publication, might perhaps interest some of your readers, and I therefore place it at your disposal if considered worth a place in the MEDICAL PRESS AND CIRCULAR.

Yours faithfully.

WILLIAM BARKER, Prof. Chem. R.C.S. Ireland.

I send you a short account of an experiment I have made here, not only because it may interest yourself, but also perhaps prove of interest to some of my former teachers in the Hospital and College of Surgeons, to whom I respectfully offer it for perusal, with the kindest remembrances.

Having been left during the absence of one of our surgeons in sole charge of some of the wounded who had suffered in a frightful way from hospital gangrene of the worst form, but who have all come safely through their illness, though still with wounds of great superficial extent, I thought I would try the transplantation experiment. The following is the simple way in which it was carried out: A slip of plaster was cut long enough to go round the limb. Having asked one of the surgeons who happened to come in, to take up a small fold of skin on my left arm with a forcep, I cut out with a sharp scalpel a piece of skin about the size of a large split pea and laid it down on the surface of the cleaned wounded surface. Having pressed it slightly on the granulations, I laid over it a small piece of lint, on each side of which was also placed a strip of the same, in order that the plaster strip should not come in contact with the transplanted piece or on the granulations in its neighbourhood. The plaster was then fastened to a healthy part of the skin, passed over the lint and round the limb, which was a lower extremity, and of which the tibia for about three inches had been laid bare, besides which the skin, cellular tissue, and a portion of the muscle of the calf as far as the heel had been partially destroyed by this frightful affection.

Everything was left quiet during the dressing of the other parts of the wound for three days, and when the plaster was removed and the guarding middle square of lint carefully raised, the piece of skin was found lying with its epidermis close down on the granulations. Not being sure that it was not adhering only by the pus, I again dressed it as before, and left it undisturbed till next morning, when it appeared in its former position, from which it was not moved on letting a stream of water flow over it. The following morning it was apparently quite fixed in its place, but it was also smaller. It remained in this state for some days, but the granulations around the piece of skin, became finer and of a deeper red colour as may always be observed at the immediate edge of growing new skin. The professor of surgery, who had been told of this little affair, asked me at his clinique at what hour I dressed the wound, and came to see if it had succeeded. He was quite satisfied it had done so, at least as far as the growing on of the transplanted skin was concerned, and it now remained to be seen if the epithelial cells of the epidermis would spread themselves out further from this little island, and accomplish the desired end of more rapidly covering the large suppurating surface with new skin.

But before going further, it would be well to compare this experiment with another which I made on the same morning, as it explains a difference which may occur, dependant on the different modes of manipulation. The piece of skin in this second case though larger than the first, did not unite rapidly, I should say in consequence of having as my assistant, only an hospital sergeant, who had to take the fold of skin in my arm with a forceps, and being afraid of hurting me, did not grasp the skin with sufficiently firmness, so when I had cut half through with the scalpel he let the piece go, and I had to take it up again and make a second cut. This interruption made the edges of the piece more irregular than in the first case; it was also thicker and therefore prevented the epidermis coming right down on the surrounding granulations when placed upon the cleaned wound. It was arranged as the former experiment, and after two days I took the dressing off and found the piece of skin adhering slightly to the lint. I tried to guard against this by putting some cerate on the next dressing, but this did not prevent the adhesion, and on the sixth day, the superficial layer came completely away as a scale leaving only a most minute portion of tissue behind. This probably contained the rete malpighi; and though not very sanguine as to the success of the trial, I dressed it carefully and awaited the result, hoping that even though the rete were destroyed, still a few epithelial cells might still remain, perhaps in the minute pores of the skin, glands, or round the hair bulbs, which would be capable of spreading. This minute portion became smaller and smaller daily, until it appeared as a mere atom of tissue in the midst of the granulations. I was surprised to hear on the eighteenth day (not having been for some days in the hospital), not only had the first transplanted portion on the legs become much larger, but that the transplanted portion in the second case was surrounded by new skin; and on dressing the cases I found that in the first case a new edge of skin had been formed about a quarter of an inch broad, forming a rapidly increasing island in the middle of the wound, and in the second case the transplanted portion had a considerable blue edge. Now, in these two cases, both commenced on the same day, and both completely successful in the opinion of the surgeons who saw them, there are yet points of difference which seem interesting, as touching on a point which has been doubted, whether epithelial cells can be formed from those belonging to other tissues without the presence of earlier formed epithelium cells. Judging from these two trials, at first sight, one might be led to think that such might be the case, for in the last-mentioned instance, the epidermis, and of course a certain portion of the underlying layer came completely away, and yet what remained became the centre of formation of new

skin; but then the other case, in which the epidermis lay close down on the granulations, from the very first, progressed much faster, acquiring very soon a blue line around it, and is now very much larger than the other, although the originally transplanted piece was smaller. Here we know that the epithelial cells came into actual contact with the fresh wound, and that it grew very much faster than the other where this was not the case. This certainly seems to favour the opinion that you must have formed cells of this peculiar kind before you can have new ones increased, else why should the smaller portion of the skin under the same circumstances have increased in size so much more rapidly than the other; of course it is no *proof*.

The idea that it is possible for epithelium to be formed out of the cells of other tissues arises from the fact that, it occasionally happens that in the centre of a large suppurating wound where there is apparently no vestige of the old skin remaining, after a time a small point of a different texture from the surrounding granulations shews itself and increases in size, until it becomes the centre of a gradually enlarging portion of new skin. Such a case is to be seen amongst the wounded in this hospital which I have been dressing; it was of a man who had a very good stump after amputation. The cicatrix was completely healed when he was attacked by hospital gangrene, which soon opened up the stump and caused an immense loss of substance; it was, however, got under by very active treatment, and the wound cleaned itself and granulated well over the whole surface. After a time, a small spot like a flake of curd was observed on one part of the granulating surface, and fearing that it was the commencement of a particular species of the same gangrene which we had before observed, this spot was treated with strong dressings. After a few days, however, seeing that it had a malignant appearance, this treatment was discontinued, when it appeared to dry speedily, and in a short time showed itself as an increasing scale of epidermis, which rapidly increased in extent. This case might possibly lead one to think that, owing to some peculiar stimulus it was possible for a transformation of a few cells of the granulating substance into epithelial cells to take place, and certainly if it had occurred in the centre of a wound caused by a large loss of skin and underlying tissue by the knife, where the depth of the wound made it impossible that any of the skin appendages could be left behind, as for instance in an amputation of the breast, it would not be unreasonable to suppose that this was the case; but in a case of ulceration, no matter how severe, it is always possible that one or two sweat-glands or hair bulbs may escape the destroying power, and these, though not visible amongst the red granulations, may on the wounds taking on a healthy action be the seeds of new skin, that is, the cells which line them.

The microscopic anatomy of the cells of epithelium, and their wide difference from those of other tissues, would also be a strong objection to the possibility of such a transformation. Then, comparing these two experiments again will show that it is not necessary to have actually the epidermis, for in one of the cases this came completely away, and yet the new skin spread itself out though far more slowly than in the case where the epidermis was immediately engrafted. Whether this took place from those cells lying over the papillæ of the cutis vera, or those lining the sweat pores or hair follicles in its substance of course cannot be proved; as also whether it might not have been merely the stimulus of the new tissue causing the before mentioned transformation, but at all events, comparing the rapidity of this growth with that in which the true and mature epidermis commenced the action, the latter does not seem probable. In talking over this matter with the professor of surgery, he proposed an interesting modification, which he thought might succeed. It was that one should scrape some cells and tissue from the surface of the cutis vera, having previously removed the cuticle with a blister and plant this substance in the centre of the wound, covering it carefully. I mentioned to him also another modification of which I had been thinking, namely, to pull out some thick hairs of the body to the roots of which epithelial cells are clinging, and to plant these in the centre of the wound where possibly they might spread. This was done this morning by the surgeon whom I have been assisting, and who since his return has also transplanted a piece of skin with complete success. In conclusion, I feel satisfied that much has been won by this treatment, for not only is the wound healing from the edges, but also rapidly from the central transplanted portion, and thus the tedious process of cure is much shortened.

ARTHUR E. BARKER, L.R.C.S.I.

Medical News.

Royal College of Physicians of London.—At an extraordinary meeting of the College on Monday, the 24th July, the following gentleman was duly admitted a *member* of the college:—

J. Burney Yeo, M.B., Lond., 68 St. James's street, S.W.

At an ordinary quarterly meeting on July 27th, the following gentlemen, having passed the required examinations were duly admitted as members:—

Carter, William, M.B. Lond., Elizabeth street, Liverpool.
Clarke, Jacob Augustus Lockhart, M.D. St. And., Warwick street.
Eastwood, Joseph Wm., M.D. Edin., Dinsdale park, Darlington.
Evans, George Henry, M.D. Camb., St. Thomas's Hospital.
May, Emanuel, Bedford place, Russell square.

Royal College of Surgeons of England.—At meetings of the Court of Examiners on Tuesday, Wednesday, and Thursday, the following candidates passed the required examination for the diploma, and were admitted members of the college, viz.:—John Nelson Kiddle, Adelaide road, N.W.; Frank Edward Barrow, Woolwich common; Edward James Domville, Exeter; Edward George Younger, L.S.A., Blackheath hill; Henry Edward Southee, L.S.A., Ely, Cambridgeshire; Frederick Howard Clarke, L.S.A., Devonport, and Charles Hargitt Johnson, L.S.A., Hull, students of Guy's Hospital; Francis Edward Thurland, Thurstaston, Cheshire; Cleland Lammiman, Commercial road, E.; Charles Hutson, Barbadoes; Isidor Isaac Lyons, L.R.C.P., and L.M. Edin., and L.S.A. Lond., Alexandra road, St. John's wood, and Isaac Willcocks, L.S.A., West Looe, Cornwall, of St. Bartholomew's Hospital; Thomas Hughes Brabant, Chippenham; Clement Cuthbert Walter, Dover; Frederick Canton, Great Marlborough street, and Wallis M'Donald, L.R.C.P. Edin., Teignmouth, Devon, of St. George's Hospital; Alfred Fletcher Holden, Cape of Good Hope; Edward Williams, L.S.A., Aberbank, Llandyssil; William George Watson, L.S.A., Sydney, Australia, and William Harris Heygate, L.S.A., West Haddon, Northamptonshire, of University College; Robert Eardley-Wilmot, Chandos street, W.; Francis Henry Spencer, L.S.A., Chippenham, and Samuel Wickes Fitt, L.R.C.P. Edin., Trinidad, West Indies, of King's College; Robert Strickland Hannay, Belfast; Gilbart Smith, B.A., Dublin, Blackrock, County Dublin, and Robert Bath Wybrants, L.K. and Q.C.P., Ireland, Shepton Mallet, of the Dublin School; Robert William Edginton, Stow-on-the-Wold, and Frederick Fraser Hopkins, Henley-in-Arden, of the Birmingham School; Evan Thomas Hughes, L.R.C.P. Edin., and L.S.A. Lond., Tanyrallt, Anglesea, and Joseph Thompson, L.R.C.P. Edin., Kirkby Stephen, Westmoreland, of the Glasgow School; John Butler Edis, Peterborough, and William Curling, L.R.C.P. Lond., Ramsgate, of the London Hospital; William Edward Leoyard, M.B. Toronto, Toronto, Canada, of St. Thomas's Hospital; Hugh Robert Greig Hughes, Bangor, North Wales, of the Edinburgh School; Stephen Fullom Conolly, Kilburn, N.W., of the Charing-cross hospital; and Francis Charles Bryan, L.S.A., Northampton, of St. Thomas's Hospital; Charles Read, of Guildford place, London; Ashwin Conway Newman, L.S.A., of Cheltenham; Charles W. Pratt, of Plymouth; Thomas Rowing Fendick, of Mylne street, London; John C. Clarke, of Coleraine, Ireland; Rutherford John Pye-Smith, of Hackney; John Scully, of Wimpole street, London; Joseph Clement Norman, of Colchester; George C. Briggs, L.S.A., of Horncastle, Lincolnshire; Edward S. Bishop, of Manchester; William Hugman, of Guildford street, London; Bentham Paynton Morison, L.S.A., of Pembroke, South Wales; William Garton, of St. Helen's, Lancashire; Charles C. Rogers, of Cork street, London; James Reed, L.S.A., of Stoke, Devonport; George E. Cheyne, of Thornton heath, near Croydon; Henry Arthur Latimer, L.S.A., of Plymouth; Ernest A. Elkington, of Birmingham; Henry J. W. Barrow, of Nightingale terrace, Woolwich; William Appleton Meredith, of Wimpole street, Cavendish square; Arthur R. Saunders, of Haverfordwest, Pembrokeshire; George Frederick Slack, of Montreal, Canada; Albert Barnes Rees, of Swansea, South Wales; James Godfrey Thrupp, of the Marylebone road; Frederick Aubin Monks, L.S.A., of Hoxton, N.; Charles H. Hill, of Teddington, Middlesex; Thomas Vaughan Aylen,

L.S.A., of Southsea, Hants; George Arthur Phillips, L.S.A., of Whitwell, Hertfordshire; Edward Rice Morgan, of Swansea, South Wales; John Peploe Cartwright, of Oswestry, Salop; William Lane Marley, of Padstow, Cornwall; George S. Payne, of Hartfield, near Tunbridge Wells; Thomas Mayne, of Stonehouse, Devon; Michael Sweeney M'Donnell, of Glasgow; David A. Davies, of Swansea, South Wales; John Storrs Brookfield, B.M., and M.C., Edinburgh, of Halifax, Nova Scotia; William Francis Hazel, L.S.A., of Oakley square, N.W.; Marcus Henry Allen, of Brighton; and Clement Hadley, of Birmingham. Sixteen other candidates were examined, but were not approved.

Public Health and Local Government.—Sir C. Adderley, in moving for leave to bring in a bill to consolidate and amend the laws relating to public health and local government, said the bill, which was intended to apply exclusively to England and Wales, was founded upon the report of the Sanitary Commission appointed a couple of years ago. The House would be able to judge of the heterogeneous character of the existing sanitary laws from the fact that forty Acts were reduced to one in the bill he asked leave to introduce. The sanitary Acts had been multiplied to such an extent during the last twenty-five years that the law was reduced to absolute inanition, and one of the results of that chaotic mass of legislation was to multiply local authorities and increase expense. Another object of the bill was to put an end to the optional state of things which existed, and to apply the law to every part of the kingdom, so that it should be universal and uniform throughout. No new authorities and no new expenses would be created under the bill. On the contrary, it would diminish the number of offices and officers, and curtail expenditure. The bill would not interfere with the local Acts of the large towns. Another object of the bill was to simplify areas which in many instances at present overlapped each other. With reference to the bill introduced by the President of the Poor-law Board, he was supprised by the opposition which was given to it, for without a central authority it would be impossible to provide adequately for the administration of the law. The object of the central authority was not to take the work out of the hands of the local authorities, but to set them in motion. There were thousands dying annually in this country from preventible causes. The bill contained 450 clauses, but nine-tenths of it consisted of re-enactments. Under its provisions the whole country would be mapped out into sanitary districts—an arrangement which had already been carried into effect in Hampshire, chiefly owing to the exertions of Lord Eversley and other magistrates. If the House should grant him leave to introduce the bill, he did not mean to press it further in the present session; but he expected when the country became aware of the benefits it would confer, that a strong demand would be made to have it passed into law in the next session.

A Liverpool Surgeon Charged with attempted Murder.—At the Liverpool Police court on Friday week, Mr. J. Martin, a surgeon, practising in St. James's road, Liverpool, was brought up on remand, before Mr. Raffles, on a charge of attempting to murder Catherine M'Hale, a domestic employed in his house, by cutting her throat. The prisoner had been remanded, in order that he might be examined by two physicians as to the state of his mind. A certificate from these gentleman was put in, in which they stated that it would be unsafe for the accused to be at large. Mr. Raffles considered that the prisoner, who was a most violent and dangerous man when under the influence of drink, should be bound over in two sureties of £100 each, to keep the peace and be of good behaviour for six months.

The German Losses by Sickness in the War.—The *Volksstaat* observes that there is an unwillingness in influential circles to allow the full extent of the German losses in the late war to transpire. The list of killed and wounded was made public, as it could not be avoided, although in a very inaccurate and incomplete manner. On the other hand, there has been a determined objection to giving statements of figures with regard to the devastation brought about by sickness. Vague forms of speech were reckoned satisfactory, and it was boldly asserted on several occasions that the health of the army was excellent, "better than in times of peace," although the endless convoys of sick, as well as thousands of soldiers' letters, gave the lie to such statements. A semi-official corroboration now suddenly appears of the worst rumours which were circulated in process of time. The Central Bureau of Information in Berlin, under the inspection of the highest military authorities, has published a report of its work, with interesting statistical figures. It appears from this report that the institution has, within the space of twelve months, authenticated 633,000 sick and wounded cases, and that of these only 78,000 belonged to the French, the remaining 555,000 to the German army. The circumstance that only 46,000 of these were South Germans, and that nearly 508,000 were North Germans, shows by the disproportion of the numbers that the Bureau had really been occupied with the North German army. The frightful figures, which besides make no claim to completeness, are, according to this, far below the truth. And if we reckon the wounded at a hundred thousand in round numbers, we shall certainly still be within the truth if we estimate the number of the unwounded sick at half a million. How many of these have died, or drag about an incurable body, is more than we can say, failing the necessary information. The figure must, however, be a terrible one.

Gleanings.

High-heeled Boots, Chinese Feet, and Crooked Shins.

IT is worthy of note that while a malignant hatred of Chinese, individually, is fomented under cover of hostility to their immigration, our females have fallen in love with Chinese costumes and customs, in some respects, and accepted them as models. The pictures of Chinese ladies, to which one has been accustomed for many years, bear a close resemblance to the American belle of the present day. The repulsive hump, the crippled feet, and the mincing gait of our women, if they do not fortify the Darwinian theory of the origin of the species from monkeys, at least give the appearance of retrograding monkey-wards. The dress, uncouth and deforming as it is, would not of itself deserve notice; but the high heels, crippling the feet and distorting the limbs, are an outrage on grace, on anatomy, on humanity, entitling the authors, could they be detected, to criminal responsibility. A convention of corn-doctors, in the interest of their trade, could not devise a better scheme for good times. Women whose pedals are solidified, may escape with only corns, of which we hope and pray they may have a full and tender crop. But that a whole generation of little girls should have their toes jammed into the points of their boots, to do the work of heels, and that their legs should be thrown out of the natural balance, and the pliant bones bent into semicircles, is a sacrifice to fashion which would disgrace a nation of Hottentots. Should the wicked custom hold a few years, there will not be a decent foot or an esthetic leg in our female population, except among washerwomen and the like. And all this is a trifle compared with the mischief done to the pelvis, spine, and chest, by the constrained attitude with the abnormal elevation of the heel must of necessity induce. Fashion is at best a cruel tyrant; but the whole history of her capricious rule does not exhibit a grosser violation of natural laws, and a more unpardonable assault on the beauty and health of woman, than the invention of HIGH-HEELED BOOTS.—*Pacific Medical and Surgical Journal.*

Write your Prescriptions in Plain English.

THE best commentary we have seen on the popular outcry against the use of Latin, or scientific names for medicines, is contained in a current newspaper article, attributing extraordinary virtues to the *hydrastis canadensis* as a cure for small-pox. As to the plant, it is probably as good as the *sarracenia*. But the point of the article is the statement that "the plant is popularly called orange root, and sometimes yellow puccoon, but it must not be confounded with another plant commonly called puccoon."—*Pacific Medical and Surgical Journal.*

Ergotin Subcutaneously in Metrorrhagia.

IN the *Presse Med.*, 46, 1870, there is the report of a case in which the bleeding, whose cause was obscure, had continued for two months, being occasionally checked for a few hours at a time, by cold injections, and ergot internally. Ergotin to the amount of 0·12 grm., dissolved in a mixture of glycerine and distilled water was injected subcutaneously, and less than four hours after the discharge ceased. As a measure of precaution, the injections were repeated on the three following days, and there was no return of the hæmorrhage.

Medical Properties of the Leaves of the Blue Gum.

Dr. F. W. Lorinser (*Wiener Med. Wochenschr.*, 27, 1870) prepared a tincture with 1 part of chopped fresh leaves, to 3 of rectified spirit. He gave this in doses of a teaspoonful, morning and evening, to two patients suffering from pyæmia and tuberculosis, in whom febrile attacks recurred regularly. The attacks on the next fever day were less severe, and on the following one they did not appear at all. A relapse after six or eight days was removed by the same means. Encouraged by these results, he requested physicians practising in ague districts to make a trial of the tincture. The cases reported amounted to 53, and of these 43 were completely cured, and in 5 cases of relapse, quinine had to be given on account of the supply of tincture failing. Only in one case did the medicine after sufficient trial show itself powerless; but quinine had also been given without effect. In 11 of the 53 cases quinine had been used without advantage, and in 9 of these, the tincture effected a complete cure.

According to Paul and Gubler (*Gaz. de Paris*, 20, 1870,) the powdered leaves of the *Eucalyptus Globulus* are useful in bronchitis.

Action and Uses of Extract of Meat.

Reference has already been made in these notes to the researches of Kemmerich on this subject. He makes a further contribution in *Deutsche Klinik*, 16, 17, 1870. After administering the extract in the form of soup to animals, he found the mucous membrane of the stomach in a state of active hyperæmia, and especially at those places where the glands secreting the gastric juice are situated. It is to be assumed, therefore, that the use of the meat extract favours secretion of the gastric juice. He found that, under the moderate use of the extract, the pulse is quickened and becomes stronger, and that there is at least a temporary increase in the temperature. Too large quantities are injurious, especially to young and weakly persons, and for adults, the average amounts should be only about five grammes in the day, and should never exceed fifteen. When given along with suitable food, to persons recovering from exhausting diseases, the increase of weight is more rapid, and the period of convalescence materially shortened. As a stimulant, it resembles alcohol and coffee, but has the advantage over them of aiding in building up the structures of the body.

Chloroform.

Chloroform, the most important of all anæsthetics, was discovered first by M. Soubeiran, in 1831; then by Baron Justus Von Liebig; and its chemical and physiological properties were more fully investigated by Dumas, in 1835. It is formed chlorine acting on marsh-gas, and is prepared on the large scale by distilling together bleaching powder (chloride of lime) containing a little quicklime to render it alkaline, water, and spirits of wine, or wood spirit; the distilled liquor is then shaken with several successive portions of distilled water to free it from any soluble impurities, agitated with its own weight of pure oil of vitriol, and lastly, distilled from a mixture of chloride of calcium and quicklime, which removes every trace of water and acid, and renders it much more permanent and safe to use than if these impurities were allowed to remain. The specific gravity of pure chloroform is variously given at 1·497, 1·500, and 1·525; the last density, however, is too high, as the chloroform of the best makers is generally 1·497 or 1·500. It is a dense mobile liquid, having a pleasant etherial odour and a warm, sweet taste; exposed to the air it rapidly volatilises, leaving no residue; it boils at 141 deg. F., and is not easily made to catch fire, but when it burns it does so with a dull, smoky, greenish flame. Chloroform vapour is rapidly absorbed by the atmosphere, and this capacity of absorption varies with the temperature, having a certain definite maximum for each degree; for instance, it is found that air at 40 deg. F. will take up 6 per cent. of vapour, while air at 98 deg. F. is capable of taking up 35 per cent. Chloroform is also the best known solvent for camphor, resins, sealing-wax, and gutta-percha, it also dissolves the vegetable alkaloids, strychnia, morphia, quinia, &c., in large proportions, and is very useful as a local anæsthetic in allaying the pain of toothache; as a solvent it will remove greasy spots from fabrics of all kinds, but its chief use is as an anæsthetic, of which kind of medicinal agents it is the type. There are several other volatile organic bodies which possess similar properties, but none, so far as we have yet been able to discover, produce the total unconsciousness, and muscular relaxation, that follow the inhalation of chloroform.—*The Mechanic's Magazine.*

NOTICES TO CORRESPONDENTS.

Is Cholera Coming?—Many alarming statements have been made on this question, and no harm can result at any amount of precaution taken. Still we hope we may be spared the infliction, and there are many reasons for hoping this may be so. Cases have, however, occurred nearer than before, and we have given full accounts of its progress in Russia. The *Globe* of Monday, says that cholera has not broken out at Hull yet, neither in the town nor amongst the shipping, but it has made its apppearance at the Baltic ports in ships that run between this country and those ports; and what is not pleasant to hear, a death—if not more than one—has occurred in a ship soon after leaving Cronstadt, and when on its way to Hull. The next thing may be the appearance of cholera amongst some of the sailors actually in the port of Hull. Let us hope not.

Dr. Ewing Whittle, Liverpool.—Communication "On the Population Question," received as we were going to press. We wish it to be distinctly understood that, because in the discussion upon "The Population Question," we admitted the views of "the Malthusian School," we did so simply in accordance with our established usage of giving *both sides, and not* because they were an exposition of our principles in the matter. Our esteemed contributor must therefore not infer that we are disciples of that school, as with its doctrines *generally* we totally disagree. It can scarcely be conceived that so scientific a man as its founder could propound a theory so absolutely rotten, as not to contain "one jot or tittle" of good, and this, however small, we hoped would be eliminated by the free discussion of medical and scientific men in the columns of a medical journal. That it has had this effect, we are impressed by the congratulatory letters received from so many of our readers. On the other hand, the subject gave offence to a few of our friends for various reasons, chiefly on account of the extraneous and irrelevant matter introduced. This, of course, will always happen. We have refused insertion to a large number of letters, on the grounds that we could not find space to prolong a discussion which only repeated itself in each letter, without affording anything new. Last week we refused one whose views are opposed to those of Dr. Whittle, the notice of which will be found in our last number, page 87. If, therefore, for the same reason, we are reluctantly compelled to decline his communication, Dr. Whittle must kindly not impute it to "our partiality for the Malthusian Doctrine," which we certainly cannot acknowledge.

Mr. Thos. Turner, F.R.C.S.—Many thanks. Request shall be attended to.

Mr. Annesley Lamb.—We were uninformed of the arrangement.

Mr. H. H. Cox.—Received late, but shall be attended to.

F. A. H.—Mr. Hardwick, Piccadilly.

Mr. Harrison.—The book is very popular in America. You probably would be able to get it in this country from one of the foreign publishers. Baillière, Trübner, or Nutt.

Hill Residences for Europeans in India.—We have been favoured with a most elaborate article upon this subject, from the pen of Dr. W. Curran, of Her Majesty's Army Medical Staff. The tabular matter has been compiled with great care and exactness, and we much regret that its length—thirty columns—bars its acceptance for our pages. If the author will kindly reduce it, we shall be pleased to accord space.

The following communications are in type, and will appear, if possible, in our next:

Dr. Lombe Atthill, "On Diseases peculiar to Women." Lecture VII. With Illustration on Toned paper.

W. E. Teevan, B.A., F.R.C.S., "Case of Retention of Urine from Impassable Stricture, treated by Filiform Bougies."

G. Smith Chartres, M.A., M.D., "Syphilitic Iritis attacking both Eyes in succession, treated principally by Oil of Turpentine and Blisters."

VACANCIES.

Middlesex Hospital. Physician. Honorary.

University of Durham. Medical Tutor. Salary £120 per annum.

Edinburgh Veterinary College. The Chairs of Zootomy, or Comparative Anatomy, and of Cattle Pathology.

Wandsworth Board of Health. Two Medical Officers. Salary £50 each.

Bridgewater Union. Medical Officer. Salary £36, with midwifery fees.

Plymouth. Medical Officer for the Northern District. Salary £90.

Her Majesty's Naval Hospitals. Assistant Dispensers in charge of Medical Stores. (See advt).

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

An Experimental Research on the Antagonism between the Actions of Physostigma and Atropia. By Thos. R. Fraser, M.D.

Puerperal Temperatures. By William Squire, L.R.C.P. London: Churchill.

Hospital Statistics. By Chas. Kemble, M.A., Bath.

Poisoning and Pilfering, Wholesale and Retail. London: Longmans.

Australian Medical Gazette; Canada Lancet; Woodhull's Weekly.

APPOINTMENTS.

Barker, W. L., L.R.C.P.L., M.R.C.S.E., Assistant Medical Officer to the Portland Convict Prison.

Brown, Mr. J., Assistant Medical Officer to the Leeds General Infirmary.

Caton, R. M.D., Demonstrator of Practical Physiology and Histology at the Liverpool Royal Infirmary School of Medicine.

Connor, S. J., L.K.Q.C.P.I., Medical Officer to the Carlow Fever Infirmary.

Dove, W. W., L.R.C.P.Ed., Assistant Medical Officer to the Somersetshire Lunatic Asylum, Wells.

Frier, William, M.D., M.Ch.Q.U.I., Medical Officer to the Waringstown Dispensary District, Lurgan Union.

Lansdown, F. P., re-elected Surgeon to the Bristol General Hospital.

M'Craith, E., L.R.C.P.Ed., L.R.C.S.Ed., Medical Attendant to the Royal Irish Constabulary, Michelstown, Co. Cork.

Risdon, A., Second Resident House-Physician to St. George's Hospital.

Scott, W. G., M.B., House-Surgeon to the Blackburn Infirmary.

Stocker, J. R., M.B., Medical Tutor and Pathologist at St. Mary's Hospital Medical School.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

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CLINICAL LECTURES

ON THE

DISEASES PECULIAR TO WOMEN.

By Lombe Atthill, M.D. Dub.,

Fellow and Examiner in Midwifery King and Queen's College of Physicians; Obstetric Physician to the Adelaide Hospital, Dublin.

LECTURE VII.

Polypus—Varieties of—Cystic—Mucous—Fibrous—Symptoms — Intra-uterine, operation for removal of—Steel wire, advantages of—Modification of Gooch's canulæ—Fibrinous and placental polypi.

In the preceding lecture I have spoken of those forms of menorrhagia which depend on, or are caused by, an abnormal or diseased condition of the uterus or of its lining membrane; to-day I have to call your attention to an affection as important as any of the preceding, one too of frequent occurrence and which almost invariably gives origin to profuse menstruation. I allude to polypus, which may be defined as an affection the result of hypertrophy of some portion of the uterine substance, which taking the form of an out-growth becomes in time a distinct tumour, attached to the wall of the uterus either by a base of considerable extent, or more frequently by a well defined pedicle. These growths are met with of all sizes and shapes, sometimes as little stunted bodies only the size of a pea or small bean, sometimes as large tumours occupying the entire cavity of a uterus as large as that organ should be at the fourth or fifth month of pregnancy; but more commonly they are seen of intermediate size. Occasionally the uterus seems to resent the presence of a polypus which has been developed within its cavity, and by contractions similar to those of labour expels it, and thus causes it to assume the form of an extra-uterine tumour, a process which is evidently Nature's attempt, often a successful one, to effect a cure. When this takes place and an intra-uterine polypus expelled from the uterus reaches the vagina the hæmorrhage it has given origin to is usually checked, or possibly may cease altogether. But in addition to these of intra-uterine origin, a polypus may grow from the cervical canal just within the os uteri or spring from the vaginal surface of the uterus.

Three varieties of polypus are recognised by pathologists—namely, the cystic or glandular, the mucous and the fibrous. The cystic or glandular polypus as the name indicates generally presents to the eye the appearance of cyst. These polypi are soft pearl-coloured bodies composed of an albuminous, gelatinous fluid, inclosed in a delicate membrane. They appear sometimes to be simply enlarged or hypertrophied or Nabothian glands, but are occasionally new growths. I pointed out to you an example of this latter form in one of the out-patients a few days ago, in whom a polypus grew from the lip of the os uteri, it was of the size and not very dissimilar in appearance to a grape, and had *not* caused hæmorrhage. When I attempted to seize it with the forceps it broke and discharged its contents. I cauterised its point of attachment freely with nitric acid, and when the woman presented herself again after the lapse of a few days no trace of this little polypus remained. In none of the cases of cystic polypus which have come under my observation have they been of greater size than a hazel nut or grape, nor am I aware of any instance in which they occurred high up in the uterus. They nearly invariably grow from some portion of the cervical canal. These polypi are always sessile, that is growing directly from their point of origin, without the intervention of a pedicle; two or more may and frequently do occur at the same time. When once detected they are easily destroyed either by pressure or by torsion. When situated within the cervical canal they generally give origin to a glairy discharge and nearly always cause hæmorrhage.

The mucous polypus may spring from any portion of the mucous surface of the uterus, but its favourite seat

seems to be the cervical canal, and it may not unfrequently be seen projecting from the mouth of the womb as a small tumour of a bright pink colour, which bleeds on the slightest touch.

These growths seldom attain a large size—once only have I met with an exception to this rule; the patient was the wife of a carman. I saw her about twenty-four hours after delivery and found a polypus of the size of an orange hanging partially out of the vagina. It was attached by a long and very slender pedicle to the cervix uteri, the point of attachment being just inside the os. The midwife who attended this woman assured me that her labour had been in all respects easy and natural, and she did not detect the polypus till after the expulsion of the placenta. Its vitality had evidently been destroyed by the pressure to which it had been subjected during the passage of the child's head through the vagina, for when I saw it it already exhibited signs of decomposition. This patient stated that having when in the third month of pregnancy lifted a heavy weight she felt something to give way internally, and perceived a tumour to appear at the vulva. Profuse hæmorrhage followed, which however shortly subsided and the tumour receded. During the remainder of pregnancy she enjoyed good health, and excepting that she felt when fatigued something to appear at the vulva, was not conscious of the existence of anything abnormal. A polypus of such a size as this springing from the cervical canal is however very rare.

The next largest I have seen occurred in one of our out-patients an unmarried woman aged twenty-four. Persistent hæmorrhage which all astringents failed to check compelled me to make a vaginal examination, and I discovered one of these mucous polypi nearly an inch and a quarter in length, but not much thicker than an ordinary quill, hanging out of the os uteri. In the great majority of instances however the mucous polypus does not attain a fourth of that size. These small ones are nearly entirely composed of a soft gelatinous structure. They are highly vascular and often give rise to severe hæmorrhage quite out of proportion to the size of the tumour. They are generally attached to the canal of the cervix by a slender pedicle and their vitality is very easily destroyed. It is not at all uncommon to meet with several small mucous polypi in the same patient; occasionally too they are of a denser texture, a greater proportion of fibro-cellular tissue entering into their structure, and when this is the case they are more likely to attain a large size. When once detected the removal of the mucous polypus is a matter of great ease. This can be effected either by means of a pair of curved scissors or by torsion. I greatly prefer the latter method; indeed I have seen such profuse hæmorrhage follow the excision of even a very small polypus that I do not think I shall ever again use a knife or pair of scissors for the purpose. I recommend you then always to remove them by seizing them firmly with a pair of fenestrated forceps and twisting them off, and then to cauterize their point of origin with nitric acid. When they project from the os uteri this is all that has to be done, but sometimes they lie higher up in the cervical canal and then you have to dilate the canal before you can reach them. Indeed this proceeding may of itself be sufficient to effect a cure, for so readily are these polypi destroyed by pressure, that instances are of not infrequent occurrence in which menorrhagia having led the physician to dilate the cervix that he may explore the uterus, he afterwards finds no morbid structure, the sea-tangle having by its pressure destroyed the polypus to which the menorrhagia was due. The fact of no polypus being found in any particular case is therefore not a proof that none existed.

Mucous polypi are occasionally met with springing from the fundus of the uterus, then their removal is a matter of more difficulty; for the cervix must be dilated throughout its whole extent, the polypus seized and twisted off, and nitric acid freely applied to the interior of the womb.

The fibrous polypus is even more frequently met with than either of the other varieties and is more difficult to treat. The exciting cause and mode of growth of these tumours is still far from being clearly understood. We only know that as a rule they spring from the uterine sub-mucous tissue, are composed of firm fibro-cellular elements, and are invariably covered with mucous membrane. In fact they are "out-growths of and from the substance of the uterus, the mucous membrane and the muscular and fibrous tissue of the uterus growing in a variety of proportions into its cavity" (Paget). These polypi are generally supplied with numerous blood-vessels, which however are seldom of any magnitude. They are met with of all sizes, nor does the amount of hæmorrhage necessarily bear any proportion to the size of the tumour; they may be small and sessile, but more commonly are connected to the wall of the uterus by a well-defined pedicle, which however varies greatly in thickness and length. We seldom find more than one fibrous polypus in the uterus at the same time. I am aware however that there are exceptions to this rule; thus I had the opportunity recently afforded me by my friend Dr. Kidd of seeing a patient from whom he removed nine fibrous polypi at one operation.

The fibrous polypus generally grows from the fundus of the uterus, though examples from time to time occur of its being attached to other portions of uterine walls. I have never however in my own practice seen one springing from the cervical canal. But no matter where attached its course is the same—the polypus gradually enlarges while the whole of the uterus, stimulated apparently by its presence, increases in bulk and density, till not unfrequently we are enabled to feel the organ above the pubes. If not interfered with, and that it be pedunculated, it is possible that in time the uterus may expel it, and that thus it may become extra-uterine and even appear at the vulva. Such a course however is far from usual. In general the hæmorrhage which almost invariably accompanies this affection, runs down the patient, and compels her to seek for relief long before that stage can be reached, or, if she fail to obtain the requisite aid, consigns her to a premature grave.

The symptoms marking the occurrence of polypus are threefold — namely, hæmorrhage, leucorrhœa, or pain. Hæmorrhage is, I may say, invariably present. The patient generally first notices that the menstrual flow is more profuse than formerly, then that its duration is prolonged, and that leucorrhœa occurs in the interval; pain above the pubes and over the ovaries is also generally complained of. No age from puberty upwards possesses an immunity from this disease. Here on the table are specimens of four intra-uterine fibrous polypi removed from patients aged respectively, twenty-four, forty-six, thirty-five, and fifty-three years, the two former being from unmarried, the two latter from married women. The first specimen is the one you saw recently removed from M. D. who has just been discharged from this hospital. Her case is a very interesting and instructive one. She is aged but twenty-four years and is unmarried. Three years ago she began to notice the catamenia to be more profuse than natural; they have continued so ever since. About a year ago she for the first time began to experience pains in the left side of the abdomen, which at one point was tender to the touch; lying on that side too caused her much distress, but she was still able to hold a situation as housemaid. On the 8th of August last the catamenia came on suddenly and so very profusely as to cause faintness. On admission to hospital a day or two subsequently there was little or no discharge present, but the hæmorrhage had been of so alarming a character that I deemed it necessary though she was an unmarried woman to institute a vaginal examination. The vagina was moderately relaxed, the cervix appeared to be healthy, but the body was anteflexed and heavy. The sound penetrated to the depth of three inches. The cause of the hæmorrhage being still uncertain I proceeded in accordance with my invariable rule under such circumstances to dilate the cervix, and with some difficulty succeeded in introducing

several pieces of sea-tangle bougie, but on attempting to withdraw them after the expiration of twenty-four hours I experienced great difficulty, for the os internum was so rigid that it had prevented the tangle expanding at that point in at all the same degree that it had in the cavity of the womb, and each piece when finally extracted was found to be constricted in the centre. A larger number were now introduced; next day on removing these I found the cervix to be freely dilated throughout its whole length, and on introducing the finger I detected a polypus of considerable size which was attached to the anterior wall of the uterus near the fundus by a short thick pedicle, the apparent anteflexion of the uterus being due to the fact that the anterior wall was bulged outwards by the polypus as shown in Plate II. To effect this examination the anterior lip had to be seized by a vulsellum and the uterus drawn down in the manner described in my last lecture. The position, size, and shape of the polypus being thus ascertained the next step was to remove it. I shall detail to you exactly how this was effected in the case I am referring to. It will serve as a description of how the operation should be performed in all similar cases.

The uterus being drawn down as low as possible by means of the vulsellum which was fixed in the anterior lip, the index-finger of the right hand was again introduced till its tip touched the polypus. Another strong vulsellum such as that shown in Plate II. was then taken in the left hand and guided up to the polypus along this finger, and the tumour firmly grasped by it. The instrument being entrusted to an assistant the anterior lip was freed from the one by which it was held. This was done in order to give more room in the vagina, but unless the polypus be a firm one the hold we have obtained on the lip of the womb should not be let go.

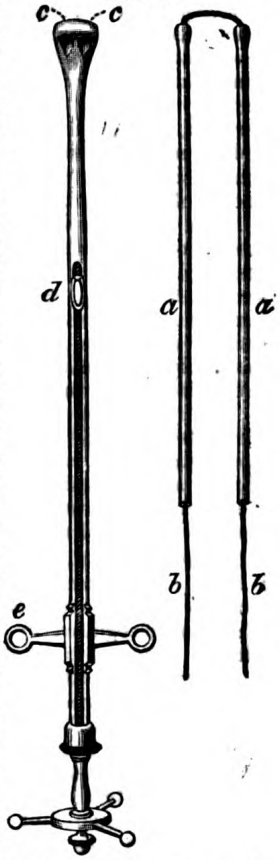
Firm traction was now exerted on the polypus by means of the vulsellum with which it was grasped, and it was down as low as possible in the pelvis. A long *écraseur* made much on the pattern of that suggested by Dr. Braxton Hicks (Plate III.), and armed with a strong iron wire was then introduced, the wire being passed over the handles of the vulsellum so as to surround them. The extremity of the *écraseur* being kept in contact with the finger was guided up to the polypus, and the wire was after some difficult manipulation got over the upper surface of the polypus. The point of the *écraseur* was then pressed firmly against the lower edge of the pedicle and kept in as *close contact as possible* with its point of attachment to the uterine wall. This is a matter of great importance, for if the point of the instrument be kept in the position described the wire will be drawn as the *écraseur* is worked close to the base of the pedicle, and thus the whole of the tumour will be removed. The *écraseur* was then slowly but steadily worked, the pedicle cut through in a few minutes, and the polypus, still held by the vulsellum, extracted. The whole of the inner surface of the uterus was then brushed over with strong nitric acid, with the double view of preventing hæmorrhage and of destroying any unhealthy condition of the mucous membrane of the uterus, should such exist. The patient was of course under the influence of chloroform during the operation. The accompanying drawing (Plate III.) shows the position of a polypus at the fundus grasped by the vulsellum and with the *écraseur* applied. The point of the instrument should however be in closer contact with the uterine wall than it appears to be in the plate. This patient recovered without having the least drawback, was allowed to walk about the ward in a few days, and has since menstruated normally. This operation, though it is so easily detailed, is most difficult to perform, the polypus is quite out of sight, and can hardly be touched by the finger even when drawn down with the vulsellum; then the space so contracted is in which you must have at least two instruments, as well as your finger, that one sometimes almost despairs of being able to carry the wire round the tumour, and even when this is accomplished your wire may break, and all the trouble has to be gone over again, as occurred in the case of the woman from whom the largest of the tumours which I now show you was removed.

In the case I have just detailed I used a strong iron wire, and though the base of the polypus was three-quarters of an inch in diameter it was sufficient for the purpose, still as already mentioned a single iron wire cannot be relied on if the pedicle be thick. I formerly used a cable of wire twisted tightly together, but some of the strands always gave way, and the ends becoming entangled in the parts or getting twisted round the extremity of the *écraseur* prevented it working, and I have been obliged to give them up. Dr. Kidd, in a recent operation at which I was present, cut through a very thick dense, pedicle with a strong steel wire such as those used for piano strings, and I think this suggestion will prove very useful. He also found that the steel wire was more easily manipulated in the uterus, for the loop which is always constricted in passing through the os expands from the effects of its own elasticity on reaching the cavity of the uterus.

The extreme difficulty of encircling an intra-uterine polypus with a wire or chain induced Dr. Marion Sims to invent an intra-uterine *écraseur* which is a marvel of ingenuity, but it is very complex, and in practice has proved a failure. I tried it in two cases, and found that it was impossible to adjust, and I have been compelled to abandon its use.

The same reason influenced me, and led me to consider whether a less complicated instrument could not be devised which would enable the operator to attain the desired end, and I have accordingly had this *écraseur* (Fig. 5) made by Weiss. It differs from an ordinary long wire *écraseur* only in having the end modified so as to allow of the passage through it of two slender silver tubes identical with those so well known as "Gooch's canulæ." These (*a*, *a*) armed with a wire (*b*, *b*) of any strength can be passed with ease up to the base of any polypus; they are then to be separated, and while one is held firmly the other is to be carried round the pedicle; this can always be accomplished when a silk or hempen ligature is used, but it is very difficult indeed to carry a stiff wire round a large tumour with them, but I have done it, and cases from time to time occur in which this method proves useful. Having once got the wire round the tumour the canulæ are to be passed through the openings (*c*, *c*) in the extremity of the *écraseur*; the *écraseur* is then to be pushed up, guided by the canulæ, till it comes in contact with the pedicle of the polypus; the canulæ can then be withdrawn, and the wire being attached to the *écraseur* at *d* and *e*, the operation is to be completed as if we were using an ordinary wire *ecraseur*. This is in point of fact the adapting of the canulæ of Gooch to the *ecraseur*.

Fig. 5.



Through the kindness of Dr. Johnston, Master of the Rotunda Lying-in Hospital, I had recently an opportunity of witnessing the removal by means of this *écraseur* of a very large fibro-cellular polypus, which grew from the anterior lip of the os uteri. The patient who was very anæmic, had been admitted on account of the hæmor-

rhage. The polypus was so large that it filled the whole vagina, and it was impossible to reach the pedicle or carry a wire round it with the fingers, the space being so very limited, Dr. Johnston therefore decided on encircling it by means of these canulæ; this was very skilfully accomplished by Dr. Denham, Dr. Johnston in consequence of an injury received in his hand being unable to operate himself; the wire, a strong iron one however broke after the *écraseur* had been worked for a few seconds; a rope of twisted wire was then tried, it too was carried round the tumour by the same means, but it also broke. A strong steel wire was then had recourse to; considerable difficulty was experienced in encircling the polypus with it on account of its stiffness, but at last with the aid of the canulæ this was effected, and the wire having been attached to the *écraseur* we had the satisfaction of finding it equal to the great strain to which it was subjected, and the pedicle was severed in a few moments. The tumour however was so large that it could not be extracted till both blades of an ordinary midwifery forceps had been applied. This case afforded a satisfactory proof both of the advantages which under certain circumstances are to be derived from this modification of the *écraseur*, and of the great superiority which the steel wire possesses over either the iron wire or twisted wire ropes.

There has no greater advance been made in uterine surgery than in the treatment of intra-uterine polypus; before the method of dilating the cervix uteri was introduced, it was impossible to diagnose their presence with any degree of accuracy. We might suspect their existence from the occurrence of hæmorrhage, and of uterine leucorrhœa but nothing more; now to use S. Marion Sims's language: "We can determine with the minutest accuracy not only their presence, but the size, shape, position, relations and attachments of all such tumours," and by means of the *écraseur* remove them in a short time without pain to the patient who is under the influence of chloroform, and without risk to her life.

But a fibrous polypus may spring from the vaginal portion of the cervix as well as from the interior of the uterus; its removal is then comparatively an easy matter, for unless the bulk be very great the chain or wire of an *écraseur* can be carried round it without much difficulty, and its separation is accomplished in a few minutes; these polypi as well as intra-uterine which having been expelled from the womb have become vaginal, do not bleed so freely as those contained within the uterus. Dr. McClintock, in his work "On Diseases of Women," relates a striking example of this, he removed an enormous fibrous polypus which weighed thirty-four ounces, from the vagina of a woman aged fifty, and yet for two years previously she had not had any red discharge.

In addition to the three classes of polypus of which I have just spoken, and which are undoubtedly outgrowths from some portion of the uterine substance, two others are recognised by pathologists to which I must allude. The one is termed the fibrinous, and is looked upon by some authorities as the result of abortion. "The embryo having been extruded, the remains of the ovum left behind, forms with the extravasated blood the foundation of a fibrinous polypus;" others believe these tumours to be "metamorphosed and adherent coagula of retained menstrual blood." More recently the possibility of the remains of the placenta being capable of giving rise to polypoid bodies in the uterus has been advocated. Dr. Stadfeldt of Copenhagen maintains this view with much ability in a paper, a translation of which by Dr. W. D. Moore, will be found in the *Dublin Quarterly Journal* for November, 1863, from which I have quoted the foregoing extracts, and the perusal of which will amply repay any of you who desire to become better acquainted with this subject. Dr. Stadfeldt does not believe that those small portions of the after-birth, which nearly always remain after the placenta has been detached, and which usually come away with the lochia are capable even if retained, of giving origin to these growths, but only when portions varying in size "from that of a walnut to that of a goose egg or larger, and which contain one or more colytedons of the placenta" are left behind, and remain firmly attached to the uterine wall; ably adduced however as are the arguments of Dr. Stadfeldt, I am not satisfied that his views are borne out by the facts brought forward in support of them—they amount to this: that in four cases large portions of the placenta were found after death adherent to the uterus in women recently delivered, the longest interval which elapsed between delivery and death being but four weeks; in his other cases but a few days intervened. With similar instances every obstetric physician is familiar.

In the case related at the conclusion of my last lecture, I removed a portion of placenta which had been retained in the womb for nearly ten weeks after delivery, and which doubtless was during that time gradually being loosened from its attachment to the uterine wall, and its connection probably only completely severed by the traction I made use of; that it was still connected with the uterus, we may I think safely infer from the fact that the mass was not in any degree decomposed, but the persistence of vitality in a portion of placenta adherent to the uterus is a very different thing from its development into a polypus.

BRITISH ASSOCIATION

FOR THE

ADVANCEMENT OF SCIENCE.

FORTY-FIRST MEETING, HELD AT EDINBURGH.

AUGUST 3RD TO 8TH, 1871.

THE great scientific congress has again been held, and its proceedings once more make great demand on our space. They have, however, been very fully reported by the general press, and we now therefore only cull those portions of most interest to the Profession. We cannot, however, pass over the Presidential Address. Although unable to find room for it in full we give an abstract.

ON the 3rd the first general meeting of the Association was held at 8 p.m. Professor Huxley, in resigning his seat, thanked the Association for the honour conferred upon him, and its officers for their cordial and valuable assistance. He then paid a warm tribute to the great merits of his successor, to whom he gave up his chair. Sir William Thompson, the new president, then entered upon the duties of his office, and proceeded to deliver the customary inaugural address.

Sir WILLIAM THOMPSON referred in the first place, to the connection of the Association with Edinburgh through the honoured names of some of its founders, and quoted from a former address by Sir David Brewster, a brief account of the "small band of pilgrims who carried the seeds of the institution into the more genial soil of our sister land." . . "Sir John Robinson, Professor Johnston, and Professor J. D. Forbes were the earliest friends and promoters of the British Association. They went to York to assist in its establishment, and they found there the very men who were qualified to foster and organise it. Headed by Sir Roderick Murchison, one of the very earliest and most active advocates of the Association, there assembled at York about 200 of the friends of science." A letter written by Brewster in February, 1831, to Professor Phillips at York carries back the history to an earlier date, and contains inquiries as to the accommodation to be obtained in the city for a large meeting (probably of 100 persons!), and as to the willingness of the Mayor and other influential persons to promote the aims that were in view—namely, "to make the cultivators of science acquainted with each other, to stimulate them to new exertions, to bring the objects of science more before the public eye, and to take measures for

advancing its interests and accelerating its progress." Of the four pilgrims from Scotland to York not one now survives, and of the seven first Associates one more has gone over to the majority since the Association last week. Vernon Harcourt is no longer with us, but his influence remains. Brewster was the founder of the British Association; Vernon Harcourt was its lawgiver. His code is to this day the law of the Association. On the 11th of May last Sir John Herschel died in the 80th year of his age, leaving a name that is a household word throughout the whole civilised world, and discoveries which, in the hands of Stokes, Sylvester, and Gregory, have served as foundations for progress alike in physics and in pure mathematics. Of his gigantic work in astronomical observation I need say nothing. Doubtless, a careful account of it will be given in the "Proceeding of the Royal Society of London," for the next anniversary meeting. In the past year also, another representative man of British science is gone, in the person of Professor De Morgan. His great book on the differential calculus was, for the mathematical student of 30 years ago, a highly-prized repository of all the best things that could be brought together under that title. It is no less valuable now; and if less valued, may not this be because it is too good for examination purposes, and because the modern student, labouring to win marks in the struggle for existence, must not suffer himself to be beguiled from the stern path of duty by any attractive beauties in the object of his study? One of the most valuable services to science which the British Association has rendered has been the establishment and maintenance of the Kew Observatory. Built originally for George III., and left for many years unused, it was granted by the Commissioners of Woods and Forests, in 1842, on the application of Sir Edward Sabine, for the purpose of carrying out and promoting observations upon the pendulum. Individual Fellows of the Royal Society and members of the British Association supplied the initial funds, and the work has been conducted by a committee of the Association, and assisted by grants from the funds. The institution now enters upon a new stage of existence, thanks to the noble liberality of a private benefactor. Mr. Gassiot's gift of £10,000 secures its future operation, without the necessity of further support from the Association. The success of the Kew Observatory, and the great value of the work done there, afford an example of the great gain to be earned for science by the foundation of physical observatories and laboratories for experimental research, to be conducted by qualified persons, whose duties should be, not teaching but experimenting, and such observatories and laboratories, here as upon the Continent, should be provided and fostered by the State. The physical laboratories which have grown up in the Universities of Glasgow and Edinburgh, and in Owen's College, Manchester, show the want felt of colleges of research; but they go but infinitesimally towards supplying it, being absolutely destitute of means, *materiel*, or *personnel* for advancing science, except at the expense of volunteers, or for securing that volunteers shall be found to continue even such little work as is at present carried on. Besides abstracts of papers read and discussions held before the sections the annual volumes of the Association contain much valuable matter in the shape of reports on particular branches of science from men well qualified to prepare them. Some of these have led to vast practical results; others, of a more abstract character, are valuable as powerful and instructive condensations and expositions of the branches of science to which they relate. I cannot better illustrate the two kinds of efficiency realised in this department than by referring to Cayley's "Report on Abstract Dynamics" and Sabine's "Report on Terrestrial Magnetism." I believe that it is due to the scientific character of the Admiralty "Compass Manual," based upon the joint work of Sabine and Archibald Smith, that no iron ship of Her Majesty's Navy has ever been lost by errors of the compass. The "Manual" is adopted as a guide by all the navies of the world. It has been translated into Russian, German, and Portuguese, and it is at present being translated into French. In the reports of the early years of the British Association we find also evidence of the diligent cultivation of the science of terrestrial magnetism, into which research is still being steadily pursued. Materials from scientific travellers of all nations, from our own magnetic observatories, from the magnetic observatories of St. Helena, the Cape, Van Diemen' Land, and Toronto, and from the scientific observatories of other countries have been brought together by Sabine. Silently, day after day, night after night, for a quarter of a century he has toiled, with one constant assistant always by his side, to reduce these observations. At this moment, while we are here assembled, I believe that in their quiet summer retirement in Wales Sir Edward and Lady Sabine are at work on the magnetic chart of the world. If two years of life and health are granted to them, science will be provided with a key which must powerfully conduce to the ultimate opening up of one of the most refractory enigmas of cosmical physics, the cause of terrestrial magnetism. To give any sketch, however slight, of scientific investigation performed during the past year would, even if I were competent for the task, far exceed the limits within which I am confined; and I can only select some of those which have struck me as most notable. Great service has been done to science by the British Association in promoting accurate measurement in various subjects. To the non-scientific imagination this seems a less lofty and dignified work than looking for something new. But nearly all the grandest discoveries of science, including Newton's discovery of the law of gravitation, have been but the rewards of accurate measurement and patient long-continued labour in the minute sifting of numerical results. The origin of exact science in terrestrial magnetism is traceable to Gauss's invention of methods of finding the magnetic intensity in absolute measure. Weber extended the practice of absolute measurement to electric currents, the resistance of an electric conductor, and the electromotive force of a galvanic element. He made the beautiful discovery that resistance and the reciprocal of resistance are each of them a velocity. He made an elaborate and difficult series of experiments to measure the velocity which is equal to the conducting power, in electro-static measure, and at the same time to the resistance in electro-magnetic measure, in one and the same conductor. Maxwell discovered that this velocity is physically related to the velocity of light. The most accurate possible determination of Weber's critical velocity is just now a primary object of the Association's Committee on Electric Measurement, and it is at present premature to speculate as to the closeness of the agreement between that velocity and the velocity of light. This leads me to remark how much science, even in its most lofty speculations, gains in return for benefits conferred by its application to promote the social and material welfare of man. Those who perilled and lost their money in the original Atlantic telegraph were impelled and supported by a sense of the grandeur of their enterprise, and of the world-wide benefits which must flow from its success; they were, at the same time, not unmoved by the beauty of the scientific problem directly presented to them, but they little thought that it was to be immediately through their work that the scientific world was to be instructed in a long neglected and discredited fundamental electric discovery of Faraday's; or that, again, when the assistance of the British Association was invoked to supply their electricians with methods for absolute measurement (which they found necessary to secure the best economical return for their expenditure, and to obviate and detect those faults in their electric material which had led to disaster), they were laying the foundation for accurate electric measurement in every scientific laboratory in the world, and initiating a train of investigation which now sends up branches into the loftiest regions of and subtlest æther of natural philosophy. Long may the British Association continue a bond of union and a medium for the interchange of good offices between science and the world. The greatest achievement yet made in molecular theory of the properties of matter is the kinetic theory of gases, shadowed forth by Lucretius, definitely stated by Daniel Bernoulli, largely developed by Herapath, made a reality by Joule, and worked out to its present advanced state by Clausius and Maxwell, who have completed the dynamical explanation of all the known properties of gases, except their electric resistance and brittleness to electric force. The progress of spectroscopic research has led to important results with regard to the solar atmosphere and to the corona seen round the dark disc of the moon eclipsing the sun. It seems to have been proved that at least some sensible part of the light is a terrestrial atmospheric halo or dispersive reflection of the light of the glowing hydrogen and "belium" round the sun. I believe I may say on the present occasion, when preparation must again be made to utilise a total eclipse of the sun, that the British Association confidently trusts to our Government exercising the same wise liberality as heretofore in the interests of science. The results of spectrum analysis have also given finally conclusive proof against Mayer's hypothesis, that the sun's heat is supplied dynamically from year to year by the influx of meteors. Most important steps have recently been taken towards the discovery of the nature of

comets, establishing with nothing short of certainty the truth of a hypothesis which had long appeared to me probable, that they consist of meteoric stones; accounting satisfactorily for the light of the nucleus, and giving a simple and rational explanation of phenomena presented by the tails of comets, which had been regarded by the greatest astronomers as almost preternaturally marvellous. It is thoroughly proved, by the investigations of Professor Newton, of Yale College, followed and completed by those of Adams, that Temple's comet I., 1866, consists of an elliptic train of minute planets, of which a few thousands or millions fall to the earth annually about the 14th of November, when we cross their track. We have probably not yet passed through the very densest part; but thirteen times we have passed through a belt greatly denser than the average. The densest part of the train, when near enough to us, is visible as the head of the comet, and according to Tait's theory, is self-luminous by reason of collisions among its constituents; while the tail is merely a portion of the less dense part of the train, illuminated by sunlight, and visible or invisible to us according to circumstances not only of density, degree of illumination and nearness, but also of tactic arrangement, as of a flock of birds, or the edge of a cloud of tobacco smoke. The essence of science consists in inferring antecedent conditions and anticipating future evolutions from phenomena which have actually come under observation. In biology the difficulties of successfully acting up to this ideal are prodigious. The earnest naturalists of the present day are, however, not appalled by them, and are struggling to pass out of the mere "natural history stage" of their study and to bring zoology within the range of natural philosophy. An ancient speculation, still clung to by many, supposes that, under meteorological conditions different from the present, dead matter may have run together or crystallised or fermented into "germs of life," or organic cells," or "protoplasia." But science brings a vast mass of inductive evidence against this hypothesis of spontaneous generation, as you have heard from my predecessor in the Presidential chair. Careful enough scrutiny has, in every case up to the present day, discovered life as antecedent to life. I am prepared to hear that "our code of biological law is an expression of our ignorance as well as of our knowledge." And I say, let any one who is not satisfied with the purely negative testimony of which we have now so much throw himself into the inquiry. Such investigations as those of Pasteur, Pouchet, and Bastian are among the most interesting and momentous in the whole range of natural history; and their results, whether positive or negative, must richly reward the most careful and laborious experimenting. I confess to being deeply impressed by the evidence put before us by Professor Huxley, and I am ready to adopt, as an article of scientific faith, true through all space and through all time, that life proceeds from life, and from nothing but life. How, then, did life originate upon the earth? Did grass and trees and flowers spring into existence, in all the fulness of ripe beauty, by a fiat of Creative power? or did vegetation, growing up from seed sown, spread and multiply over the whole surface? Every year thousands, probably millions, of fragments of solid matter fall upon the earth; and it is often assumed that all, and it is certain that some, meteoric stones are fragments which have been broken off from larger masses and launched free into space. It is as sure that collisions must occur between great masses moving through space as it is that ships, steered without intelligence directed to prevent collisions, could not cross and recross the Atlantic for thousands of years without them. Should the time when this earth comes into collision with another body, comparable in dimensions to itself, be when it is still clothed as at present with vegetation, many great and small fragmenss carrying seed and living plants and animals would undoubtedly be scattered through space. Hence, we must regard it as probable in the highest degree that there are countless seed-bearing meteoric stones moving about through space. If at the present moment no life existed upon this earth, one such stone falling upon it might, by what we blindly call natural causes, lead to its becoming covered with vegetation. The hypothesis that life originated on this earth through moss-grown fragments from the ruins of another world may seem wild and visionary; all I maintain is that it is not unscientific. From the earth stocked with such vegetation as it could receive meteorically to the earth teeming with the plants and animals which now inhabit it the step is prodigious, and I have always felt that the hypothesis of "the origin of species by natural selection" does not contain the true theory of evolution, if evolution there has been, in biology. Sir John Herschel, in expressing a favourable judgment on the hypothesis of zoological evolution, with, however, some reservation in respect to the origin of man, objected to the docrine of natural selection that it was too like the Laputan method of making books, and that it did not sufficiently take into account a continually guiding and controlling intelligence. This seems to me a most valuable and instructive criticism. I feel convinced that the argument of design has been greatly too much lost sight of in recent zoological speculations. Reaction against the frivolities of teleology, such as are found, not rarely, in the notes of the learned commentators on "Paley's Natural Theology," has, I believe, had a temporary effect in turning attention from the solid and irrefragable argument so well put forward in that excellent old book. But overpoweringly strong proofs of intelligent and benevolent design lie all around us, and if ever perplexities, whether metaphysical or scientific, turn us away from them for a time, they come back upon us with irresistible force, showing to us through nature the influence of a free will, and teaching us that all living beings depend on one ever-acting Creator and Ruler.

At the conclusion of the address a vote of thanks to the President was moved by the Lord Justice-General, seconded by Sir Alexander Grant, and carried by acclamation. The President briefly returned thanks, and the proceedings then terminated.

SECTION B.—CHEMICAL SCIENCE.

THE PRESIDENT'S ADDRESS.

Professor ANDREWS delivered his opening address. He said—Amidst the vicissitudes to which scientific theories are liable, it was scarcely to be expected that the discarded theory of Phlogiston should be resuscitated in our day, and connected with one of the most important generalisations of modern science. The phlogistic theory, elaborated nearly 200 years ago by Beecher and Stahl, was not, it now appears, wholly founded on error; on the contrary, it was an imperfect anticipation of the great principle of energy, which plays so important a part in physical and chemical changes. The disciple of phlogiston, ignorant of the whole history of chemical combination, connected, it is true, his phlogiston with one only of the combining bodies, instead of recognising that it is eliminated by the union of all. "There can be no doubt," says Dr. Crum Brown, who first suggested this view, "that potential energy is what the chemists of the 17th century meant when they spoke of phlogiston." "Phlogiston and latent heat," playfully remarks Cothard, "which formerly opposed each other in so hot a combat, have entered into a peaceful compact, and to banish all recollection of their former strife, have assumed in common the new name of energy." But, as Dr. Odling well remarks, "in interpreting the phlogistic writings by the light of modern doctrine, we are not to attribute to their authors the precise notion of energy which now prevails. It is only contended that the phlogistians had in their time possession of a real truth in nature, which, altogether lost sight of in the intermediate period, has since crystalised out in a definite form." But whatever may be the true value of the Stahlian views, there can be no doubt that the discoveries which have shed so bright a lustre round the name of Black mark an epoch in the history of science, and give a mighty impulse to human progress. A recent attempt to ignore the labours of Black and his great contemporaries, and to attribute the foundation of modern chemistry to Lavoisier alone, has already been amply refuted in an able inaugural address delivered a short time ago from the chair formerly occupied by Black. The statements of Dr. Crum Brown may indeed be confirmed on the authority of Lavoisier himself. Through the kindness of Dr. Black's representatives, I have been permitted to examine his correspondence, which have been carefully preserved, and I have been so fortunate as to find in it three original letters from Lavoisier to Dr. Black. Lavoisier addresses Black as one whom he was accustomed to regard as his master, and whose discoveries had produced important revolution in science. It may indeed be said with truth that Lavoisier completed the foundation on which the grand structure of modern chemistry has since arisen; but Black, Priestley Scheele, and Cavendish were before Lavoisier, and their claims to a share in the great work are not inferior to those of the illustrious French chemist. Proceeding to touch on questions of general chemistry at present attracting attention, the learned Professor spoke first of the relations

which subsist between the chemical composition and refractive power of bodies for light. He then referred to the "happy modification of the ice calorimeter," made by Bunsen. The principle of the method—to use as a measure of heat the change of volume which ice undergoes in melting—had already occurred to Herschel, and as it now appeared still earlier to Hermann; but their observations had been entirely overlooked by physicists, and had led to practical results. The ice calorimeter of Bunsen would therefore be welcomed as an important addition to their means of research. He then referred to the photo-chemical investigations now being prosecuted by Roscoe, which had been begun by him and Bunsen some years ago; and to Hunter's extension to the earlier experiments of Saussure on the absorptive power of charcoal for gases. The two new processes for improving the manufacture of chlorine, which attracted the attention of the section last year, were next referred to—one process being the discovery of Mr. Deacon, and the other that of Tessier de Mothay. A company had been lately formed in New York to apply Mothay's process to the production of a brilliant house-light. The conclusion of the address was devoted to some remarks on fermentation—the nature of which, and in particular of the alcoholic fermentation—had been lately discussed by Liebig with consummate ability.

PAPERS.

Mr. James Dewar, F.R.S.E., then read a preliminary report on Thermal Equivalents of the Oxides of Chlorine.

Professor Williamson proposed a vote of thanks to Mr. Dewar for his report, as they were certainly greatly indebted to him for the results he had communicated to them. The vote was unanimously acknowledged.

The result of some experiments on Chemical Dynamics performed by Mr. J. H. Gladstone, F.R.S., and Mr. Alfred Tribe, F.C.S., were then communicated by Mr. Gladstone, illustrated by specimens, experiments, and illustrations.

Mr. Charles Tomlinson, F.R.S., then read a paper "On the Behaviour of Supersaturated Solutions when exposed to the Open Air."

Mr. Thomas Ainsworth, of Cumberland, communicated a number of facts developed by the working of hæmatite ores in the Ulverstone and Whitehaven districts from 1844 to 1871. He referred first to some correspondence that had taken place between the British Association and the Government on the subject of the investigation of the hæmatite ore fields, and as this had resulted in the investigation being abandoned on the part of the Government Geological Survey, he thought it was the duty of every one who knew anything on the subject to make it public, seeing that when the Bessemer royalty expired—which would shortly be the case—this hæmatite would become much more valuable than it is at present. He quite agreed with all that had been done hitherto in this matter, and the facts he was now to present to them had come under his notice during the last thirty years while residing in Cumberland, near the Ulverston and Whitehaven districts. Contrary to what had been generally supposed, he had found that hæmatite ore did not confine itself to the neighbourhood of limestone rock, but was to be found in many kinds of rock, and even between two different kinds of rock. He had also found that hæmatite had some relation to the coalfields, and was always found in close proximity to these. A peculiarity of the hæmatite ore fields was, that they seemed to run almost exactly from north-west to south-east. Another fact he had discovered was that carbonic acid was to be found only in very small quantities in hæmatite, while it was found in large quantities in ironstone.

SECTION D.

This section includes zoology, botany, anatomy, physiology, and anthropology. The president of the Anatomical and Physiological branch, Professor Allen Thomson, delivered the opening address.

PRESIDENT'S ADDRESS.

After an introduction as to arrangement of subjects treated by the section, he proceeded to say—The beneficial influence of the British Association in promoting biological research is made apparent by the number and importance of the reports on various subjects, as well as of the communications to the sections. Of the latter, the number received annually has been nearly doubled in the course of the last twenty years. Nor can it be doubted that this influence has been materially assisted by the contributions in money made by the Association in aid of various biological investigations; for it appears that, out of the whole sum of nearly £34,500 contributed by the Association to the promotion of scientific research, about £2,800 has been devoted to biological purposes, to which it would be fair to add a part, at least, of the grants for palæontological researches, many of which must be acknowledged to stand in close relation to biology. The enormous extent of knowledge and research in the various departments of biology has become a serious impediment to its more complete study, and leads to the danger of confined views on the part of those whose attention, from necessity or taste, is too exclusively directed to the details of one department, or even, as often happens, to a subdivision of it. It would seem, indeed, as if our predecessors in the last generations possessed this superior advantage in the then existing narrower boundaries of knowledge, that they were able more easily to overtake the contemplation of a wider field, and to follow out researches in more than one of the sciences. To such combination of varied knowledge, united with their transcendent powers of sound generalisation and accurate observation, must be ascribed the widespread and enduring influence of the works of such men as Haller, Linnæus, and Cuvier, Von Baer, and Joannes Müller. There are doubtless brilliant instances in our own time of men endowed with similar powers; but the difficulty of bringing these powers into effectual operation in a wide range is now so great, that, while the amount of research in special biological subjects is enormous, it must be reserved for comparatively few to be the authors of great systems, or of enduring broad and general views which embrace the whole range of biological science. It is incumbent on all those, therefore, who are desirous of promoting the advance of biological knowledge to combat the confined views which are apt to be engendered by the too great restriction of study to one department. However much subdivision of labour may now be necessary in the origin, investigation, and elaboration of new facts in our science (and the necessity for such subdivision will necessarily increase as knowledge extends), there must be secured at first, by a wider study of the general principles and some of the details of collateral branches of knowledge, that power of justly comparing and correlating facts which will mature the judgment and exclude partial views. To refer only to one bright example, I may say that it can scarcely be doubted that it is the unequalled variety and extent of knowledge, combined with the faculty of bringing the most varied facts together in new combination, which has enabled Dr. Darwin (whatever may be thought otherwise of his system) to give the greatest impulse which has been felt in our own times to the progress of biological views and thought—(applause)—and it is most satisfactory to observe the effect which this influence is already producing on the scientific mind of this country, in opposing the tendency perceptible in recent times to the too restricted study of special departments of natural history. I need scarcely remind you that for the proper investigation and judgment of problems in physiology, a full knowledge of anatomy in general, and much of comparative anatomy, of histology and embryology, of organic chemistry and of physics, is indispensable as a preliminary to all successful physiological observation and experiment. The anatomist, again, who would profess to describe rationally and correctly the structure of the human body, must have acquired a knowledge of the principles of morphology derived from the study of comparative anatomy and development, and he must have mastered the intricacies of histological research. The comparative anatomist must be an accomplished embryologist in the whole range of the animal kingdom, or in any single division of it which he professes to cultivate. The zoologist and the botanist must equally found their descriptions and systematic distinctions on morphological, histological, and embryological data. And thus the whole of these departments of biological science are so interwoven and united that the scientific investigation of no one can now be regarded as altogether separate from that of the others. It has been the work of the last forty years to bring that intimate connection of the biological sciences more and more fully into prominent view, and to infuse its spirit into all scientific investigation. Having briefly referred to microscopic anatomical discovery, and touched at some length on the development theory, in regard to which he quoted from Professor Huxley's Presidential address of last year. The President continued—There is another topic to which I can refer with pleasure as connected with the cultivation of biological knowledge in this country, and that is the introduction of instruction in natural science into the system of education of our schools. (Applause.) It is so obvious, that whatever knowledge, easily acquired, and even though of the most elementary

kind, tends to enlarge the range of observation and thought, must have some effect in removing its recipients from grosser influences, and may even give information which may prove useful in social economy and in the occupations of labour. (Applause.) Nor need I point out how much more extended the advantages of such instruction may prove if introduced into the system of our secondary schools, and more freely combined than heretofore with the too exclusively literary and philosophical study which has so long prevailed in the approved British education. It is obvious, too, that while this more immediately useful or beneficial effect on the common mind may be produced by the diffusion of natural knowledge among the people, biological science will share in the gain accruing to all branches of natural science, by the greater favour which will be accorded to its cultivators, and the increased freedom from prejudice with which their statements are received and considered by learned as well as by unscientific persons. (Applause.) I cannot conclude these observations without adverting to one aspect in which it might be thought that biological science has taken a retrograde rather than an advanced position. In this, I do not mean to refer to the special cultivators of biology in its true sense, but to the fact that there appears to have taken place of late a considerable increase in the number of persons who believe, or who imagine that they believe, in the class of phenomena which are now called spiritual—(laughter and applause)—but which have been long known—since the exhibitions of Mesmer, and, indeed, long before his time—under the most varied forms, as liable to occur in persons of an imaginative turn of mind and peculiar nervous susceptibility. (Renewed laughter and applause.) It is still more to be deplored that many persons devote a large share of their time to the practice—for it does not deserve the name of study or investigation—of the alleged phenomena, and that a few men of acknowledged reputation in some departments of science have lent their names and surrendered their judgment to the countenance and attempted authentication of the foolish dreams of the practitioners of spiritualism, and similar chimerical hypotheses. (Laughter and applause.) The natural tendency to a belief in the marvellous is sufficient to explain the ready acceptance of such views by the ignorant; and it is not improbable that a higher species of similar credulity may frequently act with persons of greater cultivation, if their scientific information has been of a partial kind. It must be admitted, further, that extremely curious and rare, and to those who are not acquainted with nervous phenomena, apparently marvellous phenomena present themselves in peculiar states of the nervous system—some of which states may be induced through the mind and may be more and more liable to recur, and greatly exaggerated by frequent repetition. But making the fullest allowance for all these conditions, it is still surprising that persons otherwise appearing to be within the bounds of sanity—(laughter)—should entertain a confirmed belief in the possibility of phenomena which, while they are at variance with the best established physical laws, have never been brought under proof by the evidence of the senses, and are opposed to the dictates of sound judgment. It is so far satisfactory in the interests of true biological science that no man of note can be named from the long list of thoroughly well-informed anatomists and physiologists who has not treated the belief in the separate existence of powers of animal magnetism and spiritualism as wild speculations, devoid of all foundation in the carefully tested observation of facts. It has been the habit of the votaries of the systems to which I have referred to assert that scientific men have neglected or declined to investigate the phenomena with attention and candour; but nothing can be farther from the truth than this statement. Not to mention the admirable reports of the early French academicians, giving the account of the negative result of an examination of the earlier mesmeric phenomena by men in every way qualified to pronounce judgment on their nature, I am aware that from time to time men of eminence, and fully competent, by their knowledge of biological phenomena, and their skill and accuracy in conducting scientific investigation, have made the most patient and careful examination of the evidence placed before them by the professed believers and practitioners of so-called magnetic, phreno-magnetic, electro-biological, and spiritualistic phenomena; and the result has been uniformily the same in all cases when they were permitted to secure conditions by which the reality of the phenomena, or the justice of their interpretation, could be tested—viz., either that the experiments signally failed to educe the results professed, or that the experimenters were detected in the most shameless and determined impostures. (Laughter and applause.) I have myself been fully convinced of this by repeated examinations. But were any guarantee required for the care, soundness, and efficiency of the judgment of men of science on these phenomena and views, I have only to mention, in the first place, the revered name of Faraday, and, in the next, that of my life-long friend, Dr. Sharpey, whose ability and candour none will dispute—(Applause)—and who, I am happy to think, is here among us, ready, from his past experience of such exhibitions, to bear his weighty testimony against all cases of *levitation*, or the like, which may be the last wonder of the day among the mesmeric or spiritual pseudo-physiologists. (Laughter and applause.) The phenomena to which I have at present referred, be they false or real, are in great part dependent upon a natural principle of the human mind, placed, as it would appear, in dangerous alliance with certain tendencies of the nervous system. They ought not to be worked upon without the greatest caution, and they can only be fully understood by the accomplished physiologist who is also conversant with psychology. The experience of the last hundred years tends to show that there will always exist a certain number of minds prone to adopt a belief in the marvellous and striking in preference to that which is easily understood and patent to the senses; but it may be confidentially expected that the diffusion of a fuller and more accurate knowledge of vital phenomena among the non-scientific classes of the community may lead to a juster appreciation of the phenomena in question, and a reduction of the number among them who are believers in the impossible. As for men of science who persist in submitting to such strange perversion of judgment, we can only hope that the example of their less instructed fellow-countrymen may lead them to allow themselves to be guided more directly by the principles of common sense than by the erratic tendencies of a too fervid imagination. (Loud and prolonged applause.)

Medical Witnesses.—In answer to Mr. C. Bentinck, on Thursday, Mr. Bruce said he had no personal knowledge of the allowance made to Mr. Oliver Pemberton, surgeon, of Birmingham, for attending the Carlisle Assizes as a witness on the Murphy riots,—second-class fare and a guinea; or of the opinion expressed by the Lord Chief Baron that the allowance ought to be largely increased; and no communication on the subject had been received by the Treasury, which had power to increase allowances under special circumstances.

Inventions—New Vaccination Sleeve.—We have much pleasure in stating that several improvements have been made in the vaccination sleeve lately described and illustrated in our columns, by Mr. R. Hanslip Sers, of Nottingham. These modifications render it thoroughly efficient for the purpose for which it is designed. The sleeve is made by Mr. Miller, of Leicester square, London, and will confer a boon on many a tender infant. Mothers will gladly pay half a crown to protect their children's arms from the friction of the clothes during the process of vaccination.

Dr. D. W. Thomas, of Leavenworth, Ks., reports the case of a farm labourer who, while standing astride of a revolving horizontal shaft, engaged in oiling a threshing machine while in rapid motion, allowed his pantaloons to become entangled on the shaft, and were wound on till the scrotum became enclosed, and wound round until it was torn from the body; stripping with it all the covering skin and fascia of the penis, the testes, the spermatic cords, and a portion of the perineum, leaving all of those organs exposed and unprotected. The cords were drawn out so as to be elongated two or three inches. The tissues, which had covered the penis were abruptly broken off at the glans, while the muscular surface of the perineum, including a portion of the inner surface of the thighs, was made bare. The skin and fascia were stripped off from the femoral artery, so that its pulsations were plainly visible. The wound of the thigh was dressed with deep sutures, and exposed testicles were covered with pledgets of lint, wet in a solution of sulphate of soda, covered with loose dressings. The formation of granulations was rapid and uninterrupted, and the result satisfactory. A well defined sac covers each testicle. A second case, nearly similar, was treated by the doctor in the same way, with not quite as good results, yet very satisfactory, considering the extensive injury.—*Leavenworth Medical Herald.*

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 9, 1871.

THE GOVERNMENT AND THE PROFESSION.

One more baronetcy has been conferred on a medical man. Mr. Paget has at last been gazetted to this honour, and the Profession will rejoice that so worthy a surgeon has no longer been passed over. To honour our leaders is to honour all. It would be superfluous to say one word in commendation of James Paget. What we do say—and have often said before—is, that more medical men should receive recognition from the State. Perhaps, now a leading surgeon has been recognised, a leading physician may also receive his reward. Dr. Burrows, the President of the College of Physicians, may be named, as he has long been known as a medical politician, and this class of men ought no longer to be passed over. But the fact is that a dozen or a score baronetcies bestowed upon leading medical men would not suffice to equalise our Profession with that of others. The neglect of medical men is a standing disgrace to the Government. On this account we are glad to see that our new monthly review—*The Doctor*—has taken up this subject with much spirit, and, in its last number, has denounced in strong terms the conduct of the Government in reference to the two medical men who were sent to represent England with the French Army in the late war. As we urged that English Military Surgeons should be sent, and congratulated the Government on its wise selection of Deputy Inspector-General Dr. Gordon, C.B., and Surgeon Major Wyatt, we may admit that we hear with amazement that neither of these men have been promoted, although they both endured the horrors of the siege of Paris. Why is this? We fear, with our contemporary, it is because they were *medical* officers only.

Now, the public ought to be informed of this, and, at the same time, told that *combatant* officers and others who, when danger approached, found excuses for absence, have been promoted, or otherwise rewarded. It is one of the greatest pieces of injustice that ever stained our annals. The French Government itself has put our own to shame for its neglect of its own servants by making them officers of the Legion of Honour.

What ought to be done? We answer, these men ought to be promoted. The Deputy Inspector should be gazetted Inspector; the Surgeon Major should obtain a similar reward. We are told that promotion in the Guards cannot be given. Then let Wyatt have at least a C.B.; and, if the country is in so beggarly a condition that it cannot afford Gordon the pay of Inspector, give him brevet rank, or offer him to go on half pay as full Inspector, and give him the next step in his order, converting his C.B. into a K.C.B.

This would be far more worthy of England than to offer them permission to wear a foreign order, which we see Mr. Eastwick proposes in a motion to the House of Commons. For this reason we sincerely hope the Government will look at the justice of this case, as well as of the general fact—that the Medical Profession is, in this country, less recognised than in any other civilised community. Not merely public officials and public servants, but the Profession as a whole must be recognised, and that soon.

CHOLERA.

The approach of cholera gives a new interest to the returns of the Registrar-General, and makes Orders in Council and other sanitary matters subjects of general conversation.

We, last week, gave full particulars in respect to the advance of the dreadful pestilence, and now propose to continue the subject. After the issue of our last Number, a Medical inspector was sent to Hull to advise with the authorities.

It seems that on board three of the steamers from Cronstadt to Hull there have been fatal cases of cholera, but the health of Hull was never better than at the present moment, the death-rate for the fortnight ending on Wednesday being only 18·9 per 1,000 of the population. The Sanitary Committee of the Local Board of Health have taken the most prompt action with a view to prevent any importation of the dreadful malady. The chairman of that committee, Mr. Alderman Mayfield, first heard the cholera had occurred on board a Hull steamer, the *Burgos*, on Friday last. He at once conferred with the Mayor and the Board's law clerk, and the same day, before the arrival of the new Order in Council relating to cholera, he appointed temporarily a Medical Officer to board every ship arriving from Cronstadt, and put the Sanitary Inspector in motion, ordering the preparation of the Cholera Hospital—a wooden building, erected when the town was threatened with cholera in 1866.

At a meeting of the Sanitary Committee, held on Wednesday, the chairman's action was approved, and the following, among other resolutions, carried:—"That the Local Board, as the nuisance authority, hereby directs that the master of every ship arriving within the district from a place infected with the cholera having on board any person affected with the cholera, or the body of any person dead with the cholera, must anchor at a place in the Hull roads, at a distance of not less than 150 yards eastward of the Humber training ship, *Southampton*, in order that all persons on board such ship may be examined and certified, as required by the order." The

Committee next appointed a Medical practitioner, Mr. J. F. Holden, to visit each ship arriving from an infected port. A resolution was also passed to circulate among shipmasters copies of the Order of Council. It was also resolved that the law clerk write to the Admiralty, asking for the loan of an old war vessel, to be fitted up and used as a hospital ship in the Humber. It was also resolved that the surveyor be empowered to take all necessary steps to place the public and private sewers and ditches within the Board's district in a thoroughly sanitary condition. Other resolutions of a like nature were also adopted.

Nor was this too soon, for Dr. Zuelzer, in forwarding to our Register-General his weekly return for Berlin, states that the reports as to Asiatic cholera are incomplete, but that it is certainly entering Riga on the Baltic, at the mouth of the Dwina. In Tambow, out of 30,000 inhabitants, 453 died from cholera in the week ending the 13th of July; this is in Central Russia, were the sanitary conditions are unfavourable.

There are many other incidents to be observed, but for the moment it may be well to set in array other facts from the same source.

We learn, then, with respect to the general health of the country, that the annual rates of mortality in the seventeen English towns, in the order of their topographical arrangement, were as follows:—London 23 (per 1,000); Portsmouth 11, Norwich 12, Bristol 22, Wolverhampton 13, Birmingham 20, Leicester 27, Nottingham 30, Liveryool 27, Manchester 29, Salford 36, Bradford 15, Leeds 21, Sheffield 21, Hull 22, Sunderland 37, and Newcastle-upon-Tyne 37. The fatal cases of small-pox in these seventeen towns, which in the two previous weeks had been 264 and 268, declined to 222 last week; in Newcastle the deaths from this disease corresponded with the number in the previous week, while they showed a decline in each of the other towns. The fatality from diarrhœa, principally infantile, in these seventeen towns, which in the two previous weeks had been 129 and 195, rose last week to 340. The annual death-rate from diarrhœa in the week ending last Saturday was equal to 3 per 1,000 in London, 5 in Manchester and Salford, 2 in Liverpool, and 5 in Leeds.

In Edinburgh the annual rate of mortality from all causes last week was 25 per 1,000 persons living; in Glasgow, 33 per 1,000; and Dublin, 20.

From this we turn to the Metropolis, and here again are indications that ought not to be overlooked, as the following extract from the mortality returns will how:—

In London 2,137 births and 1,420 deaths were registered last week. After making due allowance for increase of population, the births were 33, and the deaths 339, below the average number in the corresponding week of the last ten years.

The mortality of the western group of districts was at the annual rate of 18, in the northern group of 24, in the central group of 23, in the eastern group of 26, and in the southern group of 22 per 1,000 persons living.

Zymotic diseases caused 468 deaths last week, including 122 from small-pox, 18 from measles, 19 from scarlet-fever, 8 from diphtheria, 22 from whooping-cough, 25 from different forms of fever (of which 9 were certified as typhus, 9 as enteric or typhoid, and 7 as simple continued fever), and 201 from diarrhœa; thus to the seven principal diseases of this class 415 deaths were referred last week, against 314 and 339 in the two preceding weeks. The fatal cases of diarrhœa, which in three previous weeks had been 39, 64, and 110, further rose last week to 201. In addition to these, 17 deaths were referred to cholera and choleraic diarrhœa (against 4 and 9 in the two previous weeks) of which 13 were of infants not exceeding one year of age, and four were of adults aged between forty and sixty years. Two of the latter cases call for special notice on account of the short duration of the disease; a printer, aged fifty-six years, died on the 26th ult., in Richard street, Islington, of "choleraic diarrhœa, 25 hours' exhaustion;" and the wife of a crate maker, aged forty-four years, died on the same day at Armagh road, Bow, whose death was certified as "choleraic diarrhœa, 18 hours." It is highly important at the present time that the greatest energy should be used in securing prompt and efficient treatment in the earliest stages of diarrhœa, for it cannot be too generally known that all cases of cholera commence with diarrhœa.

The deaths from small-pox in London, which in the two previous weeks had been 133 and 135, declined last week to 122. In six permanent and temporary hospitals for this disease 54 deaths were recorded last week, of which 25, 10, and 14 respectively occurred in the institutions at Hampstead, Homerton and Stockwell. After distributing these deaths, it appears that 14 belonged to the west group of districts, 33 to the north, 8 to the central, 27 to the east, and 40 to the south; these numbers showed a slight increase in the east and south of London, while they had declined in each of the other groups of districts. Six deaths from small-pox were returned last week in Kentish town, and 4 each in Mile-end Old town, Eastern, St. Peter, Walworth, and Battersea sub-districts.

Notes on Current Topics.

Cholera Precautions at Liverpool.

The threatened visitation of cholera was mentioned at the meetings of the Health Committee of the Town Council. Dr. Trench said although they did not expect that the cholera would come by that route, inasmuch as it had always come in the track of emigration from Hull, yet it seemed necessary that they should be prepared to meet any contingency that might arise. He suggested that the Committee might engage a piece of land for the erection of a hospital shed, in the event of a vessel arriving in the Mersey with cholera on board, and Dr. Radcliffe had favoured him with the form of a shed which had met the approval of the Medical Council. The requirement of the Privy Council was simply a small shed suitable for the reception of a certain number of males and females, and Dr. Radcliffe stated that the expense, with ample cubical space provided, was only £5 per bed. If, unfortunately, cholera came, it would be his duty at once to communicate the fact to the Mayor, and ask him, as in 1866, to call upon the Privy Council to put in force the Diseases Prevention Act, which would immediately transfer the care of all cases of cholera to the parochial authorities. At present, cases which came into the borough otherwise than by sea, would be taken charge of by the parochial authorities, the Order in Council applying only to those arriving by sea. To meet the real danger—that of the introduction of disease by emigrants—they should be very stringent with regard to the inspection of lodging-houses which received emigrants. It was resolved, "That the Staff Sub-committee be authorised to make a provisional contract for the erection of a temporary cholera hospital, if required, to contain not exceeding twenty beds, and to make such other arrangements as may be necessary."

Progress of the Cholera.

On the 2nd of August the cholera epidemic crossed the Prussian frontier. The first case has occurred at Konigsberg, where a Polish Jew was attacked by it and died. On the same day two other persons were reported ill, one of whom died. No further reports have arrived yet. The reports from Russia are unsatisfactory. On the 25th of July, 595 cholera patients were in the hospitals at Moscow, and the same day 102 fresh cases were reported. Up to that date there had been 3,125 cases, of which 1,428 proved fatal, in addition to those cases which may not have been reported to the authorities. At the same period there were 103 patients in Riga, and 55 new cases, with 48 deaths on the same day.

New Sick Asylum for East London.

Last week the sick asylum, erected under the provisions of the Metropolitan Poor Act, for the accommodation of the sick of the parishes of Poplar, Bromley, Bow, Limehouse, Wapping, Shadwell, and Ratcliff, was opened for the reception of patients. The building consists of eight separate blocks, all of which are connected by a corridor 10 ft. wide, and upwards of 600 ft. long. The building is certified by the Poor-law Board to contain 572 beds, and the cubic space allotted to each patient varies from 1,000 to 1,500 ft. The whole asylum is warmed by hot-water coils. The building cost £43,000; this amount is defrayed from a loan made by the District Asylum managers.

The Agitation in Favour of the Contagious Diseases Acts.

The Sub-Committee for the Association for extending these Acts resolved, at a recent meeting, to postpone the general meeting of the members, which was to have been held when the report of the Royal Commission appeared, until the publication of the minutes of evidence, of which the Sub-committee hopes to lay before the Association and the public an impartial summary before Parliament reassembles next Session. In the meantime, the Association considers that it has much cause for congratulation in the result of the inquiry. The modification and extension of the Acts for the purpose of lessening disease, restraining immorality, and for obtaining legal power to remove young girls from a life of sin, which have throughout been the avowed objects of this Association, are, in the main, adopted by the Commission in their Report. This document has been drawn up after an exhaustive enquiry, in which every one who believed he or she had information to give, was allowed full liberty of speech and a patient hearing. It is most satisfactory to find that not one of the outrages so vividly described by certain opponents of the Acts has been proved to have actually occurred; and that, while disease among the troops quartered outside the districts of the Acts has increased and not diminished, it has fallen to less than one-half of its old prevalence where the Acts are put in force.

Health of Dublin.

In the Dublin Registration District the births during the week amounted to 171. The average number in the corresponding week of the years 1864 to 1870 inclusive, was 156. The deaths registered during the week were 121. The average number in the corresponding week of the previous seven years was 129. Ten deaths were caused by fever, viz., five by typhus and five by typhoid or enteric fever. Eight deaths from scarlet fever were registered. Diarrhœa caused four deaths, and dysentery one. Six deaths resulted from bronchitis, and three from pneumonia or inflammation of the lungs. Ten children died from convulsions. Two deaths were attributed to apoplexy, and one to paralysis. Phthisis, or pulmonary consumption proved fatal in eighteen instances, mesenteric disease in three, and hydrocephalus, or water on the brain, in one. Two deaths were ascribed to heart disease. One death was referred to inflammation of the kidneys, one to stone, and one to kidney disease unspecified. Four accidental deaths, and one case of homicide, were registered.

Concentrated Lime Juice Syrup.

As a summer drink this, diluted with water, is most agreeable, apart from its valuable anti-scorbutic qualities. We have been trying a specimen of the syrup made by Mr. Lamplough, and can report favourably of it. It keeps very nice in hot weather and seems to be all that need be desired.

College of Physicians.

Why has not the last list of Fellows provoked the remonstrance of our contemporaries? Have they received a sop by the promotion of paragraphists? No wonder at the black-balling reported. It is a pity the Fellows did not black-ball the whole list. We confess to great surprise at the election. It is too bad to promote men who have done nothing, while others, many years senior, are left out in the cold. But, perhaps, they neither wrote paragraphs of news, nor had fathers nor uncles in office, nor knew how to earwig. The majority promoted certainly have waited too long. But how long have some other unfortunate members been passed over! Nothing but a radical reform will satisfy the Profession.

Dr. Dorrington's Sauce.

Those who have been accustomed to the Sandringham Hot Sauce will be glad to learn that it is still to be bought under the above designation—the author having, for some reason, chosen to reveal his name. It is thoroughly wholesome and peculiarly piquant. Those who have not tried it, and find it difficult to obtain a condiment that suits both palate and stomach, should try Dr. Dorrington's.

Order in Council on Cholera.

A new order has just been issued; after pointing out the powers conferred upon the Privy Council to make special provision against the introduction of epidemic disease, it says that it is requisite to take precautions as far as practicable, against the introduction of cholera into this country, and that the Lords of her Majesty's Most Honourable Privy Council, by virtue of the powers in this behalf in them vested, order as follows:—

1. In this order the term "ship" includes vessel or boat. The term "master" includes the officer or person for the time being in charge or command of a ship. The term "cholera" includes choleraic diarrhœa. The term

"nuisance authority" has the same meaning as in the Sanitary Act, 1866.

2. It shall be lawful for any nuisance authority having reason to believe that any ship arriving in its district comes from a place infected with cholera, to visit and examine such ship before it enters any port, or lands any person or thing in the district, for the purpose of ascertaining whether such ship comes within the operation of this order.

3. The master of every ship within the district of a nuisance authority, having on board any person affected with cholera, or the body of any person dead of cholera, or anything infected with or that has been exposed to the infection of cholera, shall, as long as the ship is within such district, moor, anchor, or place her in such position as from time to time the nuisance authority directs.

4. No person shall land from any such ship until the examination hereinafter mentioned has been made.

5. The nuisance authority shall, immediately on the arrival of such a ship, cause all persons on board of the same to be examined by a legally qualified medical practitioner, and shall permit all persons who shall not be certified by him to be suffering from cholera to land immediately.

6. All persons certified by the examiner to be suffering from cholera shall be dealt with under any rules that may have been made by the nuisance authority under the 29th section of the Sanitary Act, 1866; or where no such rules shall have been made, shall be removed, if their condition admits of it, to some hospital or place to be designated for such purpose by the nuisance authority; and no person so removed shall quit such hospital or place until some physician or surgeon shall have certified that such person is free from the said disease.

7. In the event of any death from cholera taking place on board of such vessel, the body shall be taken out to sea, and committed to the deep, properly loaded, to prevent its rising.

8. The clothing and bedding of all persons who shall have died, or had an attack of cholera, on board such vessel, shall be disinfected, or (if necessary) destroyed, under the direction of the nuisance authority.

9. The ship, and any articles therein which may be infected with cholera, shall be disinfected by the nuisance authority.

10. Every person obstructing the nuisance authority in carrying this order into effect, or otherwise offending against this order, shall be liable, on summary conviction, to a penalty not exceeding £20.

The difficulty of carrying out the precautions enjoined, is manifest in a statement made by the *Standard*, to the effect that, "notwithstanding the recent Order in Council as to precautions to be taken by nuisance authorities to overhaul ships arriving with cholera, and ships in which some one has died from cholera, two cases happened on Saturday, in which the clothes of men who died from cholera on board ship were landed and carried through our crowded streets. The nuisance authorities had actually allowed the ships to come in without stopping or detaining them, and then let the clothes of the deceased be carried about London. We have no means of knowing whether these clothes have been even yet destroyed. It is not easy to understand the value of Orders in Council and regulations if the nuisance and Customs authorities are the first to disregard them."

LAST week, in the metropolis, 1,420 deaths were registered; being 339 below the average. Zymotic or preventible disease caused 468 deaths, of which 122 were from small-pox, which is now steadily though slowly declining. Cholera and choleraic diarrhœa are credited with 17 deaths, and diarrhœa with 201.

River Poisoning.

AT a meeting held at Chester last week, some startling statements were made as to the impurity of the river Alyn, one of the streams flowing into the Dee. Tar, petroleum, and other noxious ingredients from various oil manufactories on the small streams are frequently seen floating upon the Alyn, and clinging in large masses nearly an inch thick to the bushes which overhang it. The farmers in the neighbourhood are unable to use the stream for the purpose of watering their cattle, and, at a distance of seventeen miles from the point at which the impurity found its way into the water, the stench after rain was almost unbearable, the horses would not drink of the water. The stench was not so perceptible lower down, where the water was more quiet, but as the Alyn entered the Dee, a short distance from the place whence the water supply of Chester was derived, there could be no doubt whatever of its injurious effect upon the citizens.

Accidental Poisoning.

AT an inquest held on Saturday last, where a lady had gone to her cupboard in the dark, and accidentally took up and drank from a bottle, containing corrosive sublimate, which resulted in death, Dr. Lankester, the coroner, took occasion to remark that, if some distinctive bottle, which, both to the touch as well as to the sight, disclosed the nature of its contents, were in general use, such accidents as these could not happen. He further stated that, unless the Medical Profession take some steps for the protection of life from poisoning at once, the Government would, very properly, interfere and compel them to do so.

Physical Results of Trade Frauds.

THE effects of a well known species of trade fraud upon the health of those employed in it has been unequivocally exposed by the medium of a memorial sent to the Medical Department of the Privy Council:—

It is stated by the weavers of Todmorden, that for several years a material called China clay, has been introduced into the manufacture of calicoes and other grey goods. In some mills, sizing, including China clay, is laid on the warps to the extent of 40, 60, and even 100 per cent.; that before the American war the percentage was 20, and ingredients, believed to be poisonous are used to make the China clay adhere to the warps. To prevent the warps breaking, through the dryness of the atmosphere, it is necessary to close the ventilators in the weaving sheds, and, through the closing of the ventilators, the weavers are compelled to inhale the dust of the China clay that rises from the warps, mixed with the poisonous ingredients. Working in these sheds, they suffer from excessive heat and thirst, and are greatly distressed, especially in summer, when they are frequently compelled to leave their work to breathe the fresh air outside. The inhalation of this dust causes difficulty of respiration, loss of appetite, bronchitis, and consumption; and although the strong may bear up for a time against the injurious effects of the sizing, it tells upon them, apparently creating—certainly accelerating—lung disease, many are compelled to give up weaving, being forbidden by Medical men to return to the weaving sheds while China clay is used, that others work for a few weeks, and

are then compelled to abstain for days or weeks. That the beginning of fatal illness may apparently be traced to the working in weaving sheds wherein China clay is used.

The object of this process is to thicken the cloths, so as to make flimsy stuffs appear close and strong. This clay is known to the sempstress as "dressing."

Irish Vital Statistics.—Quarterly Summary of the Health of Dublin.

Births.—In the Dublin district the number of births registered during the last quarter amounted to 2,189; being 1 in 35, or 28 in every 1,000 of the population. The number of births north of the river Liffey was 866, or 1 in 31; and on the south side of the river, 948, or 1 in 36 of the population. In the suburbs, the number of births registered amounted to 375, or only 1 in 43 of the population. There were registered in London during the same period an annual ratio of 1 in 30; in Glasgow, 1 in 24, and in Edinburgh 1 in 27.

Deaths.—The number of deaths in the Dublin district during the quarter amounted to 1,880, an annual ratio of 1 in 41, or 24 in every 1,000 of the population. The number north of the Liffey was 705, or 1 in 38 of the population; and the number south of the river was 880, 1 in 39 of the population. In the suburbs the number of deaths was 295—1 in 55. The number of deaths in London was 18,815—1 in 43, or 23 in every 1,000 of the inhabitants; in Glasgow, 1 in 28, and in Edinburgh, 1 in 37.

Diseases.—Fever proved fatal in 108 instances, being an increase of 16 as compared with last year. Of the deaths from fever 32 were returned as typhus, 50 as typhoid or enteric, and 26 as simple continued fever. Of the total deaths registered 1 in every 17·4 was caused by fever. Fifty deaths were caused by scarlet fever; in the corresponding quarter of last year 80 persons died from this disease. The deaths from small-pox amounted to 9. Croup caused 30 deaths, and diphtheria 4. Whooping-cough was the cause of 48 deaths. One hundred and fourteen deaths were referred to convulsions. Bronchitis killed 247 persons, or 1 in every 7·6 of all the deaths. Forty-nine persons died from pneumonia. Phthisis numbered 277 victims, being in the proportion 1 in every 6·8 of all the deaths. Mesenteric disease was the cause of 33 deaths, hydrocephalus of 49, and scrofula of 14. Seventy-eight death were attributed to heart disease, 4 to pericarditis, and 9 to aneurism. Liver disease (unspecified) contributed 40 deaths, hepatitis 3, and jaundice 1. Twenty deaths were referred to kidney disease (unspecified), 12 to Bright's disease, 2 to diabetes, and a like number to stone. Thirty-four deaths resulted from accidents, 2 from homicide, and 3 from suicide.

THE next examination for the London Society of Apothecaries' Annual Prizes in Materia Medica and Pharmaceutical Chemistry, will be held on Wednesday, the 18th, and Friday, the 20th of October, at 10 a.m. The prizes consist of a gold medal and a silver medal, with a book.

A COMPLETE set of the works published by the New Sydenham Society will be displayed in the annual museum at Plymouth, during the meetings of the British Medical Association.

THE mortality in Paris amounted last week to 835, but only one case of a choleraic nature is reported.

THE annual meeting of the New Sydenham Society takes place to-morrow (Thursday) at Plymouth.

THE late Mr. Grote has bequeathed £6,000 for the endowment of a Chair of Mental Philosophy, in University College, London.

THE annual meeting (thirteenth) of the New Sydenham Society will be held at Plymouth, in the Royal Hotel, on Thursday morning, August 10th, at nine o'clock.

MR. CHARLES BROOK, of Enderley Hall, Leicestershire, opened last week, in person, a Convalescent Hospital in connection with the Huddersfield Infirmary, which he has built at a cost of £12,000, and which, together with an endowment of £18,000, he has handed over to the trustees of the infirmary for the poor of the town and neighbourhood.

THE SMALL-POX IN LONDON.

ON Saturday last, at a meeting of the Metropolitan Asylums Board, Dr. Brewer, M.P., in the chair, the report of the Stockwell Asylums Committee was read. It stated that during the fortnight up to that day 113 fresh cases had been received at Stockwell; 215 persons had been discharged cured or sent to the Dreadnought Convalescent Ship, and 27 had died, leaving 285 then under treatment—namely, 176 in the fever asylum, and 109 in the small-pox asylum proper. Up to the present 2,908 cases had been treated in these hospitals, of whom 2,133 had been discharged and 470 had died, the average mortality being 16·8. It was with great satisfaction the committee reported that, during the week ending that day, the fresh cases admitted showed a marked decrease, being fully 40 per cent. less than the week before; and so many were the vacancies now caused by discharges and deaths that there were then 131 cases fewer than at the last report a fortnight since. The committee suggested that under these circumstances there should be a gradual discontinuance of the fever hospital for small-pox patients, and it was hoped that by the end of a few weeks the small-pox hospital by itself would give sufficient accommodation for the wants of the district assigned to the committee. The Homerton Asylum's Committee report stated that, since the last meeting there had been 79 admissions of fresh cases; 16 persons had died, and 26 had been discharged, leaving 150 now under treatment—103 in the small-pox hospital, and 47 in the fever hospital. During the same period 40 cases had been sent to the Board's other hospitals. In accordance with the resolution of the Board, steps had been taken for disinfecting the fever hospital, in order that it might be made ready for any fever cases which might arise in the metropolis. The medical report showed that of the 79 fresh admissions 46 were vaccinated and 33 were unvaccinated; and of the first class six had died, while of the unvaccinated ten had died. In all, up to the present time, 1,161 persons had been treated in the small-pox hospital of Homerton, of whom 682 were vaccinated and 479 unvaccinated. Of the vaccinated, 38 had died, while 164 unvaccinated had died. In the fever hospital since the opening, 1,194 cases had been treated; 772 vaccinated, and 472 unvaccinated. Of the larger number of protected cases, 35 had died, while 141 of the unprotected had succumbed. The proportions of deaths in all the hospitals under the Board showed like results in the large excess of mortality among the unvaccinated cases. The Hampstead Hospital report,

showed that there was a great decrease in the North London district in the epidemic. The Dreadnought Hospital report stated that 131 patients had been discharged from the ship since the last meeting and 110 had been received, making in all 156 in the ship at the present time.

REPORT OF THE MEDICAL OFFICER OF THE PRIVY COUNCIL.

THE report of the Medical Officer to the Lords of Her Majesty's Most Honourable Privy Council has been published, but according to a practice against which we hereby protest, this journal has not been favoured with a copy. While stating this we may as well observe that these blue books are issued for the benefit of the public and ought te be impartially distributed. We beg to ask "the Lords of Her Majesty's Most Honourable Privy Council" whether it is with their sanction that some journals are favoured with early copies while others receive no copy at all?

The report states that the two epidemic diseases which in 1869 required particular attention from this department continued seriously prevalent in 1870—namely, that relapsing fever, which had scarcely excited much apprehension, except in London, where then it had begun to decline, afterwards increased very considerably in other of our great centres of population—particularly at Liverpool, and in a less degree, at Leeds and Merthyr-Tydfil; and that scarlatina, which also had begun to diminish in London after an epidemic of extreme severity, has till now continued ravaging other parts of England with its extraordinarily fatal prevalence. Besides these causes of anxiety in relation to the public health of 1870, there began early in the year signs of a recommencing ascendency of small-pox in England; and before the close of the year it had become evident that at least for the three and a quarter million inhabitants of the metropolis, the severity of this epidemic of small-pox would be beyond any recent experience we had had of the disease.

During the year 1870 there were 200 cases where communication with local authorities was necessary in regard of questions of common sanitary administration; and in sixty-six of these cases the communication involved local inquiry by a medical inspector of the department. Almost invariably the matter calling for inquiry was the local prevalence of some dangerous infectious disease.

As regards the sixty-six cases where it was practicable to send a departmental inspector to the locality, the conditions which in each case the inquirer found existing, were in no case satisfactory, and very rarely other than of the grossest local neglect.

It is next remarked:—The inadequacy of the present staff of this department to supervise the local administration of the Diseases Prevention and Nuisances Removal laws, and to meet (or even nearly to meet) by medical inspection the demands which are made by local outbreaks or apprehensions of dangerous infectious disease, became in 1870 extremely evident, as may here already have been inferred from the fact that inspectors visited only a third part of the number of cases where communication with local authorities was necessary.

In 1870, as in the previous years, this department superintended the public vaccination of England.

The report then refers to communications with the General Council of Medical Registration and Education on the subject of the working of the Medical Act.

As to the Pharmacy Act we read:—I regret to report to your Lordships that the power which, for the public protection, the first section of the Act vests in the Pharmaceutical Society, to prescribe (with consent of the Privy Council) regulations as to the keeping, dispensing, and selling of poisons, is still entirely unexercised. I believe it to have been by an accidental oversight in legislation, that, while all other powers to be exercised for public purposes by the Society under the Act were vested in the Council of the Society, the language of the first section vested in the Commonalty, and not in the Council, the very important power which that section confers, and to which my present observations relate. It is perhaps not surprising that a large body of tradesman should be slow to take the initiative in imposing even the most reasonable penal restrictions on themselves; but I have to submit to your Lordships, as a fact which you may deem deserving the consideration of Parliament that this non-fulfilment of the Society's duty, to make rules against dangerous slovenliness in the keeping, dispensing, and selling of poisons, is a breach of the implied contract under which the Legislature in 1865 gave powers and privileges to the Society.

At the present date, when, according to statute the departmental proceedings of 1870 must be reported, the proceedings from day to day are such as to leave little opportunity for retrospect. An epidemic of small-pox, greatly more severe than any in the last thirty years, is prevailing through this metropolis; while, at the same time, in virtue of an engagement made in the last Session of Parliament, a Select Committee of the House of Commons, appointed for the purpose, is taking evidence as to the working of the Vaccination Act of 1867, and as to the value of various objections which have been agitated against the practice of vaccination.

It is next said the unamended state of the sanitary laws, especially as regards the constitution of local authorities and the powers which they ought to have and exercise for the prevention of disease, is not only an extreme difficulty and discouragement to persons engaged in sanitary administration, but also involves a large and constantly-increasing waste of human life; and that since the resources which might be utilised for the better protection of life, are also with the progress of knowledge constantly increasing, so, almost month by month the contrast becomes more and more glaring between the little which is done, and the very much which with amended law might be done to reform the sanitary circumstances of the masses of our population.

The report estimates that the deaths which occur in this country are fully a third more numerous than they would be if our existing knowledge of the chief causes of disease were reasonably well applied throughout the country; that of deaths, which in this sense may be called preventible, the average yearly number in England and Wales is now about 120,000 and that, of the 120,000 cases of preventible suffering which thus in every year attain their final place in the death register, each unit represents a larger or smaller group of other cases in which preventible disease, not ending in death, though often of far-reaching ill effects on life, has been suffered. And while these vast quantities of needless animal suffering, if regarded merely as such, would be matter for indignant human protest, it further has to be remembered, as of legislative concern, that the physical strength of a people is an essential and main factor of national prosperity; that disease, so far as it affects the workers of the population, is in direct antagonism to industry; and that disease which affects the growing and reproductive parts of a population, must also in part be regarded as tending to deterioration of the race.

CHLORAL HYDRATE.

MANY interesting observations respecting this substance continue to be made.

At a late meeting of the Medical Society of Albany, we find a discussion started by Dr. C. D. Mosher, who made the astonishing statement that he had lost a patient by using one grain.

Dr. Robertson had noticed distinct conjunctivitis following its use. In doses of from five to ten grains, for wakefulness it was very successful. In his own practice he had noticed a singular coldness following its use.

Dr. Hun stated that he had seen it used at the Insane Asylum at Utica in doses of forty grains every half hour with little effect. A private patient had taken forty grains per day for three months with no ill effect. He had never seen bad results from its use.

Dr. J. W. Moore had found it valuable in whooping-cough.

Dr. Beckett had a case of a woman who had been drinking excessively, and took by mistake, ℥ij. at one time. She slept two hours then repeated the dose. She recovered in a few hours without experiencing any ill results.

Dr. J. S. Bailey had used it successfully in insomnia of children, had given a child one year old five grains with a happy result.

In the *Algem. Wien. Med. Zeit.*, of 27th June, Dr. Anton

Holler gives some observations on the effect of chloral upon maniacs. In a maniac, Franz, he found a most useful effect from the employment of chloral. Sleep followed in a quarter of an hour after the drug was swallowed and continued sometimes eight hours without cessation, generally three hours. Without it the nights were generally sleepless. In the night of the 16th December, 1870, sleep lasted for ten hours. Chloral was not given on the following night, but the patient slept also eight hours, and on the night afterwards six hours. In the night of the 19th and 20th December, sleeplessness again supervened, and the patient was very restless, arose, cast off his bed clothes, was plagued by visions and noises, and endeavoured to cast out the threatening figures from the apartment, afterwards he had hallucinations of smell, gnashed his teeth, struck the wall with his fists as he saw figures there and spoke much of excrement. At seven in the evening he took a sixth of a grain of morphia, and, as he was no better from this, at eight and at nine he had a grain of morphia without the slightest sleep being produced. The excitement did not pass away. The patient felt as if his bed were on a swing and as if the wall of his room were falling in upon him; he therefore stood upright, sobbed, raged, and struck about him in all directions. It was not until two drachms of chloral had been taken that he had again a quiet sleep of nine and a half hours, which was followed by no mania. From this case it is clear that chloral had worked more certainly than the two one-sixth grains of morphia taken within two hours. The hypodermic injection of morphia could not be used partly on account of the restlessness of the patient, and partly because it had been tried before to the extent of a grain of morphia without effect. In January, 1871, with two drachms of chloral he had once sleep for ten hours; five times for eight hours; once for seven hours; five times for six hours; and once for five hours. In the month of February, 1871, he took morphia in doses of one-half, three-quarters, and one grain for a dose. The longest duration of sleep from morphia was, with one grain of morphia, nine hours. So far as this patient, Franz, was concerned, chloral was found to be a far more certain hypnotic than morphine, whether taken internally or subcutaneously injected. Neither of them had much effect when the patient was much excited or constipated. For three and a half months only twice did sleep fail to be produced by chloral, whilst with morphia it failed six times in thirty-six days. The working of chloral is consequently more certain than that of morphia and should be preferred as it causes no constipation or stupidity on awakening, so commonly seen with morphia.

Dr. George Elliott, of Hull, states that a patient of his, suffering from delirium tremens, took, in rather less than seventeen hours, 260 grains of chloral. A draught, containing 80 grains of chloral, was first ordered to be given in two parts, one half at midnight, and the second half—if sleep did not come on—an hour and a half subsequently. No effect followed. At eight o'clock the following morning 60 grains were administered, and sleep followed in a quarter of an hour and continued for two hours, pulse 120, feeble and small. At two o'clock 60 grains of chloral were again administered, and he being still sleepless, 60 additional grains were given between four and five o'clock.

The patient slept from five o'clock, but woke up occasionally during the night to take nourishment. The next day the pulse was 88, comparatively full and strong, and the patient quite rational and free from his complaint.

He had no vomiting for the last twenty-four hours of his illness, and during that time partook freely of Liebig's extract of beef, to which had been added whipped white of egg.

Dr. Robert Munro states his experience of chloral hydrate—as indicated by a number of cases appended—has led him to the following conclusions :—

First. Chloral hydrate is of great benefit in cases of mental excitement and functional disturbance of the nervous system when there is no organic disease of the brain.

Second. Chloral hydrate is injurious in cases of protracted and great debility, more especially if the body is reduced by unnatural discharges.

Third. The long-continued use of chloral hydrate, even in small doses, is injurious under any circumstances.

Cases.—1. A draught containing 28 grains was given to a lady at ten p.m. Two hours afterwards summoned to see her, found her restless, much excited, with a quick pulse, and no tendency to sleep; then ordered the usual draught of morphia, and she soon fell asleep. Continuing the chloral for three nights consecutively, gradually increasing the dose each night, the same result followed, and it was discontinued.

2. A young man suffering from insanity, with great excitement and sleeplessness, caused by too much mental work, fell asleep after the administration of a half-drachm dose. This treatment was continued for three nights with the same good result, when he was removed to an asylum.

3. In two cases of chorea it produced sound and refreshing sleep, and was only required for a few nights.

4. In four cases of delirium tremens it acted as a charm in half-drachm doses, repeated every two hours, till sleep ensued.

5. In a case of pelvic cellulitis, about a week after the abscess was evacuated, on two trials it was followed by so much restlessness, sleeplessness, giddiness, and discomfort, that the patient positively declined to take it any longer.

6. In several cases of phthisis sooner or later it produced unfavourable symptoms.

7. For the sleeplessness due to age it was given to three patients, all upwards of eighty years of age, and in one only was it effective.

PROPYLAMIN IN RHEUMATISM.

Dr. John M. Gaston gives in the *Indiana Journ. of Medicine* the result of his experience for several years past in the use of *Propylamin*. It is about eleven years since this article was placed before the Profession as a remedy in rheumatism, on the recommendation of Prof. Aryenarious, of St. Petersburgh; he treated with it successfully, between 1854 and 1856, 250 cases of rheumatism, acute and chronic, with all sorts of complications, metastatic, pericardial, pleuritic, meningeal, hemiplegic, and paraplegic, and all recovered.

Dr. Gaston's experience during the past eight years has accorded with that of the distinguished gentleman named above, so as to give him great confidence in its usefulness.

He says his experience of it has been confined to cases of acute rheumatism altogether—and so confident has he become of its powers that he has been in the habit for years, on first diagnosing a case of rheumatism, of promising relief in twenty-four or forty-eight hours.

He adds, "most cases of acute rheumatism are ushered in by chill, fever, and general disturbance, as well as pain. I usually see that the patient is in a proper condition for the use of the agent, his bowels not constipated. I sometimes order a cathartic, and I frequently premise its use by administering fifteen or twenty grains of quinine, in the first twenty-four hours to an adult, after which from two to six or eight drops of the liquid propylamin in a tablespoonful of water every two hours for the first twenty-four hours, and at longer intervals the next twenty-four hours, and the cure is accomplished, so far as relief from soreness of the joints and pain is concerned.

The propylamin is found in the shops in two forms, the liquid and the chloride, or muriate. The former is a colourless, transparent liquid, with a singular ammoniacal, and fish-brine odour; is soluble in water, and has an alkaline reaction, and in solution of two to ten drops in a teaspoonful of water is nearly tasteless, and is, so far as I have been able to learn, devoid of poisonous or injurious properties. Its chemical equivalent is $C_6 H_9 N$.

The chloride is in the form of white crystals, very soluble in water, one grain of which is equivalent in action to about one drop of the liquid.

The agent in either form is somewhat expensive, and that has perhaps been a hindrance to its general use. It formerly sold for five dollars an ounce in this city, but it is cheaper now, costing about three dollars per ounce. I imagine it is sometimes diluted as found in the stores, and if it should fail sometimes on trial, it might be well to bear that in remembrance, and increase the dose.

It is said to exist in cod-liver oil, in ergot, in chenopodium, and in sorghum, and is extracted from chemical opium and several other sources, but the most abundant source of its supply is found in herring-brine.

A very convenient formula for its administration is as follows :—

℞ Propylamin . . 50 to 80 or 100 drops.
Distilled water . . . . . 8 oz.
M. S.—Dose, tablespoonful every two hours to adult.

HOMŒOPATHY—ITS PRINCIPLES EXPLAINED.

(*Continued from page* 102).

LECTURE II.

Prop No. 2.—"When a person is hot do we give him cold drinks? No, we give him warm." After our lesson in natural philosophy we need not be surprised to learn one in physiology. It is quite new to us that to be hot after a walk or other exertion is "a diseased state," and requires the "homœopathic cure." We do not usually expose ourselves to extremes of temperature, as they are apt to produce too powerful a shock on the nerves. "When a person is frozen we use cold friction, &c.," not that it is applying cold, but heat, as proved by the melting of the snow employed; besides every tyro knows that friction always develops heat. We rub with snow then because by that means we ensure a gradual return to the proper temperature of the body. In other words, we apply heat, an antipathic cure. We remove the cause and the effect then ceases. In all these cases Dr. Epps endeavours to catch the public by saying that the means used to prevent too sudden a reaction is applying the agent which caused the effect, but the fallacy is perfectly transparent. Is it surprising that the masterpiece of the Creator—the human frame, so "fearfully and wonderfully made," cannot with impunity be exposed to the same annealing process to which things without life may submit; or that when, on the verge of death, he should be unable to sustain an increase of the cause without depriving homœopathy of a patient by his thus hastened and premeditated death?

Prop No. 3 to this falling structure is of rather extraordinary texture. We are told that the "Scriptures" give support to the theory of Hahnemann. Where? How? cries the wondering reader. "Why," says Dr. Epps, "we are told to weep with those that weep and rejoice with those who rejoice." We suppose that the poor Doctor really thinks he is rather elevating than degrading Scripture by such applications; but before he sets up for a tutor of Divinity let him learn the meaning of the words he quotes. If he insists on their being applicable to his present subject we must ask if weeping cures weeping? Was Mary's sorrow for the death of Lazarus abated by Martha weeping with her? Were their tears dried up when "Jesus wept?" No! The weeping Saviour did not bring joy in his tears; but when the Omnipotent "come forth" removed the cause, then the effect did cease. Again, does rejoicing cure rejoicing? After Lazarus was raised was the joy of Mary removed by the joy of Martha, or hers by that of Jesus? Is the joy of the "Angels in the presence of God over one sinner that repenteth" subdued by the joy of the Church on Earth? These questions are quite sufficient to test the Doctor's divinity.

Prop No. 4 is a series of cases which have been accidentally cured, and all of which Dr. Epps affirms are instances of homœopathic cures. He tells us that in all these the medicines which cured were capable of producing the disease. Of this no proof is offered, but who would doubt the word of "John Epps, M.D.?"

In "Jahr's Manual" some hundreds of symptoms are said to be produced by a dose of rhubarb, and any of the symptoms we are told it will cure. The same with other medicines. So many symptoms are said to be produced by all that it is scarcely possible to take anything which is not homœopathic to any disease. Rhubarb even produces incompatible symptoms, as diarrhœa and constipation!! If we tell them that a certain medicine cures a disease—Ah! say they, it produces it too. Bark was taken by the famous Andral without producing intermittent fever. The author of this trifle has taken it in small and large doses, and continued its use for a length of time. He has also given it frequently, but has never seen ague produced by its use. Mercury he declares to be of the same kind, but who would take mercury for salivation?

To crown all, he says, sulphur produces itch, but as that disease is dependent on a little insect burrowing beneath the skin, we must ask Dr. Epps how the sulphur makes the insect? Are we to adopt the notion that living matter springs spontaneously from the inorganic elements of the earth? But as no case has ever occurred in which the disease has been produced by the sulphur we need not trouble ourselves about the consequences to which such a doctrine would lead. "As a concluding illustration," says the Doctor, "we may refer to the vaccine virus as protecting from small-pox. I have seen thousands who have been protected through life from small-pox, by the small quantity of vaccine virus introduced into their systems early in life. What is this but a disease, homœopathic to small-pox, preventing small-pox?"

In his book "On Counteraction," Dr. Epps himself writes, "Vaccination is one of the most glorious exhibitions of the principles of counteraction." Who shall decide when Dr. Epps disagrees both with himself and every body else. If vaccination were an instance of the homœopathic law, it ought to cure small-pox if given in the progress of that disease; but, alas! sad experience tells us this is not the case.

If any reader anxious to know what homœopathy is shall have waded thus far we hope he has now a clear idea of its theory. *Similia similibus.* Diseases are cured by the administration of medicines which produce the disease in question. But it must have struck the reader that in many cases, where cures cannot be denied, Dr. Epps admits the use of the proper remedy although he gives it on different principles. All are agreed then as to the remedy, but here the homœopath insists that his infinitesimal doses, after trituration, dilution, and infinite division are equal to the ordinary doses. This then introduces us to the practical part in the administration of drugs,—infinitesimal doses. But before he speaks of these we must hear his denunciations against the "uncertainty" of medical science. No one expects that cures are to be effected with mathematical certainty, or that life may be prolonged to an indefinite period; but onward is our watchword and onward are we going every day. Vast improvements have been effected since the days of the writers he quotes, and the coming age will be crowned with even greater triumphs. He complains that medical booksellers are loaded with useless accumulations, but may not the same be said of theology or almost any science. It surely is not so difficult to find out the grain as it is to get at the real germ of homœopathic writings. What has Dr. Epps to complain of when he has brought us thus far in order to explain his doctrine, and that we have had to follow him thus far to get an enunciation of his theory, which might have been given in a few words, and now he is about to enter upon the practical part of the subject or infinitesimal doses.

Having devoted half a dozen pages to becalling medical men and their science, he says imperatively "homœopathy establishes certainty." A change certainly this. It surely

must be the certainty of doing no good if his theory were established; for no drugs or combinations of them will produce many diseases. Will chamomile, ipecacuanha, arsenic, &c., singly, alternatively, or in combination, produce cholera? Yet these are the remedies recommended for that plague in his "Domestic Homœopathy." In this work he also says the above remedies are to be frequently repeated, but such practice Hahnemann denounces. By looking at any of their books we see the theory refuted. Will mercury or liver of sulphur produce whitlow? Arnica or belladonna boils? Carbonate of lime or rhus warts? Flint, arnica, or antimony corns? In giving these do homœopathists respect their theory? As a concluding illustration, does vaccination produce small-pox? He next abuses physicians for prescribing more than one thing at a time, as he asserts one is sure to prevent the action of the other. This is strange, too, as he himself uses opium which contains more than six different substances. Why does he not refuse to use any but chemical elements? Perhaps because the trituration required would alter their chemical composition. Physicians have sufficient experience not to limit themselves to such absurd doctrines on the word of Dr. Epps who loves to go in opposition to the experience of all ages.

Our authority thus concludes his lecture—"Taking homœopathy thus into consideration I hope you will agree with me that homœopathy is a noble system." (*Sic*—If its doctrines are so untenable, is it not rather an *ig*-noble superstition raised on no foundation?) "That it is an addition to the healing art." (An addition without an improvement!!) "That it establishes certainty where uncertainty hitherto prevailed." (A certainty no doubt of its doing no good, and a certainty of its falseness.) "That it presents the quickest, the safest, the most agreeable way of curing disease." (It may, perhaps, be said that it is established that it cannot cure at all; so that it would be quite premature to reckon the time, the safety, or pleasantness of a cure which cannot be effected.) "And that as such it is worthy of steady support." (The reasons for its support being exploded of course no one can ask for support for such a cause. It is fit for nothing but to be cast among the heaps of useless rubbish that have emanated from infatuated minds, and only been supported by those who are easily duped or quickly carried away by novelty and wild enthusiasm.)

(*To be continued.*)

Literature.

MEDICAL AND SURGICAL REPORTS OF BOSTON CITY HOSPITAL.

The preface to this excellent and most elaborate volume which space forbade us noticing before, tells its intention, as the hospital staff was entrusted with "the preparation of an enlarged and consolidated report which might be of general interest to the Medical Profession."

We may, without any hesitation, say that no more creditable report has perhaps ever issued from any hospital. The style in which it has been brought out, and the excellence of the illustrations, are beyond praise, and make it a standard volume with facts and statistics of an all important nature and of exceeding interest.

The chapter on the excision of joints is one full of information; the photographs are excellent, and confirm in the strongest way the advanced views which have been carried out on the treatment of this important class of disease.

Speaking of the success of the excision of the head of the thigh bone in diseased hip the following sensible and plain observation is made—"In this operation we imitate on a larger scale what Nature strives for: we expediate her processes; we make a large free and single opening in place of several tortuous sinuses, and we get rid at once of the carious head of the femur. We thus shorten the period of invalidism in poverty, and *assure the child a better hope of recovery.*" The latter is in a surgical point the point of interest which is borne out by the statistics given, and illustrated by excellent illustrations.

Nine cases of excision in children are given as occurring in the hospital; of these only two died—one of tubercular meningitis and one of tubercle; while in two adults where excision was performed death resulted.

Four cases of excision of the elbow-joint for caries were all successful.

Remarkable cases of perinephretic abscesses are also recorded, some of them having attained a very large size. The seton treatment was found the most successful, and far superior to either simple puncture or the use of the trocar.

Cases of cut throat, involving the pneumo-gastric nerve and subsequent ligature of the carotid artery, in a total of fourteen cases five died.

The question of tracheotomy is fully illustrated specially as to its utility in cases of croup. Out of nine cases where the operation was performed in the latter disease, the mortality was fifty-five and five-elevenths per cent., "a result although covering a small number of cases, so far as it goes, excellent."

The important and debated question of trephining the spine in cases of fracture, five of displacement and fracture are recorded, in two of which trephining was performed—one with restoration of motion and sensation, but death followed in twenty-four hours after the accident; in another instance death occurred nine hours after operation. The pressure was found to be caused by the body of the displaced vertebræ—thus illustrating the question which has been discussed at the Surgical Society of Ireland as to the uncertainty of operative interference.

Amputations, fractures, lithotomy, and œsophagotomy are illustrated by remarkable and instructive cases.

The medical department of the hospital is also fully represented, and most interesting records are given. The alkaline and non-alkaline treatment of acute rheumatism are contrasted, and tables given of cases treated by each. The histories and treatment of 190 cases of pneumonia are of import, and illustrate the effects of varied treatment.

The illustrations of skin diseases are well and accurately represented—selected from over 1,000 cases.

A large space is devoted to the subject of peri-uterine inflammation, and this difficult and obscure subject is well discussed.

The ophthalmic and aural departments are equally interesting; 206 cases of cataract extractions with but nineteen unsuccessful results are tabulated.

The entire volume is full of information, as carefully recorded cases, with the history of the results of operative or medical aid are the essentials necessary to our laying down rules for guidance in difficult or urgent cases.

We congratulate the medical staff on the complete success of their report. It is elaborate, accurate, and most instructive; and we must also congratulate the trustees of the hospital on their happy initiation of a step in the right direction, in giving to the Profession and to the community a faithful and instructive record of the immense benefits conferred by an institution conducted with such vigour, efficacy, and talent.

ON SPERMATORRHŒA.*

It appears that seven large editions of this work have appeared and been disposed of. Some illustrations are added to this edition. In the preface, the author says that one of the best practitioners of modern days, Sir Benjamin Brodie, tells us that, the discrepancies between

* "On Spermatorrhœa, its Results, and Complications." By J. Milton, M.R.C.S. London: R. Hardwicke. 1871. Pp. 114.

the systems of pathologists and the experience of surgeons would be avoided if writers would sometimes condescend to treat symptoms rather than diseases. This work is divided into three chapters. The first chapter treats of "Spermatorrhœa, its Results, and Complications," the second of the "Pathology," and the third, of the "Treatment of the Disease." There is but little history of the disease. That of gonorrhœa and syphilis is obscure enough, but compared with the darkness resting on spermatorrhœa, before the days of Hunter, it is light itself. Hippocrates describes the disease, and treats it by advising abstinence from drinking, venereal excesses and excessive exercise for a year. Celsus, in his work *de medicinâ*, lib iv, c. 21, says there is a disease of the genitals, which without nocturnal emissions destroys the patient by wasting. That author recommends cold swimming baths and affusions on the parts in such cases. After the Christian Era, the spiritual religionists kept the disease quite out of sight. John Hunter, in 1810, in his treatise on the "Venereal Disease," page 220 recommended cold baths and laudanum. Sir Everard Home first recommended the topical application of nitrate of silver. Lallemand, Curling, and Philip, have written luminously on the subject and also Acton. Lallemand's work is quite classical. In this department of practical medicine, as Mr. Milton truly says, "the present state of opinion about spermatorrhœa, both in the profession and among the public is unsatisfactory." Silly drivelling, like that made use of by writers that are praised by the editor of the *Medical Times and Gazette*, passes current in such matters. As Mr. Milton says, when a patient is afflicted with involuntay seminal emissions, and writes to the medical journals, he is counselled to consult his ordinary medical adviser, which is equivalent to telling him not to mind whether he is ill or not, since many doctors cannot abide even talking about such infirmities except in a high and contemptuous tone.

"That the disease (says Mr. Milton) exists to a very great extent, far greater than is generally thought; that it yearly reduces hundreds, if not thousands to impotence, and its attendant ills, hypochondria, weariness of life, insanity, and so on; that not only every town, but every village, could show victims to this neglected malady, are facts which I feel assured will not be disputed by those who have looked into the subject." We quite agree with this, and may remark *en passant*, that early marriage seems if possible, to be the great remedy for such a state of matters. "The observation (says our author), has been more than once made in medical papers, that one emission once a week or so can do no harm, and although this may hold good of a short period in early life, it becomes a very dangerous tenet when applied, as in the nature of things it will almost certainly be, to long standing cases and a more mature age, &c." The disease often taxes all the practitioner's resources. The disorder is divided by him into nocturnal and diurnal emissions. Dr. Albas, of Bonn, says that in some cases, there is merely abnormal discharge of semen, in others there is morbid change in the seminal vessels and in the urethra and prostate. When not severe, nocturnal emissions require only cold bathing, exercise out of doors and tonics. In men after twenty-three or so, more than one emission a month deserves attention, according to Mr. Milton. Diurnal emissions are not very common, but some persons have them on the least excitement, or shaking in railway carriages may produce them. Mr. Milton rightly we think, assigns much more importance to the nervous exhaustion than to the waste of semen in emissions, and quotes from the *M. Chir. Rev.*, 1864, that, "masturbation shows its ill consequences in the female almost equally as much as in the male, though no exhaustive discharge be induced." Dr. Humphry, of Cambridge, too, considers the commonly received opinion, that the debility is due chiefly to the loss of spermatic fluid, to be a mistake. Delicate persons, perhaps, are more inclined to emissions, but strong men sometimes suffer much from them. In training men, it is usual to discard those who suffer from frequent wet dreams. The symptoms of the disease are weakness, want of energy of mind, pains in the loins, pain at occiput, neuralgia of head or face, dyspepsia, unhealthy sleep, palpitation of the heart, breathlessness, epilepsy, paralysis, and amaurosis, with insanity make up the list. We quite agree with the prognosis given by the author, that in young persons under thirty, when erections are still good there is every reason to hope for a cure, whilst when emissions are always frequent, it is a very difficult matter to cure the disease. We quite agree with him, that Mr. Acton is too sanguine as to curing spermatorrhœa in some cases. Some cases are hopeless. Stricture of the urethra sometimes causes impotence, and when removed, the malady disappears like magic. Mr. Milton says, "a man who remains continent, can hardly reach twenty-six without becoming partially, if not wholly impotent. I am not quite certain that he is safe at twenty-four." This observation is directly opposed to that of Mr. Acton. Patients with spermatorrhœa are ever sensitive to cold. Long continued, steadily increasing impotence from excess, must be regarded in a very unfavourable light, especially if the patient has passed his thirty-fifth year. As to discharges of mucus at stool, Mr. Milton thinks they are never almost seminal, *i.e.*, they do not contain spermatic filaments. It is the testicle which is concerned in the effects seen in spermatorrhœa, not the seminal vesicles at all, says the author. Spermatozooids in the urine are not to be looked on as always a sign of disease, indeed our author tells us that, Mr. Queckett, had frequently examined the urine in bad cases of spermatorrhœa and had rarely met with them.

M. Liègeois, of Paris, says that all healthy men of all ages have spermatozooids in their semen, although in old persons acute chronic diseases seem frequently to make them disappear. Double orchitis when from gonorrhœa almost always causes azoospermia, and syphilitic orchitis often does so. Spermatorrhœa as a rule, does not modify the spermatic secretion. Quinine is, according to Mr. Milton, of great use in spermatorrhœa in some cases. Tincture of sesquichloride of iron also at first in doses of twenty or thirty minims twice a day. Many persons can take a drachm and a-half thrice a day. The liquor ferri perchloridi of the *British Pharmacopœia* may be used, measured by minim glass. Ergot of rye is not much esteemed by Mr. Milton in emissions, although it is much liked in America. We have also found it useful. Camphor is, our author says, useful after gonorrhœa in doses of one drachm of the spirit of camphor occasionally. Lupulin in doses of five grains may be tried. Digitalin, in doses of the fiftieth of a grain has been praised. Opium is very useful in many cases in doses of fifteen drops of Battley's solution, and J. Hunter approved much of it at bed-time in emissions. Chloral hydrate Mr. Milton does not like, and belladonna is also unpopular with him. Bromide of potassium he is disposed to look on with favour, when there is much excitement and sleeplessness, in doses of a scruple to half a drachm. Aperients are sometimes useful when dyspepsia exists. Strychnia in doses of a twentieth of a grain in a pill at bed-time is useful. Diuretics, such as nitre are sometimes useful. Copaiba is hurtful. So much for the use of drugs. The genitals should be daily bathed with cold water from a large sponge, squeezed, at the upper part of the abdomen, over the genital organs. Ice cold water is useful. Cold water baths should be used when the patient feels stronger after them. The patient should sleep as cool as possible, with the windows open in summer or winter. Mr. Milton justly condemns the plan recommended by M. Trousseau, of compressing the seminal vesicles by means of a plug in the rectum, but approves of a leather ring fitted around the penis, with steel points internally, which prick the organ when it becomes erect and thus waken the patient. An electric alarum has also been devised for this purpose. Blistering the penis and perineum is sometimes very useful by means of Bullin's blistering fluid. Mr. Milton sometimes uses topical cautery to the urethra, but says it

is not often called for. Mr. Curling says it is not infallible; Lallemand used it for twenty years, and Mr. Curling had not seen any injury arise from it. Others, however, have seen bleeding, stricture, &c., to follow from this remedy. Many persons of experience have almost abandoned the use of cauterisation. Injections are much superior to cauterisation, and Mr. Milton likes nitrate of silver but not stronger than twenty grains to the ounce. The urethral tube is passed as far as the membranous part of the urethra, and then two drachms of the solution thrown in. The diet in spermatorrhœa should be plain and nourishing, low diet is bad. Patients should eat plenty of meat so as to keep them in good health. Heavy suppers are to be avoided. Claret seems to agree with many patients, spirits should be avoided. The "abuse of smoking is bad." What is the use of smoking? The use of exercise is recommended. Dumb-bells for half-an-hour in the morning, or walking exercise in the open air; but violent exercise is bad. Close mental applications as recommended by Carpenter, is out of the question in bad cases of nocturnal emissions. Marriage should follow, not precede a cure of the disease, according to our author. Well, we suspect that, if marriage were universal, spermatorrhœa would not be the common disease it is at present. Gonorrhœa and gleet, and stricture must be cured. Varicocele treated with a scrotal ring. In impotence, quinine should be tried and strychnia, or the thirtieth of a grain of phosphorus in suet may be used occasionally. Ergot of rye. We might add the interrupted galvanic current. Mr. Milton's book is full of hints, evidently written by a man who has had bad cases to treat.

THE ANTISEPTIC SYSTEM.*

This is a valuable contribution to antiseptic literature. It displays much industry and research, and forms an exhaustive exposition of what has been said in praise of carbolic acid in its germicide aspect, as well as an interesting statement of the claims of the germ theory of disease. Many adherents of the "antiseptic system" will, however, be disappointed that Dr. Sansom has allowed his marked predilection for carbolic acid to prevent him doing justice to other agents of the same kind. It will probably be thought that in a book of 350 pages, whereof 198 are devoted to carbolic acid, ten pages are somewhat too scant a space to give to all other antiseptics, especially when it is considered that the antiseptic system is not necessarily bound up with carbolic acid. That system was extensively and successfully practised many years before carbolic acid was even heard of outside the strictly chemical world, and has continued to be used and publicly recommended by several eminent surgeons, among whom may be named Mr. Campbell De Morgan and Dr. W. Smart, R.N., who rely on a totally different antiseptic, namely, chloride of zinc. This substance, under the name of Burnett's Fluid, was long the reigning disinfectant and especially in the Royal Navy, where its inventor and manufacturer, Sir William Burnett, was for many years Medical Director General. "Its antiseptic properties," to use the words of one of Dr. Smart's communications on the subject to the Medical press, "have been appreciated and relied on by naval surgeons through the last thirty years, especially in the treatment of sloughing ulcer, owing to its having been, until recently, the only disinfectant and antiseptic supplied from naval stores. Having had much experience of its use in gun-shot wounds," he continues, "after the plan recommended by Mr. De Morgan, I can state that I entirely agree with him on its great value, and I may add that I also 'have returned to it after the use of other antiseptics.'" "With no more care than this," Mr. Campbell De Morgan had previously written of the same agent, "I have had rapid cure without suppuration in crushed and lacerated wounds; perfect union by first intention in large operations, as high amputations of the thigh, etc.; and, very generally, union with only slight suppuration in the course of the wound, and this where ligatures have been placed on all the vessels requiring them." In the short chapter wherein various antiseptic substances are touched on, Dr. Sansom himself has even admitted—unintentionally, perhaps, but very distinctly—the superiority in surgical practice of chloride of zinc over carbolic acid (pp. 256, 257), and that irrespective of its principal advantage, namely complete want of smell. He does not, however, seem in the smallest degree impressed with what he is obliged to say in favour of chloride of zinc, and goes on to speak of carbolic acid, as if it alone were truly possessed of antiseptic properties. Can it be possible that the sulpho-carbolates have, to some extent, to answer for this indifference to the claims of the great Naval antiseptic?

There are other adherents of the antiseptic system who will be hardly less disappointed with Dr. Sansom's attempt to represent that system as dependent on the germ theory of disease. The two things are quite independent one of the other. If the "antiseptic system" be the remarkably successful one which its advocates assert, its success is not necessarily bound up with the truth of the "germ theory," which is only one of several ways of accounting for the asserted success. Many good observers find a more satisfactory explanation in the property of coagulating albumen which all antiseptics possess—carbolic acid and chloride of zinc in an eminent degree. One of the latest experimenters on the subject, Dr. Mackintosh, of Callington, has arrived at the conclusion that the complicated plans of dressing wounds which have been contrived by Professor Lister, for the purpose of "poisoning the germs," are totally unnecessary, the beneficial effects of carbolic acid being principally due to its direct salutary influence on the parts concerned.

To certain, and not a few minds, there seems so much satisfaction experienced by being able to connect any phenomenon with individual vitality, whether in the shape of spirit, ghost, germ, or parasite, that it may be doubted whether, on it being distinctly proved to such that the "antiseptic system" was the most successful hitherto practised, but not by reason of its influence on "germs," they would not immediately lose all interest therein, and abandon it as unsatisfactory. The charm of doing battle, as it were with personal entities, and of lying in wait for and poisoning the sneaking parasites, would be gone. It may, we think, be fairly asked,—Would Dr. Sansom have taken the trouble to write at such length on the antiseptic system minus the sensational germs? When we look at the 123 pages which have been devoted to them in one connection or another, we feel we should be warranted in saying that he would not.

We have all the less hesitation in answering this query negatively, because it seems so evident to us that it was in this part of his work that the author felt most interest, as it is also the one on which he has written best. The chapter entitled "The Zymotic Theory," and the two on *materies morbi* are very meritorious. They contain an instructive classification of the spreading diseases, and furnish a very complete view of the various theories explanatory of their origin,—put, of course, so as to lead up, as far as possible, to the author's particular opinions. Nevertheless, we venture to say that there is something eminently unsatisfactory about them, as about most chapers written in advocacy of the "germ theory." They are characterised by studied vagueness of language, and the use of a multiplicity of quasi-synonymous phrases, which by inuendo are made to suggest a great deal more than they express, but are ever carefully kept from plainly uttering the thing really intended to be taught, namely, the parasitic origin of the spreading diseases. Only when passing in review some of the facts connected with the universally recognised parasitic diseases, such as scabies, trichiniasis, &c., is the word parasite permitted to escape. Instead, we find a profuse use of the following expressions:—organised material, minute particles of bioplasm, organised molecules, living matter, vitalised molecules, matter possessing vital endowments, particles possessing life, living germs, &c. These various forms of speech are apparently employed for the purpose of familiarising the reader with the statement that infective material is possessed of vitality, and in the hope that he may come unconsciously to recognise it to be composed of "minute living organisms."

The latter expression does not, however, occur in the body of the work, wherein nothing approaching to it in distinctness of enunciation of the real doctrine inculcated is to be met with; it occurs in the preface, where the author has thought fit, at last, to avow parasitism, but not without a final effort to envelope the avowal in haze. "The poisons of the spreading diseases," he there writes, "are extremely *minute living*

* "The Antiseptic System; a Treatise on Carbolic Acid and its Compounds." By Arthur Ernest Sansom, M.D., etc. London: Henry Gillman. 1871.

organisms, having the characteristic endowments of vegetable growths, owing their specific properties in the special diseases not to any botanical peculiarities, but to the characters implanted in them by the soil from which they first sprang from innocuous parents, and from which they are transmitted—this soil (except in the case of their earliest origin) being the fluids of the animal body." (Preface, p. x.) It was, perhaps, natural that Dr. Sansom should shrink from putting forward his statements about vitalised molecules as premises whereby to establish the above vaguely formulated fungus-germ theory. Vitalised molecules, organised material, particles of bioplasm *et hoc genus omne*, are blood products, whereas "minute living organisms, having the characteristic endowments of vegetable growths," must be extraneous bodies, and not blood products. These two categories of material are diametrically opposed to one another. No wonder, then, that our author, after—in the body of his work—firmly establishing, to his satisfaction, the vitalised molecules, could not see his way openly to use them in the sequel for the support of independent fungus particles. By throwing the conclusion into the preface, logic was less glaringly violated, and the transformation of bioplasm into vegetable organism was accomplished, as it were, between the acts and after the descent of the curtain.

The observations which have afforded Dr. Sansom the strongest arguments in favour of the "germ theory," seem to be those of Hallier, relating to the so-called cholera fungus, and those of Pasteur and others, whereby the extensive prevalence of parasitic fungi in diseased silkworms has been proved. But the elaborate official report of Dr. T. R. Lewis, on the microscopic objects found in cholera evacuations, made by order of the Government of India, has completely exploded the hasty generalisations of Hallier, and relegated his cholera fungi to the category of inoffensive and commonly prevalent "smuts." Dr. Lewis's conclusions may thus be summed up :—1. No cysts exist in choleraic discharges which are not found under other conditions. 2. Sporangia of fungi are very rarely found under any circumstances in alvine discharges. 3. No special fungus has been developed in choleraic evacuations, the fungus described by Hallier being certainly not confined to such. 4. There are no fungoid developments, either as to nature or proportionate amount peculiar to cholera, the same organisms being developed in nitrogenous materials outside the body. As to the silkworm disease, recent investigations into its nature, instead of affording support to the fungus theory all tend the other way. Silkworms affected by the disease are found, it is true, to be completely saturated with a certain fungus. But it has been shown by M. Guérin Menneville that the real source of the malady lies in the food of the insects, namely, the mulberry leaves. By comparative analyses of dry mulberry leaves, procured in countries where the disease is not known or almost so, and of others obtained from the mulberry gardens of France, Dr. E. Reichenbach has quite recently demonstrated that the latter have become impoverished to a remarkable extent of nitrogen. The deterioration of European mulberry leaves is, according to Dr. Reichenbach, traceable to faulty agriculture, which has neglected to supply nitrogenous manure to the trees, whereas in Eastern Asia that necessary plant-food has been carefully provided in the routine culture. It was, therefore, truly in vain that Pasteur and others devoted so much time to exhibit, by means of the microscope, the existence of fungi and their spores in diseased silkworms. No light whatever was thereby thrown on the source of the malady. The evil is one of nutrition, and can only be remedied by an intelligent culture of the tree which produces the insects' food. Here is a splendid justification of the teaching of Liebeg. It is to the scientific application of the chemical principles of nutrition, as taught by that great master, and not to the microscopic appearances presented by the diseased structures, as triumphantly exhibited by Pasteur, that we can alone look with hope for that which will guide us, in the choice of measures for restoring to health and vigour the artificially vitiated constitution of the silkworm in Europe.

Whatever may be thought of the originality of Professor Tyndall's experimentalisations on "dust and disease," and of the cogency of his argumentations on the "germ theory," his utterances are at all events to be commended for their frank avowal of parasitism. In his latest lectures at the Royal Institution, that distinguished physicist has plainly stated his adhesion to the theory that "contagious diseases generally are of a parasitic character." He, too, supports this notion by reference to the case of the silkworms of France, adding that "it is in the highest degree important to know whether the parasites in question are spontaneously developed, or are wafted from without to those afflicted with the disease; the means of prevention if not of cure being widely different in the two cases." But it is not very many years since the now prevalent silkworm disease, which is still absent from the original seats of sericulture, was also unknown in Europe. If its rise was due to the wafting from without of fungus germs, where did the wafting begin? Certainly not in the East, where the disease does not yet prevail. On the contrary, the wafting has been all the other way, namely, from west to east. It follows that the distemper originated in the West, where, nevertheless, at an antecedent period, it was unknown. It cannot, therefore, have been wafted from without, but must have been developed within. We have seen the cause of this development, for which neither prevention nor cure can be expected to come from following up the false scent, whereon the public and a considerable portion of the medical Profession have allowed themselves to be put, by the hasty generalisations of certain enthusiasts, whose mental idiosyncrasies lead them to give a kind of fetish credence to the causal agency of individual entities, whether accordion-playing spirits, well-clad ghosts, or ubiquitous and Protean germs.

It was, of course, hardly to be expected that so thoroughgoing an antiseptist as Dr. Sansom, in the course of his disquisitions on infection and disinfection, should say much to remind his readers that nature somehow or other manages to maintain the purity of soil, water, and air by simple oxygen. Not a single expression to that effect has been let drop by him. Oxygen is neither a direct germ-poison, nor a retarder of decomposition. But, in its character of burner-up of the decaying matter in which parasites revel, and chief link between the organic and inorganic kingdoms, it is infinitely more precious. We have an impression that whatever real progress is to be made in the art of combating the effects of putrefaction and infection, must come from the close study of the processes of natural purification. Those processes, in which oxygen plays the first part, happily go on unceasingly, without respect to the lenses of microscopists, the retorts of carbolic acid manufacturers, and the lucubrations of antiseptic compounders.

Correspondence.

CONTAGIOUS DISEASES ACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

THE following was forwarded to the Editor of the *Lancet* in reply to an "annotation," the writer of which stated that diseased women would not apply to hospital for treatment, and that moreover they often did not know when they were diseased :—

To the Editor of the Lancet.

SIR,—With regard to your assumption last week respecting the Contagious Diseases Acts, it is certainly true that a woman may be diseased without knowing it, but it is equally true that surgeons constantly fail to detect venereal maladies even when examinations are made expressly for their discovery. No fact in medicine or surgery can be better established than this. I need scarcely quote authorities, but may mention that Lancereaux, in common with other eminent authorities, recommends that the women should be examined at least every other day, and be shut up for several hours prior to introspection and watched. He then advises that the mouth, throat, *and anus* should be carefully looked into and the stripped skin examined, and adds that after all the smallest possible security is ever obtained. No one can deny that the presumption that a woman has been examined and reported healthy is a great temptation to men inclined to indulge, and then we have clandestine prostitution with its accompanying concealment and avoidance of treatment of disease. Moreover, as Mr. Evans has remarked, the condition that communicates syphilis is to be known not by examination but by its effects; and though a woman may be diseased without knowing it, if she is a prostitute she will very soon discover the fact, because her paramours accuse, insult, and often beat her for contaminating them.

It is contrary to human nature, and common sense to suppose that under such circumstances she would not apply to any hospital where she would be kindly received, and kindly treated and restricted as little as possible.

I think it is great mistake to make these hospitals prisons as is done under the Contagious Diseases Acts, although in spite of this deterrent (although the writer of the "Annotation" in question appears to be unaware of the fact) there is abundant evidence to show that diseased women gladly avail themselves of hospital accommodation. Mr. J. R. Lane, Leonard Woolcombe, Skey, Holmes, Coote, Paget, Whyatt, all give evidence to this effect; and in page 10 of the "Blue Book," containing the report of the Lords' Committee, I find the following—"It has *been amply shown by evidence before the Committee* that the Act tends to lessen its success by inducing diseased prostitutes *to flock into the places* where it is in operation, *in order to gain the benefit of treatment in the hospital.*" There is also sufficient evidence to show that by a little management they are readily induced to remain under treatment until they are cured.

I am, Sir, your obedient servant,

CHAS. BELL TAYLOR, M.D., F.R.C.S.E.

The following was forwarded to the Editor of the *Lancet* in reply to a letter by Mr. Holton.

To the Editor of the Lancet.

SIR,—Permit me through the medium of your columns to thank Mr. Holton for the very conclusive proof which he has afforded us as to the superior efficacy of voluntary Lock hospitals as compared with the system embodied in the Contagious Diseases Acts. Mr. Holton says that—"The number of admissions into hospital in the 77th Regiment in 1861 was 534; by the intervention of a Female Lock hospital and the carrying out the principle of these Acts in a very imperfect manner the admissions in 1862 were 124. In 1863, on going to a station where a Lock hospital could not be managed, the admissions were 878." This is very satisfactory evidence that Lock hospitals without the intervention of police spies or forcible introspection of supposed prostitutes, accomplish all that could be expected or desired, and, indeed, infinitely more than vain aggravating efforts at police control. It is clearly incumbent on the promoters of these laws to show—

1st. That there is a necessity for exceptional measures.
2nd. That the means proposed are almost certain to succeed.
3rd. That no less disgusting measures would suffice.

Mr. Holton says that "The intervention of the Acts is unnecessary," owing to the good effected by female Lock hospitals, and such efforts as the women themselves make to avoid infection. They are therefore unnecessary, and the Sanitary Commissioner of the Punjaub, Surgeon De Renzy, has shown by facts not to be controverted that the Contagious Diseases Acts have utterly failed to attain the end in view. He says: "Notwithstanding these Acts there is nowhere any substantial improvement in the condition of the troops as regards venereal disease, for twenty years ago these maladies were not more frequent than they are now." Two months ago the Magistrates' Council in Bombay declined to vote the money necessary to carry out the Contagious Diseases Acts in that Presidency, so disgusted were they with the whole measure; and the *Indian Public Opinion*, of November 15, 1870, says: "The plea for saddling the ratepayers with any expense for this fancy scientific purpose was based on the scientific assumption that the measure would be at least effectual in checking disease, whereas it has, in fact, proved a most notorious failure." A similar paragraph appeared some months ago in the *Madras Times;* and on the commencement of the agitation several Indian officers, including some leading men, sent a considerable sum of money to the Ladies' Association for obtaining Repeal. Similar evidence has been forwarded from Cape Town where already a powerful association with the Bishop and other important residents for members has been formed for repeal.

I am Sir, your obedient servant,

CHARLES BELL TAYLOR, M.D.

P.S.—Scarlet fever creates more devastation in one year than syphilis in twenty.

Medical News.

Royal College of Surgeons in Ireland.—At the quarterly examination held on July 22nd, 24th, 25th, 26th, and 27th, the following gentlemen obtained the licence to practise Surgery:—John G. Allen, Frederick A. Bernardo, Robert Bernal, John N. Bredin, Thomas H. Browne, Thomas Drapes, Henry E. Evans, Christopher Fleming, Michael Fitzgerald, Otho Galgey, Francis B. Hannan, James A. Hanrahan, Richard Henry, Henry Heyward, Andrew Irwin, John C. Lawrenson, Edmond A. Lucas, Christopher MacNally, Ayres Moore, Herbert M. Nash, James S. Niven, Richard W. O'Donnell, Nicholas S. O'Farrell, William H. Ovenden, George A. Raverty, Stephen Raverty, Laurence J. Ryan, Harvie Scott, William A. Sharpe, Philip H. Skerrett, Hayman Thornhill, Charles P. Turner, Frederick W. Warren, Patrick S. Wigmore.

The University of Edinburgh.—On Tuesday week, the usual ceremony of capping medical graduates of the University of Edinburgh at the close of the Summer Session was held in the Music-hall, the Chancellor presiding. There was a large attendance. In the course of the proceedings the degree of Doctor of Laws was conferred on the following gentlemen:—Professor Andrews, Belfast; Professor Beneden, Louvain; Dr. Carpenter (Registrar of the University of London), Professor Challis, Auguste Colding, James Prescott Joule, James Joseph Sylvester, George Gabriel Stocks (Secretary of the Royal Society), Professor Allen Thomson (Glasgow), W. Spottiswoode (Treasurer of the Royal Society and of the British Association), G. E. Paget, William Huggins, M. Jules Janssen (Paris), and Peter Gassiot.

A curious defence was offered before the Sheriff of Glasgow in an action for breach of promise which came before him on Tuesday. At a previous court it was stated for the defendant that he had heard the plaintiff was affected with a skin ailment, which justified him in his refusal, and a remit was granted to Dr. M'Gill to examine the pursuer. He did so, and reported that she was not so affected; but that she was in good health. Pursuer, on hearing this report, said he was willing to marry the defender, but the latter objected, and the Sheriff gave her a decree.

Instruction for Vaccinators under Contract.—Revise "Instructions to Vaccinators under Contract," issued by order of the Lords of her Majesty's Privy Council:—1. Except so far as any immediate danger of small-pox may require, vaccinate only subjects who are in good health. As regards infants, ascertain that there is not any febrile state, nor any irritation of the bowels, nor any unhealthy state of skin; especially no chafing or eczema behind the ears, or in the groin, or elsewhere in folds of skin. Do not, except of necessity, vaccinate in cases where there has been recent exposure to the infection of measles or scarlatina, nor where erysipelas is prevailing in or about the place of residence. 2. In all ordinary cases of primary vaccination, if you vaccinate by separate punctures, make such punctures as will produce at least four separate good-sized vesicles, not less than half an inch from one another; or, if you vaccinate otherwise than by separate punctures, take care to produce local effects equal to those just mentioned. 3. Direct care to be taken for keeping the vesicles uninjured during their progress, and for avoiding afterwards the premature removal of the crusts. 4. Enter all cases in your register on the day when you vaccinate them, and with all particulars required in the register up to column 9 inclusive. Enter the results on the day of inspection. Never enter any results which have not been inspected by yourself or your legally qualified deputy. In cases of primary vaccination, register as "successful" only those cases in which the normal vaccine vesicle has been produced; in cases of re-vaccination, register as "successful" only those cases in which either vesicles, normal or modified, or papules surrounded by areolæ, have resulted. When the vaccination of an unsuccessful case is repeated, it should be entered as a fresh case in the register. 5. Endeavour to maintain in your district such a succession of cases as will enable you uniformly to vaccinate with liquid lymph directly from arm to arm; and do not under ordinary circumstances, adopt any other method of vaccinating. To provide against emergencies, always have in reserve some stored lymph—either *dry*, as on thickly-charged ivory points, constantly well protected from damp; or *liquid*, according to the method of Dr. Husband, of Edinburgh, in fine, short,

uniformly capillary (not bulbed) tubes, hermetically sealed at both extremities. Lymph, successfully preserved by either of these methods, may be used without definite restriction as to time; but with all stored lymph caution is necessary, lest in time it have become inert, or otherwise unfit for use. If, in order to vaccinate with recent liquid lymph, you convey it from case to case otherwise than in hermetically sealed capillary tubes, do not ever let more than eight hours intervene before it is used. 6. Consider yourself strictly responsible for the quality of whatever lymph you use or furnish for vaccination. Never either use or furnish lymph which has in it any, even the slightest, admixture of blood. In storing lymph, be careful to keep separate the charges obtained from different subjects, and to affix to each set of charges the name, or the number in your register, of the subject from whom the lymph was derived. Keep such note of all supplies of lymph which you use or furnish as will always enable you, in any case of complaint, to identify the origin of the lymph. 7. Never take lymph from cases of re-vaccination. Take lymph only from subjects who are in good health, and, as far as you can ascertain, of healthy parentage; preferring children whose families are known to you, and who have elder brothers or sisters of undoubted healthiness. Always carefully examine the subject as to any existing skin disease, and especially as to any signs of hereditary syphilis. Take lymph only from well-characterised, uninjured vesicles. Take it (as may be done in all regular cases on the day week after vaccination) at the stage when the vesicles are fully formed and plump, but when there is no perceptible commencement of areola. Open the vesicles with scrupulous care to avoid drawing blood. Take no lymph which, as it issues from the vesicle, is not perfectly clear and transparent, or is at all thin and watery. From such a vesicle as vaccination by puncture commonly produces, do not, under ordinary circumstances, take more lymph than will suffice for the immediate vaccination of five subjects, or for the charging of seven ivory points, or for the filling of three capillary tubes; and from larger or smaller vesicles take only in like proportion to their size. Never squeeze or drain any vesicle. Be careful never to transfer blood from the subject you vaccinate to the subject from whom you take lymph. 8. Scrupulously observe in your inspections every sign which tests the efficiency and purity of your lymph. Note any case wherein the vaccine vesicle is unduly hastened or otherwise irregular in its development, or wherein any undue local irritation arises; and if similar results ensue in other cases vaccinated with the same lymph, desist at once from employing it. Consider that your lymph ought to be changed if your cases, at the usual time of inspection on the day week after vaccination, have not, as a rule, their vesicles entirely free from areolæ. 9. Keep in good condition the lancets or other instruments which you use for vaccinating, and do not use them for other surgical operations. When you vaccinate have water and a napkin at your side, with which invariably to cleanse your instrument after one operation before proceeding to another.

N.B.—Supplies of lymph are furnished to medical practitioners on personal application at 3 Parliament street, London, S.W., between the hours of 12 and 2; or by letter (unstamped) addressed to the Medical Officer of the Privy Conncil, 3 Parliament street, London, S.W.

Poisonous Silk Gloves and Socks.—Dr. Thompson Dickson writing to a daily contemporary says:—"On Saturday, a patient called upon me and exhibited her hands covered with very irritable blebs or blisters, and, after minute examination and questioning for the cause, she told me that during the week she purchased in Marylebone a new pair of silk gloves for two shillings; had worn them during a journey to Manchester and back, and that her hands had borne these vesications ever since. She wore the left glove more constantly than the right, and the left hand was consequently more affected than the right. I desired her to bring the gloves to me, and I found that they were of good quality spun silk, dyed of a light brown colour—the dye apparently being an aniline dye of coal tar origin. Spun silk takes the bright colour made from aniline very well, but the use of articles so dyed is dangerous. In the Museum of the College of Surgeons are preserved some brightly-dyed children's socks, which gave rise to a similar affection on the feet of a child (I believe in France). I also believe that the late Marquis of Hastings was once similarly affected." About eight years ago, when a rumour to a similar effect was spread about, we were requested by the Prussian Government to submit our dyes to the sworn chemist of the government, Dr. Ziureck. After a minute inspection, in which several eminent professors of the Berlin University took part, Dr. Ziureck came to the conclusion, and reported to the government, that the aniline dyes we manufactured were absolutely harmless, or contained such trifling portions of injurious matter that any danger was entirely out of the question. We think it would be in the interest of this now very considerable trade if the English Government would follow the course the Prussian Government too abou eight years ago.—LEVENSTEIN AND SONS.

Malvern College.—Tuesday week, the 1st instant, was "Speech Day" at this flourishing Institution, and the proceedings went off with the usual éclat. There was a very large and fashionable attendance, comprising many of the local families of distinction, and a large gathering of the parents and friends of the pupils. The Head Master, the Rev. Arthur Faber, presided. The prizes were distributed to the successful students by the Bishop of Worcester, and, with the grand old song of Dulce Domum, the proceedings terminated.

British Medical Association: Annual Meeting.—The Thirty-ninth Annual Meeting of the British Medical Association is now being held in Plymouth. This evening, Wednesday, the Address in Medicine by Dr. George Johnson; to be given to-morrow, the Address in Surgery, by Professor Lister, F.R.S.

Whitehall, August 2.—The Queen has been pleased to direct Letters Patent to be passed under the Great Seal granting the dignity of a Baronet of the United Kingdom of Great Britain and Ireland unto James Paget, of Harewood place, in the Parish of St. George, Hanover square, in the county of Middlesex, Esq., Serjeant-Surgeon Extraordinary to her Majesty, and the heirs male of his body lawfully begotten.—*Gazette.*

NOTICES TO CORRESPONDENTS.

TO OUR SUBSCRIBERS.—Gentlemen who have not paid their subscription for last year are respectfully reminded of the omission. The Publishers would also be much pleased to receive arrears of subscriptions due for several years previously, which, in *too many instances*, remain unpaid, notwithstanding frequent applications for settlement.

☞ NOTICE.—Subscribers are respectfully reminded that payment by P.O.O., or crossed cheque, is the most convenient and safest mode of remittance. Stamps are unfortunately too easily disposable by dishonest persons.

All valid receipts are given upon printed forms. Subscribers and advertisers are particularly cautioned against making any payments without the production of such a receipt. Cheques or P.O.O. should be made payable in England, to A. A. Tindall; in Ireland, to A. H. Jacob, M.D.; in Scotland, to Maclachlan and Stewart.

MR. J. PARKINSON.—Forwarded.

M.R.C.S.—You will find your name in the Pass Lists published in our last number.

STUDENT.—On September the 14th.

DR. GAVIN, Broadway, Boston.—Note and cheque received paying your Subscription to 31st December, 1871. Receipt not sent to save foreign postage. The review of the "Boston Hospital Reports" is in printer's hands. Thanks for other transmissions to us. If you can send us dates of numbers wanted to complete your sets, we will probably be able to forward them.

A LIFE ASSURANCE SOCIETY.

A Physician forwards to us the particulars of a most objectionable mode a certain not very respectable Life Office pursues to induce people to secure their lives, for the accuracy of which he can vouch. The system pursued is, in his own language, briefly this. A *disinterested gentleman* calls once or twice and buys some small article; enters familiarly into conversation, and tells the tradesman he works too hard, and by gentle reminders as to the inevitable consequence of overwork, persuades him to insure his life in a certain office, named by this *disinterested gentleman*. In a short time, the amiable secretary of this Society arrives,—all business, of course,—suddenly appears a young Medical man, defined as a keen Scotchman, who examines the tradesman, particularly h s heart. Observe the caution, as told me by my patient: "I fear your life is not a safe assurance for ordinary terms. The *veins* of the heart are diseased." Of course this awful statement frightened the poor fellow; he becomes more anxious than ever to secure his life. The game is well watched. The amiable secretary calls again, armed with the first examination of the doctor, and says "for £...., so much to pay *at once* on the policy. The tradesman gets rather vexed over all this, and, suspecting trickery, tells this individual he will have nothing to do with them, and he cannot pay the money required. As a last resource, the amiable secretary, seeing the victim is likely to be lost to them, says, "Oh, my dear Sir, don't inconvenience

yourself about the first quarter's payment, I will take it out in grocery from you, and arrange the affair."

Now, Sir, I was asked by the tradesman what he should do. After this tale I told him simply have nothing to do with the fellow; it was all moonshine about his heart, and if they came again, kick them out one after the other.

London, August 7, 1871.

DR. PEARSE.—The paper will receive attention in the usual course.

HYGIENE.—The report has not been received, but we were able to obtain it and give an abstract.

DR. TIDY.—We regret to say the number is out of print.

The following communications are in type, and will appear, if possible, in our next:—

W. E. Teevan, B.A., F.R.C.S., "Case of Retention of Urine from Impassable Stricture, treated by Filiform Bougies."

G. Smith Chartres, M.A., M.D., "Syphilitic Iritis attacking both Eyes in succession, treated principally by Oil of Turpentine and Blisters."

Dr. Francis M. Luther, "Case of Progressive Locomotor Ataxy."

VACANCIES.

Hampstead Small-Pox Hospital. Assistant Medical Officer at £12 per month.

Medical Tutor at Queen's College, Birmingham. Salary £40.

West Derby Union. Assistant Medical Officer. Salary £120, with board.

Kington Union. Medical Officer. Salary £20, with extra fees.

Medical Tutor at the Durham University. Salary £120.

Parish of Plymouth. Medical Officer for Northern District. Salary £90.

Wandsworth Parish. Two Medical Officers. £50 each.

APPOINTMENTS.

BOLAND, W. H., L.R.C.S.I., Senior Assistant Medical Officer to the Ebbw-vale Iron Works, Monmouthshire.

KIDGER, A. A., M.R.C.S.E., Resident Medical Officer to the Infirmary, Newport, Monmouthshire.

MACDONALD, J., Surgeon for the W. District, Royal Infirmary, Dundee.

MORGAN, G. R., M.R.C.S., House-Surgeon to the Royal Free Hospital, London.

MORRILL, A. H., M R.C.S.E., Resident Surgeon to the Branch Dispensary of the Cheltenham General Hospital and Dispensary.

MURRAY, J., M.D., M.R.C.P.L., Assistant Physician to the Hospital for Sick Children, Great Ormond street.

O'FARRELL, G. P., M.B., House-Surgeon to St. Peter's Hospital for Stone.

OWEN, Mr. E., Assistant-Surgeon to St. Mary's Hospital, Paddington.

PAYNE, J. F., M B., M.R.C.P.L., Assistant-Physician to St. Thomas's Hospital.

STONEY, H. B., M.B., L.K.Q.C.P.I., Certifying Factory Surgeon for the District of Abbeyleix, Queen's County.

SYMONS, Mr. H. E., Demonstrator of Practical Physiology at St. Bartholomew's Hospital Medical School.

WYLLYS, W. E., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for the Northern District of the Parish of Great Yarmouth.

Marriages.

LIGERTWOOD—DUNSFORD.—On the 29th ult., in London, Thos. Ligertwood, M.D., F.R.C.S., of the Royal Hospital, Chelsea, to Celia, only daughter of the late Besley Dunsford, Esq., of Swindon, Wilts.

MILLER—FORDYCE.—On the 20th ult., at Brucklay Castle, Aberdeenshire, Alexander Gordon Miller, M.D., F.R.C.S.E., of Edinburgh, to Jessie, third daughter of the late Captain Alex. Dingwall Fordyce, R.N., of Brucklay and Culsh.

PALMER—TYLER.—On the 2nd inst., at Loughborough, W. Grimes Palmer, M.R.C.S., to Eliza, niece and adopted daughter of John Tyler, Esq., of Loughborough.

ROSSER—HOLMES.—On the 27th ult., at Holy Trinity Church, South Tottenham, Walter Rosser, M.D., of Glenalmond, Perth, to Elizabeth Sarah, only daughter of James Holmes, Esq., of Tottenham-green, Middlesex.

TUCKER—BENNETT.—On the 27th ult., at Bruton, Somerset, J. Dunning Tucker, Surgeon, of Great Marlborough street, London, to Mary, eldest daughter of T. O. Bennett, Esq., of Bruton.

Deaths.

ANDERTON.—On the 1st inst., H. Anderton, L.R.C.P.Ed., F.R.C.S.E., of New Ferry Park, Birkenhead, aged 81.

CROWFOOT.—On the 26th ult., W. J. Crowfoot, M.D., of Brighton.

GODFREY.—On the 25th ult., at Melville Hospital, Chatham, C. R. Godfrey, M.R.C.S.E., Surgeon R.N., aged 41.

HARRISON.—On the 30th of June, at Funchal, Madeira, G. Wm. Harrison, M.R.C.S.E., formerly Resident Medical Officer at Mercer's Hospital, Dublin, aged 28.

SHIPMAN.—On the 25th ult., Robert Shipman, F.R.C.S.E., of Grantham, aged 54.

WRIGHT.—On the 22nd ult., E. W. Wright, M.D., of Shipston-on-Stour, aged 80.

THE NEW SYDENHAM SOCIETY.—THE ANNUAL MEETING (Thirteenth) of the New Sydenham Society will be held at Plymouth in the Royal Hotel, to-morrow (Thursday) morning, August 10th, at 9 o'clock.

The attendance of all members is requested.

BUSINESS—

Annual Report.
Balance sheet for 1870.
Election of Officers for 1871-72, and other matters.

JONATHAN HUTCHINSON, Hon. Gen. Secretary.

THE NEW SYDENHAM SOCIETY.—A Complete Set of the Works published by this Society will be displayed in the Annual Museum at Plymouth during the meetings of the British Medical Association.

Those not members of the Society will be able to obtain gratis in the Museum copies of the last year's Report, and a descriptive catalogue of the Society's Atlas of Skin Diseases, together with information as to the terms on which some of the back volumes can be procured.

After the Annual Meeting, to be held in the Royal Hotel at 9 o'clock on Thursday, August 10th, the Secretary will be glad to receive the names of new members.

CHARING CROSS HOSPITAL SCHOOL OF MEDICINE.

The WINTER SESSION will commence on MONDAY, the 2nd of October.

An Introductory Address will be given by T. HENRY GREEN, M.D., at 8 p.m.

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Further information and prospectus may be obtained by application to the Dean, at the Hospital.

A. J. POLLOCK, Dean.

ST. THOMAS'S HOSPITAL MEDICAL and SURGICAL COLLEGE.—The ACADEMICAL SESSION for 1871 and 1872 will commence on Monday, the 2nd of October, in the new buildings on the Albert Embankment, Westminster bridge, when Mr. F. Le Gros Clark will give the Inaugural Address.

MEDICAL OFFICERS AND LECTURERS:—

Honorary Consulting Physicians—Dr. Barker and Dr. Bennett.

Dr. Peacock	Mr. Croft	Mr. Mason
Dr. Bristowe	Mr. Liebreich	Mr. Arnott
Dr. Clapton	Dr. Stone	Dr. Barnays
Dr. Murchison	Dr. Ord	Dr. J. Wale Hicks
Dr. Barnes	Dr. Harley	Dr. Wm. Rhys Williams
Mr. F. Le Gros Clark	Dr. Payne	Mr. J. W. Elliott
Mr. Simon	Dr. Gervis	Mr. Rainey
Mr. Sydney Jones	Mr. Mac Cormac	Mr. W. W. Wagstaffe

For entrances or prospectuses and for information relating to prizes and all other matters apply to Mr. Whitfield, Medical Secretary, the Manor-house, St. Thomas's Hospital, Newington, Surrey, S. E.

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FACULTY OF MEDICINE.

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The Composition Fee for all the Lectures required is Fifty Guineas, payable by two equal instalments.

The Prospectus of the Medical Department, and further information may be obtained by application to the Rev. the Warden, at the College; or to Professor Foster, M.D., 16 Temple Row, Birmingham, Physician to the General Hospital; or to Professor Furneaux Jordan, 22 Colmore row, Birmingham, Surgeon to the Queen's Hospital.

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The Summer Vacation ends on August 16.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 16, 1871.

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CLINICAL LECTURES

ON THE

DISEASES PECULIAR TO WOMEN.

By Lombe Atthill, M.D. Dub.,

Fellow and Examiner in Midwifery King and Queen's College of Physicians; Obstetric Physician to the Adelaide Hospital, Dublin.

LECTURE VIII.

Fibrous tumours—Definition of—Varieties of—Sub-peritoneal—Sub-mucous—Intra-mural—Enucleation—Intra-uterine injections—Influence of pregnancy on—Spontaneous cures.

I shall proceed to-day, gentlemen, to direct your attention to the subject of fibrous tumours of the uterus, a subject of quite as great importance as that of polypus which was last under our consideration, though unfortunately more often beyond the reach of surgical interference.

A fibrous tumour may be defined as a growth composed of fibrous tissue identical in structure with that of the uterine wall, but "disconnected" from it, being in general surrounded by a capsule of dense fibro-cellular tissue which "is peculiarly dry and loose, so that when one cuts on the tumour it almost of itself escapes from its cavity." (Paget, "Surgical Pathology," p. 474), This fact of the fibrous tumour of the uterus being by means of its capsule disconnected from the surrounding tissue distinguishes it from the ordinary fibrous polypus, a distinction which cannot often be made during life. The annexed diagrams (Plate V.) copied from Paget illustrate the difference between these two growths, the one (*a*) being a section of an uterine out-growth or polypus, the other (*b*) of a uterine fibrous tumour, the former being "continuous," but the latter "discontinuous," with the substance of the uterus although both in outward appearance are very similar

It would be quite impossible in the brief limits of a clinical lecture to enter at any length into the pathology of a subject so extensive as that of fibrous tumours of the uterus. I can only glance at a few of the leading characteristics, referring such of you as desire further information on this interesting subject to the works of Paget, West, M'Clintock, Matthews Duncan, and others. Fibrous tumours are met with of all sizes from that of a grain of shot upwards; those of large size being by no means of unfrequent occurrence, while cases are on record in which they have attained a size greater than that of the uterus at the full term of pregnancy and a weight of 70 lbs. or even more. Again they may be solitary but usually two or more are present in the same patient; they may spring from the peritoneal surface of the uterus and can be felt through the abdominal wall. They may grow from the submucous tissue of the uterus or finally be developed within the walls of the organ; consequently fibrous tumours are spoken of as belonging to one of three classes—namely sub-peritoneal, sub-mucous, and intra-mural, according as they are found to grow in one or other of the situations I have designated. Of these the extra-uterine or sub-peritoneal being entirely beyond the reach of treatment must be dismissed after a brief notice. They vary in size and appearance in even a greater degree than either of the other varieties, sometimes being numerous, small in size, and sessile, giving the surface of the uterus a nodulated appearance or on the other hand attached by a pedicle which is sometimes short and thick as shown in Plate VI, or at other times so long and slender as to permit the tumour to float as it were free in the abdominal cavity, and finally even to dissever itself from all connection with the womb, and possibly to become attached to some other portion of the peritoneal surface. When sub-peritoneal fibroids are pedunculated they sometimes descend into the pelvis, and then by their pressure on the neighbouring organs give rise to most distressing symptoms. When this occurs the patient's sufferings are sometimes very severe, incessant

desire to micturate or total inability to pass water being frequently experienced. Of course it is impossible to give relief unless the tumour be raised from its position and replaced above the brim. This is always a matter of great difficulty, sometimes an impossibility. The tumour invariably lies in the posterior *cul de sac* between the rectum and uterus occupying much the same position which the impregnated uterus does when retroverted. With the view of raising it above the brim Dr. Kidd has adapted to this case the method suggested by the late Dr. Halpin, of Cavan, for restoring the uterus when retroverted during pregnancy to its normal position. He introduces one of Barnes's largest sized India rubber bags into the rectum and gradually distends it with water by means of a syringe, while at the same time steady pressure is made with the finger on the tumour through the vaginal wall. In this way you will often succeed in raising the tumour and making it slip up into the false pelvis. Unless indeed the case be of long standing, and it be bound down by adhesions, should these exist your efforts will be not only useless but injurious.

Sub-peritoneal fibrous tumours do not necessarily give origin to menorrhagia, indeed as a rule they do not seem to influence menstruation at all. Thus in the case delineated in Plate VI. the catamenia were quite regular. These tumours also generally spring from the posterior surface of the uterus; this however is far from being always so, thus in the patient from whom the drawing (Plate VI.) was made the tumour grew from the anterior wall. This case was interesting too as affording an example of that form of the disease termed *fibro-cystic* in which a cyst is developed within the structure of the solid tumour. The patient was under the care of my friend Mr. Morgan, in Mercer's Hospital, through whose kindness I had an opportunity of seeing her. She appeared to be about thirty-five years of age, was married, but had never been pregnant. She stated that two years ago she detected a small, hard, moveable tumour in the left iliac region, that a year subsequently she perceived what she supposed to be another distinct tumour in the right side; they were however but projecting portions of one large central growth which steadily increased till she had attained the size of a woman when near the full term of pregnancy, but she did not think that for the last few months she had become larger. Menstruation appeared regularly at intervals of three weeks, fluctuation was everywhere very distinct, and there was universal dulness on percussion. On making a vaginal examination the tumour could be easily felt blocking up the brim of the pelvis. The anterior lip of the os uteri which was greatly hypertrophied projected into the vagina, the uterus lay quite behind the tumour, the diagnosis of uterine cystic disease was made, and all idea of surgical interference was given up. This patient subsequently died of an attack of acute peritonitis and we had an opportunity of verifying our diagnosis. The tumour which was of enormous size consisted mainly of an immense cyst; it sprang from the anterior and upper surface of the uterus, being connected to it by a short thick pedicle. The drawing which accurately represents both the size, shape, and position of the tumour was made by my friend and former pupil Dr. Hamilton Moorhead.

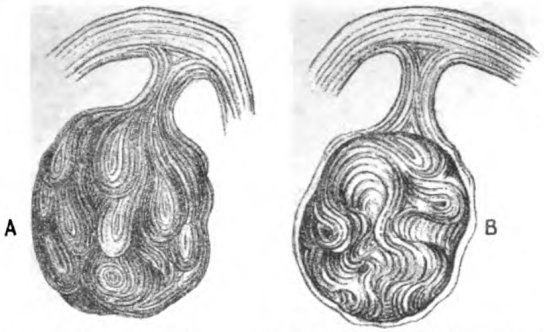
The sub-mucous pedunculated fibrous tumour is prior to its removal, in no way distinguishable from, and is to be treated in a manner identical with the ordinary fibrous polypus of which I have already spoken, I shall not therefore allude to it any further but shall proceed to the consideration of the third and most important variety of these tumours.

Intra-mural or as they are sometimes termed the parietal or interstitial fibrous tumours are of frequent occurrence. They differ from the sub-peritoneal in two important features—namely, that they nearly always cause menorrhagia and that they nearly as invariably stimulate the uterus to enlarge an effect not often produced by the other form. Thus in Dr. Morgan's case just alluded to, though the tumour weighed upwards of 11 lbs. and was at least 25 inches in circumference, the uterus was of nearly its normal size and shape, while the presence of even a very small intra-mural tumour has been known so to stimulate the womb that it has grown to a length of five or six inches while its walls have attained a thickness of an inch or more. Dr. West in his work "On Diseases of Women" mentions a case illustrating this fact. The growth of an intra-mural fibrous tumour is sometimes very slow. In a case at present under my observation and in which the womb has attained a length of five inches no appreciable change has taken place during a period of two years. On the other hand the tumour sometimes steadily increases in size and then one of three results must occur—either it will bulge out the peritoneal surface of the uterus and possibly may become a sub-peritoneal tumour, or it may continue to grow in the substance of the uterus, the whole of the organ enlarging as the tumour increases, or it may project into the uterine cavity carrying before it a covering of the muscular tissue of that organ. It is easy to conceive how this process if continued may result in the formation of an intra-uterine tumour, connected with the wall by a pedicle consisting of muscular tissue continuous with that of the uterus and of the mucous membrane covering it, that this pedicle may in time elongate, and as it lengthens become more slender, till finally it passes out of the uterus or even spontaneously breaking its attachment is expelled from the vagina, nearly all writers with the exception of Dr. Matthews Duncan admit the possibility of this process. He however thinks that the uterine wall never elongates before the true intra-mural tumour, but that the tumour is expelled *bare* into the uterine cavity, enucleation of the tumour, a process to which I shall have to refer by and by, having taken place spontaneously, However one thing is quite certain that these growths frequently present themselves as well-defined tumours projecting into the cavity of the uterus.

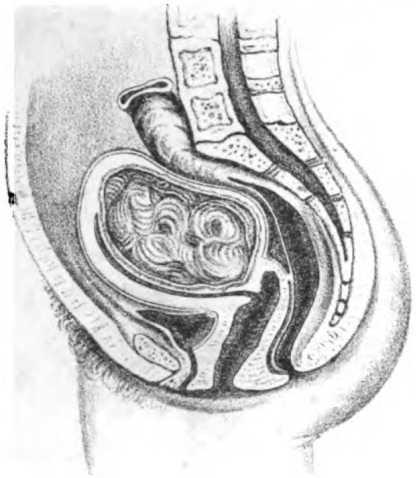
Here is a specimen of a tumour so circumstanced, you see that it is connected to the uterine wall by a very extensive attachment the circumference of the base being greater than that of any other portion of the tumour. It was taken from the body of a patient who recently died in hospital. She was a married woman, aged fifty-three. About five years ago she ceased to menstruate, but after a considerable interval observed a sanguineous discharge again to appear. This at first recurred with tolerable regularity, but gradually became more and more profuse till finally it was continuous. Some months ago she perceived a tumour to exist in the abdomen which at one point on the left side was extremely tender to the touch; she also experienced constant pain in, and was unable to lie on that side. When admitted into hospital she was in a very anæmic condition.

On passing the hand over the abdomen a large tumour could be felt lying rather to the left side which at one point was very tender to the touch. On making a vaginal examination this tumour proved to be the uterus greatly enlarged. The sound passed to the depth of five inches. I at once proceeded to dilate the cervix with sea-tangle on the removal of which this large tumour was detected projecting into and filling up the whole cavity of the uterus. The patient's condition rendered it absolutely necessary that its removal should be immediately attempted. I endeavoured to accomplish this with Marion Sims' intra-uterine *écraseur*, but as stated in a former lecture I found that instrument quite unsuitable for the purpose. I then tried an ordinary wire *écraseur* and succeeded in carrying a wire round the tumour, but the wire (an iron one) broke. Three times I succeeded in encircling the tumour with the wire but the strain to which it was subjected was too great and on each occasion it broke. As the patient was now much exhausted I desisted from any further attempt; besides I hoped that the great pressure to which it had been subjected might have been sufficient to destroy the vitality of the tumour, and that it would slough off. Matters went on very well for three days,

PLATE V.

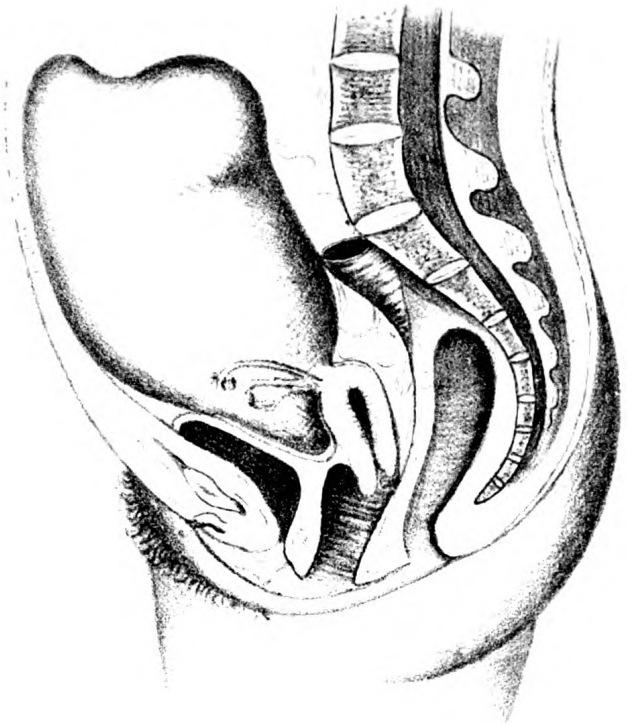


(A) *Uterine out growth.* (B) *Uterine Fibrous Tumour (after Paget)*



Intramural Fibrous Tumour (after Marion Sims)

PLATE VI.



Extra-Uterine Fibro-cystic Tumour

indeed on the third day she expressed herself as being quite well. There was not any hæmorrhage; she had no pain on pressure, and the pulse was quiet; but on the night of the fourth day she was suddeuly seized with a violent rigor, complained of intense pain over the abdomen, sunk into a state of low muttering delirium, and finally died comatose. On opening the abdomen after death hardly any trace of peritoneal inflammation presented itself, but on raising the omentum that point on the fundus of the uterus which as previously noticed had been so excessively tender to the touch, was found to be in a condition of actual mortification. On opening the uterus this enormous tumour was seen; it was nearly five inches in length and its base where the ligature had surrounded it measured nine inches in circumference. I look back on this case with much regret; had I been acquainted at the time with the value of the steel wire I believe I should have succeeded in removing this tumour large as it is and probably have saved the woman's life.

Very frequently however fibrous tumours appear as mere protuberances bulging out the uterine wall as is shown in Plate V. Such tumours as these can hardly be removed with an *écraseur*, and yet you cannot leave them alone for health is undermined and life itself frequently endangered by the hæmorrhage arising from their presence. The treatment to be adopted in such cases necessarily divides itself into the palliative and the radial; the former consists of restraining the profuse flow which occurs at each menstrual period by plugging the vagina as recommended in a former lecture, and by the administration of hæmostatics such as gallic acid, alum, &c., while ergot alone or combination with the perchloride of iron is often useful. But this plan of treatment is most irksome to the patient, and can only be looked on as a means of delaying the fatal results which ere long must follow if more energetic means be not adopted.

Medicines without number have been administered with the view of causing the absorption of fibrous tumours of the womb. Prominent among these are the bromides. I have tried them fully and freely, and believe them to be of very little, if any, use. It would be waste of time for me to go through the long list of drugs which have been recommended in these cases. I do not wish to deter you from trying them in your future practice; they will probably do no harm, but I think I can promise that they will effect little good. For myself I have lost all faith in the resolvent powers of medicines of this class in the disease at present under consideration.

The very limited good produced by medicines has induced obstetric surgeons to adopt energetic treatment, no less than five methods having been recommended and practised with the view to the radical cure of these embedded fibrous tumours. They are—1st, incising the cervix uteri; 2nd, incising the tumour; 3rd, cutting into the tumour and destroying a portion of its tissue, a process to which the term gouging has been applied; 4th, enuncleation of the tumour; 5th, avulsion or the forcible tearing away of the tumour from its attachment. Incising the os was first practised in this city by Dr. McClintock.* This operation has been founded on the theory which, according to Mr. Baker Brown, is "that the division of the os and cervix uteri permits the fibres of the body of the uterus to contract upon the contained tumour, and thereby to compress the vessels and prevent hæmorrhage." Whether this be the true explanation or not, one thing is quite certain that the operation is often followed by good results, and in the case of very large tumours which are contained within the uterus and when the cervix is thinned and spread over them the operation is fully justified—the incising of the tumour has been practised by Dr. Atlee in America, by Dr. Tracy of Melbourne, and others, with success, a success which is probably due to the fact that the vitality of these tumours is nearly if not altogether destroyed by the incisions having divided their capsules, for the fibrous growth itself is endowed with but a very low degree of vitality. I have not met with a suitable case in which to try this treatment, but I certainly should not hesitate to do so were dangerous hæmorrhages to occur in a patient in whom an intra-mural tumour existed, which I could not control by other means.

Enucleation, that is the cutting down on and dividing the capsule, and then grasping the tumour and turning it out of its capsule, is an operation suggested by a consideration of one of the processes by which Nature occasionally effects a spontaneous cure, in which the capsule and investing covering of the tumour becoming thinned at one point, either by a process of absorption or ulceration, the contained tumour is then pushed out by the contractile power of the uterus and is finally expelled. Enucleation is advocated by Dr. Matthews Duncan with his usual ability. He also practises with great success, the operation of avulsion, that is the seizing of the tumour with a strong vulsellum and forcibly dragging it from its attachments.

Avulsion is practised by Dr. Duncan in cases in which spontaneous enucleation has been already partially begun, or where that stage having been artificially commenced has proceeded to a certain extent. He considers it to be the proper practice in those cases of fibrous tumours in which the patient's life is in great danger which medical treatment is unable to avert. I am not able to speak from personal experience as to the value of the operation, but you will find full details of Dr. Duncan's views on the subject in the twelfth volume of the *Edinburgh Medical Journal*. I am equally without experience as to the merits or demerits of "goughing," but am of opinion that surgical means have been carried rather too far in the treatment of some of these fibrous tumours.

There is a less heroic mode of treatment I would have you bear in mind, and under certain circumstances to practise before having recourse to surgical measures. It is the injection after previous dilatation of tincture of iodine or of the liquor of the perchloride of iron into the uterine cavity. This practice is warmly advocated by Dr. Routh, of London, and if the cervix and os internum *be first dilated* so that the injection may have a free and rapid exit, I do not think that it is likely to be followed by unpleasant symptoms. My friend, Dr. McClintock, informs me that he has recently injected tincture of iodine with marked success in the case of a lady whom I had an opportunity of seeing with him, and in whom alarmingly profuse menstruation occurred from time to time, and which he ascertained to be dependent on the presence of a large fibroid.

Dr. Matthews Duncan has recorded two cases in which he successfully restrained dangerous hæmorrhage depending on the existence of a tumour in the uterus by the injection of the liquor ferri. perchloridi, one drachm of the fluid being in each case injected by means of a hollow sound into the cavity of the womb. In his cases the cervix does not seem to have been dilated, a precaution I should always adopt.

I have now given you an outline of the pathology and treatment of the various forms of fibrous tumours, but there yet remain two interesting and important phases of their history, to which I must allude to before concluding the subject, the one, the increase and subsequent decrease in their size, which is sometimes observed, the other their occasional absorption, transformation, or even elimination.

All fibrous tumours, especially the sub-mucous, when they hang into the cavity of the uterus are liable to become œdematous, and to this cause many of the recorded cases of enlargement and subsequent decrease in their size is referable. But in addition to this cause, menstruation and pregnancy undoubtedly influence both the condition and size of these growths. In many cases a fibrous tumour what ordinarily is productive of no discomfort to the patient becomes at each menstrual period the seat of pain. This is a fact I have several times noticed. That actual increase in bulk should also occur at the epoch is easily understood. The following case illustrating the fact is

* "Diseases of Women," p. 149.

recorded by Dr. Ernest Lambert of Paris :—"Age of patient, thirty-eight. For ten years past a tumour appeared before each menstrual epoch, disappearing in turn to reappear again; for a year it has ceased to disappear, and has become the seat of severe pain." After death a large fibrous tumour was found growing from the anterior surface of the uterus. From the same author I quote the two following instructive cases :—The first on the authority of M. Depaul, who relates that having been summoned to a patient at a distance from Paris he found three physicians in attendance on a primipara, supposed to be three months pregnant. She had suffered for some time past great difficulty both in passing water and in defecation, and for four days previous to M. Depaul seeing her had been unable to empty either the bladder or rectum, even the catheter could not be passed except with great difficulty. She suffered from the most powerful expulsive pains and her agony was very great. M. Depaul recognised the existence of a large fibrous tumour which filled the pelvis; the patient's state was one of great danger. With difficulty he reached the os uteri, introduced a sound and brought on premature labour. The next day a fœtus flattened like a sheet of cardboard was expelled; in a short time this tumour had decreased to a third of its former size, and at the end of four months was not larger than a small apple; it was situated in the anterior wall of the uterus near the neck.

X—, a woman, æt. forty-four, who had given birth to several children, was admitted into hospital on the 21st of March, 1869. The membranes had ruptured before her admission, and the feet of the child were in the vagina. The child was extracted alive, and in a few minutes the placenta was expelled. On placing the hand on the abdomen shortly after, a tumour as large as a child's head was felt at the fundus of the uterus; supposing that it was a case of twins a vaginal examination was made, but no fœtus could be felt. As the placenta had come away and as there was not any hæmorrhage it was not deemed right to explore the interior of the uterus, but the hand laid on the abdomen easily detected the presence of a tumour as large as the head of a fœtus at the eighth month of pregnancy; below this large tumour a smaller one could be felt, which was supposed at first to be the elbow of the child; careful auscultation however failed to detect the sounds of the fœtal heart; the diagnosis seemed very obscure. The woman however declared that there was no cause for anxiety as she had these tumours after each confinement, and that they always disappeared in a short time. The next day the large tumour was unchanged, but in place of the sharp projectiug tumour a globular one of smaller size existed; two days later the large one only could be felt. She died of fever on the 12th of April, twenty-three days after delivery. On making a *post-mortem* examination two fibrous tumours were discovered, the larger the size of a hazel nut, the other still smaller. Dr. Lambert concludes by saying, "we saw in this case a woman in whom at the moment of her accouchment there existed in the parietes of the uterus tumours of which one had the volume of the head of a fœtus at the eighth month; these tumours could be as clearly made out as if they had been laid bare, for the abdominal walls were very thin and flaccid, and the autopsy discovered but two little fibrous tumours, of which the largest was but the size of a nut."* It would be quite foreign to the scope of these lectures for me to enter on the subject of the influence which fibrous tumours exercise on pregnancy, but the two cases just quoted clearly prove that pregnancy stimulates them to a very dangerous degree, and this knowledge should certainly induce us to warn any woman in whom they exist should she consult us on the subject, that marriage should not be thought of.

Fibrous tumours when left to themselves not unfrequently undergo changes which may not only alter their character but also result in an actual cure. One of the most remarkable of these changes is the developement of cavities or cysts in their substance. These are specially likely to form in tumours the texture of which is loose. According to Mr. Paget this may be due either to a local softening and liquefication of part of the tumour, with effusion of fluid in the part affected, in which case the cavities are irregular and without distinct parietes, or they may be true cysts, their cavity being lined by a membrane; in either case they may be small and numerous, or of such great magnitude as to be mistaken for and treated as ovarian cysts, a very serious mistake indeed, and one unfortunately too often made. I shall however have more to say with reference to this point when I come to speak of ovarian tumours, and shall therefore for the present defer making any further remark on this part of the subject.

But Nature also makes an effort and not unfrequently a successful one to effect a cure in these cases. Dr. McClintock has pointed out five methods by which this result may be attained, namely, by, 1st, absorption—2nd, detachment—3rd, calcareous transformation—4th, sloughing or disintegration—5th, expulsions by the uterine contractions. Examples of absorption have been frequently recorded and are sufficiently numerous to induce us to postpone surgical interference if the patient be near the climacteric period of life and the symptoms from which she suffer be not urgent. I have two such cases at present under observation. In one menstruation which for several years past has been very profuse is now at the age of forty-nine becoming much more moderate in quantity; this patient refused to submit to any local treatment—Detachment and separation is only likely to occur in cases of the sub-mucous variety, for in the intra-mural the formation of a long pedicle is very unlikely, and according to Dr. Matthew Duncan never does take place, and unless this happens the spontaneous detachment is a very unlikely occurrence.

But on the other hand in the case of the embedded intra-mural tumour a cure sometimes takes place by a process of sloughing which either gradually breaks up the growth, or if that process be confined to its muscular and mucous coats, frees the tumour and permits it spontaneous enucleation.

Again cases are met with in which calcareous deposits have been formed in the substance of fibrous tumours, and it is possible that the process may extend to the entire tumour, although I am not aware of any case being recorded in which this took place—Expulsion is but a variety of the curative process first spoken of, the uterus nearly always makes an attempt to expel any substance which is formed within its cavity, consequently polypi and fibrous tumours are as a matter of fact frequently extruded by its contractions; but in the case of the latter the expulsion seems to be of but doubtful occurrence unless as the final stage of the process of spontaneous enucleation just spoken of.

I have purposely avoided at present entering into the question of the deferential diagnoses of fibrous tumours because I think I shall treat this part of the subject with greater advantage when considering that of ovarian disease with which alone it is likely to be confounded, for to mistake a fibrous tumour for pregnancy is hardly possible; the size and shape may indeed resemble that of the pregnant uterus, but the slow increase in its size and the occurrence of menorrhagia should alone in most cases suffice to prevent error. There is one symptom indeed often present in a fibrous tumor which may mislead the careless observer, and that is the occurrence of a *bruit de soufflet* which may possibly be confounded with the placental murmur; this is always synchronous with the pulse and can generally be increased by pressure. It is of but little value as a diagnostic sign and I merely mention it to put you on your guard lest you should be misled by its occurrence to suppose pregnancy existed. You must not however forget that pregnancy is not incompatible with the presence of a fibrous tumour, and a very serious complication it is.

* "Etudes sur les Grossesses Compliquées de Mômes Uterins." Par le Dr. Ernest J. Lambert. Paris. 1870.

BRITISH ASSOCIATION

FOR THE

ADVANCEMENT OF SCIENCE.

FORTY-FIRST MEETING, HELD AT EDINBURGH.

LAST week we gave abstracts of several of the addresses. We now offer a selection from the proceedings of the Sections. In consequence of the great length of the proceedings we do not attempt a full report, but only notice those papers most closely connected with our professional pursuits.

Sir DUNCAN GIBB read a paper on "The Uses of the Uvula." He commenced by saying that the true functional uses of the uvula had never been wholly understood, and then entered into a description of its composition, situation, and relation to neighbouring muscles. Anatomists describe the action of the uvular muscle as an elevator, and therefore shortens the uvula. It is, however, a sentinel to the fauces, especially in the act of deglutition, for when any substance comes in contact with it, it excites the action of all the neighbouring muscles until it is got rid of. But it possesses a function of not less importance in holding the soft palate tense and firm in the medial line against the wall of the pharynx during the act of deglutition itself, and thus prevents the passage upwards of fluid or solid substances behind the nose. This was supported by experiments upon a person who had lost the bones of the nose, permitting of a view of the action of the soft palate from its nasal aspect during deglutition, with or without food. Under either circumstance, a double arch was seen in the form of two convex swellings, held in a state of firm tension by the action of the uvula pressing down the centre of the soft palate, with its end resting flat against the wall of the pharynx. There was the *motor uvula* muscle situated superficially, like a distinct band, tied round the soft palate in its most important resisting part, to prevent the possibility of food passing upwards, and in this it was supported co-ordinately by all the neighbouring muscles concerned in the act of deglutition. There also was a fact not previously known—viz., the action of the uvula as a *point d'appui* in holding the soft palate tense in the middle line against deglutition, at the same time that the muscle acted as a compressor of the soft palate itself. Its tension ceased the moment that the constrictors of the pharynx had fully exerted their influence over the substances swallowed. Whilst the uvula has its special uses in the act of deglutition, it exerts a not less decisive influence upon the voice when uttered in a very loud tone, or in singing the higher registers, in both sexes; then its character as a levator or shortener is exerted. If this power is impaired by removal of the muscular (not the membranous) end, then the singing powers are damaged. The author now described the appearance and action of the uvula as seen in singing the higher notes, its point becoming almost invisible, and the soft palate being drawn backwards and upwards, diminishing the space between it and the wall of the pharynx. The movements of the uvula are exceedingly rapid, and vary with the continuous or quavering character of the singing notes. In the shakes of the voice it is seen to be undergoing a series of short ups and downs, at every inspiration descending, and then rapidly ascending, and keeping up until the note, prolonged or otherwise, is finished. Some remarks were made upon elongation of the uvula and its effects, a distinction being made between its elongated membranous end and the true muscular tip which should not be meddled with. Speech, the author said, was modulated by the soft palate and uvula, and the motor power of the latter is unquestionably exerted in pronouncing the letters K, Q, and X, with their associations, more especially the gutturals of the various languages. He summed up the uses of the uvula as follows:—"1. It acts as a sentinel to the fauces in exciting the act of deglutition when anything has to be swallowed. 2. It compresses the soft palate and holds its posterior free border firmly against the wall of the pharynx in deglutition so that nothing can pass upwards. 3. It modifies speech in the production of loud declamation and the guttural forms of language by lessening the pharyngo-nasal passage when it acts as an elevator. 4. Its elevating power is increased to the most extreme degree in the highest ranges of the singing voice, and is very moderately exerted in the lower ranges. 5. Therefore, in its uses, deglutition and vocalisation are the functions that are intimately associated with the uvula, and both become impaired more or less if it is destroyed, wholly removed, or seriously injured."

Sir DUNCAN GIBB read a paper on "Abnormalities of the Larynx," in which he described a rare instance of absence of both arytenoid cartilages in a girl of eighteen, Likewise one in which the epiglottis possessed the shape of a trefoil leaf, and two others in bags of fissure of the same cartilage.

REPORT ON GERM AND PROTOPLASMIC LIFE.

DR. F. GRACE-CALVERT, F.R.S., Manchester, read papers on these subjects, of which the following are abstracts:—

Germ Life.—The question of building ovens for disinfecting purposes gives the subject of this paper more than a merely scientific interest, as it thus becomes one of practical importance. As it is found that certain forms of life can exist when exposed to a temperature nearly equal to that at which the charring of organic matter commences, it is unsafe to assume that the particular forms of life which propagate certain forms of disease will be destroyed below this temperature. As from the nature of the case it can only be partially applicable, and it is at present not proved effective where it is applicable, it is unadvisable to spend public money until a greater degree of certainty is arrived at. The experiments described were not, however, undertaken with an intention of influencing the settlement of this question, but were part of a series on the question of putrefaction and the development of life. It has hitherto been assumed by the advocates of the theory of spontaneous generation that of 212 deg. Fahr., or the boiling point of the fluid operated on, was sufficient to destroy all protoplasmic life, and that any life subsequently observed in such fluids must have been developed from non-living matter. To determine this point, experiments were made with solution of sugar, hay infusion, solution of gelatine, and water that had been in contact with putrid meat. To carry out these experiments I prepared a series of small tubes made of very thick, well-annealed glass, each tube about four centimetres in length, and having a bore of five millimetres. The fluid to be operated upon was introduced into them and left exposed to the atmosphere for a sufficient length of time for germ life to be largely developed. Each tube was then hermetically sealed and wrapped in wire gauze. They were then placed in an oil bath, and gradually heated to the required temperature, at which they were maintained for half an hour. The sugar solution was prepared by dissolving one part of sugar in ten parts of common water, and then exposed to the atmosphere all night, so that life might impregnate it, then placed in tubes, and allowed to stand five days. Some of the tubes were kept without being heated, others heated to 200, 300, 400, and 500 deg. Fahr. respectively. After being kept twenty-four days, the contents of the tubes were microscopically examined. In the solution not heated much life was seen; at 211 deg. the sugar was slightly charred but the life not entirely destroyed, while at 400 and 500 the sugar was almost entirely charred and no trace of life observed. A small black vibrio observed resists the high temperature and all chemical solutions. The hay infusion was made by macerating hay in common water for one hour, filtering the liquor, and leaving it exposed to the atmosphere all night, when it was sealed in the small tubes. The results were examined twenty-four days after being heated. In this case, as in the sugar solution, life was observed in the solutions heated to 200 and 300 deg. Fahr., while in those heated to 400 and 500 deg, Fahr., life was destroyed. In the solution not heated, fungus matter was observed, while none appeared in any of the heated solutions. A solution of gelatine of such strength that it remained liquid in cooling was exposed to the atmosphere for twenty-four hours, and introduced into the small tubes which were sealed and heated. The fluids were examined twenty-four days after being heated. The animalcules in this case were principally of a different class to those observed in the two preceding cases, and this class were injured at 100 deg. F. At 212 a considerable diminution in the amount had taken place, whilst at 300 deg. all life was destroyed. Water was placed in an open vessel, and a piece of meat suspended in it until it became putrid. This fluid was placed in the usual tubes heated, and the contents examined after twenty-four days. In this case life was still observed at 300 deg. F., while at 400 deg. it had disappeared. As previous experimenters have not exposed their solutions to so high a temperarure as 300 deg. F., the life which they

found was due to the development of germs remaining in the fluid. Parts of the putrid meat solutions that had been heated were mixed with albumen, to ascertain whether they still possessed the power of propagating life, the result being that up to 300 deg. F. life and its germs had not been destroyed, whilst at 400 deg. they had. Putrid meat liquor was exposed for twenty hours to a temperature ranging from the freezing point to 17 deg. below that point. Immediately after melting the ice the animalcules appeared languid, and their power of locomotion was greatly decreased, but in two hours they appeared as energetic as before.

SANITARY MEASURES FOR SCOTTISH VILLAGES.

Sir JAMES E. ALEXANDER, in the course of a paper on the above subject, pointed out instances of over-crowding, bad ventilation, and evil habits, which rendered the amenity of many Scotch villages so unfavourable. As to the remedies for the existing state of things he was of opinion that ministers of the gospel could exercise a wholesome influence in improving the habits of the people in their visits. Amongst other things, by promoting the practice of music they might lead the people to abandon the practice which was so demoralising both to body and soul — that of resorting to strong drink.

MR. WILKINSON, Hertfordshire, said that in a village he could name there were no less than fifty public-houses. Every one more than was needful was an additional temptation to the poor man to spend his money. If they could have a diminution of the beershops, the result would be the improvement of the sanitary, moral, physical, and, he would say, the religious aspects of the poor of our villages.

MR. LAMPORT was of opinion that not until they had the poor educated to understand that their pockets were concerned in living in more wholesome dwellings, would a reform in this respect be secured. It was true philanthropy to provide for the labouring man as good a dwelling as possible, but to charge him a fair market price. He was of opinion that their endeavours to procure better dwellings for the poor would be useless as long as in Edinburgh and everywhere else houses were not built with special reference to ventilation.

MR. HIRST said the supply of water was very bad in many of the villages of Scotland. He thought that if tanks were constructed a constant supply of water might be obtained for many of the small villages. A great deal of water, he thought, was now wasted in the drainage system which had come into vogue.

MR. WILLIAMS, Wishaw, related some experience he had had in the place where he resides in the provision of houses for workmen. He had been able to construct houses containing three rooms, and to let them at so low a rent as 3s. per week, which yielded him 5 per cent. on the capital expended. The house accommodation of the poor of a country was, in his opinion, closely connected with the morals of a country, and he was sure they would labour in vain to bring down the high percentage of illegitimacy so long as the habitations of the poor rendered morality so improbable.

Rev. WM. CAINE, Manchester, said the deficiency in house accommodation led to a great deal of immorality, and produced a great deal of crime. He was also convinced that they could never remove these evils until they lessened the number of public houses.

Professor RAMSAY, Glasgow, alluding to the remarks made by Mr. KNOX, said that in Glasgow a ticket was put up at every house in the poorer localities stating the number of cubic feet of air it contained, and the number of persons of respective ages it was allowed by the Police Act to accommodate.

MR. A. MACKNIGHT thought the great want of Scotland was some Act of Parliament which would compel the proprietors to give up land at a reasonable price wherever it was required for building houses for the poorer classes.

GEOLOGICAL SYSTEMS AND ENDEMIC DISEASES.

MR. T. MOFFAT, M.D., read a paper "On Geological Systems and Endemic Diseases." He said that in a paper which he read last year, he stated that the district in which he lived consisted geologically of the carboniferous and the new red or Cheshire sandstone systems; and that the inhabitants of the former were engaged in mining and agriculture, and those of the latter in agriculture chiefly. Anæmia with goitres was prevalent amongst those on the carboniferous system, while it was almost unknown among those of the Cheshire sandstone, and phthisis was also more prevalent among the former than the latter. As anæmia was a state in which there was a deficiency of oxide of iron in the blood, he examined chemically the relative composition of wheat upon a soil of Cheshire sandstone, carboniferous limestone, millstone grit, and a transition soil between the Cheshire sandstone and the grit. The analysis showed that wheat grown upon Cheshire sandstone yielded the largest quantity of ash, and that it contained a much larger quantity of phosphoric acid and oxide of iron than that grown upon the other formations. The analysis also showed that the wheat grown upon the carboniferous system was deficient in phosphates or nutritive salts. With the view of ascertaining whether the bread of those who dwelt upon the two systems was relatively as deficient in the nutritive elements as the wheat, he collected twenty samples of bread used by twenty different families living on each system, and the analysis afforded results as conclusive as the examination of the wheat. The deficiency of the nutritive salts in the bread, compared with those in the wheat was remarkable, no doubt owing to the removal of the bran from the flour with which the bread was made. From statistics it was found that the number of deaths from anæmia was greater on the carboniferous than on the new red sandstone system at all elevations, and that there was a greater number of deaths from cancer on the red sandstone than on the carboniferous system. The number of deaths from struma diminished with the increase of elevation. On the carboniferous formation on both sides of the estuary of the Dee at a mean height of 30 feet, the number of deaths per 1,000 of population from struma was 14 and 22, greater than it was on the Cheshire sandstone of nearly the same elevation; while at a mean height of 500 feet it decreased to only three above it. This diminution with elevation in the death-rate of strumous persons he attributed to meteorological causes, the chief of which he believed to be atmospheric ozone. The practical deductions to be drawn from this enquiry were, that all young persons living on a carboniferous formation having symptoms of incipient goitre and anæmia ought to be moved to a soil upon red sandstone; that persons of strumous habit ought to reside upon sandstone of an elevation of at least 800 or 1,000 feet above the sea; and that both classes of persons should live upon food—both animal and farinaceous—which contains the maximum quantity of oxide of iron and the phosphates or nutritive salts. Medical men could not too much impress upon the minds of the public the importance of using flour made from the whole of the wheat or "whole grain."

MR. G. A. LEBOUR, H.M. Geological Survey, said that in a part of Northumberland, where the carboniferous district contained a thin bed of limestone, the inhabitants suffered very much from goitre.

Profesor YOUNG said that those who undertook investigations of this kind should limit their examinations to one class of diseases, or a group of diseases sufficiently distant pathologically as not to interfere with one another.

Sir RICHARD GRIFFITH said that in Ireland they had plenty of carboniferous limestone, and not a case of goitre was known in those districts.

Professor HULL added his testimony to the healthful character of the new red sandstone of England as a foundation for houses and towns. He thought the towns of England should be built on the sandstone, and that the coal measures should be given up to the production of coal, oil, &c. In Birmingham, which had never been visited by cholera, the new red sandstone was peculiarly adapted to promote the health of the inhabitants. It was porous and dry, and the most wonderful natural filter which existed in these islands. However, the most healthful situations and formations might be converted into pestiferous dens by the neglect of ordinary sanitary arrangements, and he hoped that increased attention would be paid to those ordinary sanitary arrangements.

A MEMBER said he thought Dr. Moffat's deductions were mere coincidences, and that they were not traceable to the causes to which he referred. The character of the food was very fluctuating, depending as it did on the state of the markets and crops, and it was also a fact that the people were largely fed with food which was imported.

DR. MOFFAT, in his reply, said that goitre was found to decrease after the introduction of a different kind of food, and that sheep in that district were peculiarly liable to anæmia.

ON THE DICHROISM OF THE VAPOUR OF IODINE.

Professor ANDREWS read a paper "On the Dichroism of the Vapour of Iodine." The fine purple colour of the vapour of iodine arises from its transmitting freely the red and blue rays

of the spectrum, while it absorbs nearly the whole of the green rays. The transmitted light passes freely through a red copper or a blue cobalt glass. But if the iodine vapour be sufficiently dense the whole of the red rays are absorbed, and the transmitted rays are of a pure blue colour. They are now freely transmitted as before by the cobalt glass, but will not pass through the red glass. A solution of iodide in sulphide of carbon exhibits a similar dichroism, and according to its density appears either purple or blue when white light is transmitted through it. The alcoholic solution, on the contrary, is of a red colour, and does not exhibit any dichroism.

THE ACTION OF HEAT ON BROMINE.

Professor ANDREWS also made a communication on the above subject, of which the following is a brief abstract :—If a fine tube is filled one-half with liquid bromine and one-half with the vapour of bromine, and after being hermetically sealed is gradually heated till the temperature is above the critical point, the whole of the bromine becomes quite opaque, and the tube has the aspect of being filled with a dark red and opaque resin. A measure of the change of power of transmitting light in this case may be obtained by varying the proportion of liquid and vapour in the tube. Even liquid bromine transmits much less light when heated strongly in an hermetically sealed tube than in its ordinary state.

REPORT OF THE COMMITTEE OF THE CHEMICAL SECTION ON UTILISATION OF SEWAGE.

MR. J. GRANTON, the chairman of the committee on the Treatment and Utilisation of Sewage, read the committee's report, which stated that, upon its re-appointment at Liverpool last September, it proceeded at once to consider the subjects which seemed to demand immediate attention in furtherance of the investigation which had been entrusted to it. The first steps taken were to endeavour to procure information from the towns were works have been constructed for the application of sewage to land by irrigation ; and from the places where the dry earth, or Moule's system, is in operation. Printed lists of queries were sent to a number of towns, but only eight of these answered the circular on irrigation, and one answered the queries regarding the dry earth process. The answers from the towns had been tabulated, and would be found in an appendix. During the construction of the present tanks at Breton's farm in the winter, very accurate observations could not be made, but, nevertheless, during the extreme frost, samples were taken of the sewage and of the affluent water. The temperature of both and also the atmosphere were observed. Similar observations were made at Croydon and Norwood. The observations as to the quantity and quality of the sewage and affluent water had been taken at Breton's farm, with slight interruptions, from last meeting of the British Association till the present time. The times of sowing and planting the several crops had been carefully recorded. The committee had visited several sewage farms, and examined the various methods pursued at them with a view to determining the practical conditions upon which the success of sewage-farming depends. They had samples of sewage and affluent water collected, and made analyses of them. The phosphate process of Messrs. Forbes and Price, had also been examined by a member of the committee, and an analysis of the affluent water from this process was appended to the report. Analysis of the soil which has passed once and twice through earth closets had been furnished by a member, and the manner in which this process is carried on described. An ox which had been fed for the previous twenty-two months entirely on sewage grown produce, was slaughtered on July 15th at Breton's farm, and the carcase examined by Dr. Cobbold, and Professors Marshall and Corfield, in presence of several members of the committee, with a view to ascertain the presence or absence of entozoa in any steps of their existence. The result of the examination was given in an appendix to the report.

Mr. Hope, Dr. Corfield, and Mr. Gilbert supplemented the report by stating a number of facts, the result of the analysis of sewage and soil, and regarding the system on which the sewage farms at Breton's Farm and Tunbridge Wells are conducted—at what expense, and with what success.

Dr. Cobbold's report on the carcase of the ox was read by DR. CORFIELD, and showed that he found the carcase perfectly free from internal parasites of any kind. He attributed this marked negative result to the following circumstances :—(1) The animal did not graze on the farm, but was fed exclusively upon vegetable products cut and carried from the land ; (2) the porous nature of the soil and subsoil alike would rapidly carry off the sewage, and thus ensure the passage of parasitic germs into the soil itself ; (3) he noticed on the irrigated portions of the farm a remarkable absence of those moluscan and insect forms of life which frequently play the part of intermediary bearers ; (4) the only molluscs he detected were examples of *Succinea putris*, which were obtained in a small pit of water to which the sewage had no access, but these molluscs, when examined after death, were not found to contain any carcarian larvæ ; (5) the flaky vegetable tufts collected from the sides of the furrows occupied by sewage currents consisted chiefly of *Batracho-spermum moniliforme*, in the filaments of which were numerous active free nematodes, but no ova of any true entozoan ; (6) the sewage had a strong smell of beer, suggesting the presence of sufficient alcohol to destroy the vitality of ordinary parasitic germs, though it was abundantly manifest that the free nematodes had suffered nothing in consequence. The report concluded by a statement for the purpose of guaranteeing the efficiency with which the carcase of the ox had been examined.

After the various reports on this subject had been read and commented on by various gentlemen, they were approved, and the committee recommended to persevere in their investigations.

THE PHOTOGRAPHIC POST.

The Abbé MOIGNO read a short paper on the photographic post, as used by the French Government for sending communications, photographed to a small size, between the provinces and Paris, when the latter was besieged by the Germans. The paper stated that M. Dagron and M. Fernique were sent by the French Government to Tours by a balloon to establish in the provinces a service of photo-microscopical despatches, to be sent to Paris by travelling pigeons. The party arrived at Tours on the 21st November, when M. Dagron showed the telegraph-master-general of the delegation there a specimen of his photomicroscopy made upon a thin film. The photographs on the film were much preferable to those on paper, both for lightness of weight and easiness of printing. Abbé Moigno showed one of the films as prepared for sending to Paris. It was about the size of one of our railway tickets, and was capable of reproducing twelve or sixteen folio pages of printed matter, or three thousand despatches. The lightness of these printed films permitted eighteen being covered by one pigeon, which gave a total of more than 50,000 despatches, weighing less than *one gramme*. The films were rolled up in the stem of a feather, and fastened to the tail of the pigeon.

EXAMINATION OF WATER FOR SANITARY PURPOSES.

MR. GUSTAV BISCHOF, Professor of Technical Chemistry at the Andersonian University, Glasgow, read a paper "On the Examination of Water for Sanitary Purposes."

Several remarks were made on this paper, after which DR. WRIGHT read a short paper "On the Oxydation Products of the Essential Oil of Orange Peel."

HEAT GENERATED IN THE BLOOD.

DR. ARTHUR GAMGEE read a report "On the Heat Generated in the Blood during the Process of Arterialisation." He reviewed the various opinions on the subject which had been entertained, and noticed the experiments of Dr. Davy, which he said were probably valueless. On the other hand, Dr. Christison, in his accurate experiments, had ascertained heat was not materially involved during the process of arterialisation. The specific heat of blood was absolutely the same as that of water. Dr. Gamgee described experiments made by himself, several of them in conjunction with Professor Tait. The earlier experiments he made were unsatisfactory, and no positive proof was obtained of the heating of blood when it absorbs oxygen. He then gave a description of experiments made this year with a complicated but improved apparatus. The results were, that an amount of shaking might be performed as to arterialise blood without the temperature being affected ; when vinous blood was agitated with hydrogen no heating of the blood resulted, but there was always a slight evolution of heat when the blood was shaken with oxygen. Professor Tait, who had repeated the experiments, authorised him to say that they appeared to him to be perfectly correct.

Professor Rutherford, King's College, London ; Mr. Ray Lancaster, and Professor Williams, Veterinary College, Edinburgh, made some observations, in which they expressed their sense of the value of the paper. Dr. Gamgee then gave explanations on points suggested by them and by the President, who took exception to the expression regarding Dr. Davy's ex-

periments that they were valueless. The President said that Dr. Davy's experiments should never be so mentioned, and he suggested that the expression should be altered before the report was printed. Professor Allen Thomson further took exception to some of the results arrived at by Dr. Gamgee. In deference to the opinion of the President, Dr. Gamgee undertook to withdraw from the published report the expression as to Dr. Davy which had been objected to. On the motion of Professor Rutherford, the report was received.

INOCULATION IN THE LOWER ANIMALS.

Dr. John Chiene read a paper "On an Experimental Enquiry into some of the Results of Inoculation in the Lower Animals." He noticed cases in which cancer had been introduced by inoculation, and described the mode in which he had conducted his experiments. The great majority of cases of inoculation had been made on dogs, animals liable to cancer. A number of cases of inoculation had also been made in the cases of rabbits. The author described the cases of two rabbits particularly. The general result was that inoculation did not produce cancer, but a local disease, not particularly due to cancer, and that this local disease had a tendency to heal by contraction or suppuration.

DIETARIES IN WORKHOUSES.

Dr. Edward Smith read "Remarks on the Scheme of Dietaries in the Workhouses of England and Wales." He had been engaged in making enquiries into this subject, and the dietaries of prisoners and others fed by the public, and the results, reported to the Government, were contained in various blue books. The food selected in the workhouses were to be those in ordinary use in the several localities, and were to include oatmeal, cheese, and puddings. The kind and quantity of food was to be adapted to the age and condition of inmates. More bread was to be given to growing persons, and less food to women than to men, but the diminution was not to exceed one-sixth. The author described in detail the dietaries which had been adopted in workhouses. It was doubted whether children in workhouses were as healthy as other children, and lately more bread and milk had been given. The results as to adults were satisfactory, particularly now that workhouses were filled by the aged and infirm, and not as formerly, by the unemployed. This was the case in the workhouses to which he referred, but there were many in which the diet was unsatisfactory. In some bread and gruel were always given for breakfast and supper, and not much meat at any time. In the cheese districts, there were cases in which out of twenty-one diets in a week, eighteen were cheese and bread. In other cases meat was given too often—six or seven times a week—and in quantities far beyond the requirements of the body. It was difficult to interfere with local management in this country, but it was desirable to advance to uniformity, with the view ultimately of a dietary scheme being issued by the Government for the workhouses in the kingdom.

THE BRAINS OF THE INSANE.

The next paper was by Dr. J. Batty Tuke, "On the Morbid Appearances Noticed in the Brains of the Insane."

Dr. Tuke pointed out the importance of localising brain function, and that the means to this end at the disposal of the physiologist were nearly exhausted. Comparative anatomy had done its work; and experimentation, although it had done much to demonstrate certain leading facts of importance, had left much which was doubtful, and more that it had not attempted to explain. Moreover, sources of fallacy existed in this method of enquiry from the difficulty which existed of localising artificial injuries, and of reaching deep-seated portions of the brain. Disease, however, injured in a finer and more delicate manner than the knife, and it was held that much might be elicited regarding the functions of the brain by observing the parts of the organs implicated in disease, and the perversions of the nervous system which are associated with them. It being generally acknowledged that the intellectual powers are manifested through the grey matter of the cerebrum, and as in insanity these faculties were impaired, exaggerated, or perverted, the author asserted a belief that, by examining the brains of the insane a hope existed of discovering a road for arriving at a solution of the functional difficulty. The time had passed when the term mental disease, insanity, or madness, conveyed to the minds of physicians, the idea that the psyche, the mind or its faculties, were the entities which were the subject of disease. By a process of ratiocination rather than of demonstration the pathologist had arrived at the conclusion that abnormal physical manifestations are dependent upon primary or secondary morbid changes in the nerve tissue; that insanity is a symptom of disease, not a disease itself, and that in the brain the *materies morbi* must be looked for. Six years ago the author commenced a systematic microscopic examination of the brains of the insane and with this most important result, that in every single instance a marked departure from healthy structure was observed. The process by which the brain matter was made fit for the microscope was related, also a list of twelve different parts of that organ which had in a majority of the cases been examined. The morbid appearances may be classified under the following heads:—Changes—1st, in the neuroglia; 2nd, in the nerve cells; 3rd, in the nerve fibre; 4th, in the blood-vessels; 5th, granulation in surface of cerebral convolutions, &c.; and 6th, amygloid and colloid bodies. After describing the various forms of disease, which were illustrated by diagrams and microscopic sections, the paper concluded with the following statements:—We are not prepared to designate the individual parts of the brain specially affected in different forms of insanity; but we may say generally, that the corpora striata are the portions most frequently found affected, and that the cerebellum is the organ least frequently subject to disease. Further, that the white matter is much more liable to evident structural morbid change than the cortical substance in comparatively recent cases, and that where the intellect has been in abeyance for prolonged periods, the structure of the grey matter of the cerebral convolutions is difficult of demonstration, the layers are found indistinct, as the cells are few in number and generally small in size. We do not wish it to be thought that we have found in cases of insanity any changes in the cerebrum which may not be found in other parts of the central nervous system in diseases not involving the intellect. The seat of these morbid conditions is the great point to be considered in the different cases; and in this direction we propose immediately to direct our attention by analysing the series of microscopic sections at our command, 2nd by carefully comparing the physical signs observed during life with pathological conditions. The great conclusion to which our researches have as yet led us is, that in the fifty-three cases of chronic insanity which we have examined, we have found distinct structural changes in the brain of each. This in itself is a fact having a most important bearing on the physiology of the brain, and one which, if followed up, may be reasonably expected to dissipate much of the mystery which hangs over the functions of its various parts. Our object in bringing this paper before the Association is the hope of enlisting others in an enquiry which is so vast that we feel a host of investigators will be needed to prosecute it.

ADMINISTRATION OF THE POOR LAWS.

Mr. W. A. Peterkin read a paper "On the Administration of the Poor Laws," the following being the concluding observations:—In Scotland, outdoor relief is the rule, for twelve at least will receive relief at their own homes for one relieved in a poorhouse. As to the amount and description of relief to be given, I have observed that public opinion is disposed to be liberal until it has to pay, and that it is much easier to censure than superintend the administration of relief. It will be universally admitted that some kind of organisation is a necessity in the administration of relief, and I have come to be of opinion that the smaller the organisation, the better for poor and rich; and that as congregations of worshippers form the smallest social arrangement which we have for a common object, it would result in good to all were it practicable to make each congregation legally responsible for the relief of every poor member, leaving to the care of the present poor-law organisation only those persons who were not members of, or not connected with some religious body. Failing such an arrangement, which may be regarded as Utopian, we have the next smallest arrangement—namely, that of parishes; and therefore in the meantime we are safer to adhere to that than to adopt—what may be more convenient, but which may not be so economical—large areas of administration. It is an advantage of our present system in Scotland that the recipients of relief are all previously well known to, and visited by, inspectors, local responsible officers, controlled by 885 separate boards, representing all interests. To have these boards constituted so as to secure impartial, and intelligent, and humane administration is, in my opinion, of the utmost importance to all interests.

Sir John Bowring was struck with the novelty of the suggestion that congregations should be charged with the relief of

Irish Poor-Law Intelligence;

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

COUNTY INFIRMARY—DR. CRUMPE'S SUCCESSOR.

A SPECIAL meeting of the Governors was held for the purpose of electing a successor to Dr. Crumpe, resigned.

Chairman—We all believe this matter won't finally settle here. I understand there is a dispute which will come before the Queen's Bench, or some other tribunal, so it will be necessary that everything should be conducted to-day in a sttaight forward manner on the election of a doctor. We have nothing to do but take the votes, and any legal question that may be raised we will have nothing to say to. We decide here accordingly to numerical majority, but we should be careful everything is conducted in a strict regular way.

Mr. S. Huggard said while they were on that subject he wished to say he came forward with Dr. Alton, who, as they were all aware, was to be candidate for the office, and he, acting under the advice of one of the most eminent counsel of the Irish Bar, was advised, before the election came off, to serve certain notices upon the governors who were not qualified to vote upon this occasion. He would now hand the notices to Dr. Alton to serve.

Certain governors were then served with notices, stating that they were not duly qualified to vote, and also a notice on the Chairman, cautioning him against receiving their votes.

Entry was then made in the minutes of the notice served on the Chairman. Said,

Rev. Thos. Moriarity said—I am not going to proposeany particular medical man or number of men, but to propose to this meeting, without meaning any one in particular, that we elect two doctors instead of one to this institution. I think it is very desirable that the surgical experience of this institution should not be monopolised by one man. I think if two medical men worked up this institution, the institution would be better served, their experience would be largely increased, and the public would be more benefited. A speech is not necessary in moving this (a laugh). I stated this at the last meeting of this Board. I stated it also in the local papers, and I think everyone about should understand what I mean, and, therefore, I put this question now to the Board that we elect two medical officers, as their experience would be useful to society and beneficial to this house.

Mr. Rae said the advertisement specified "a Surgeon."

Rev. Mr. Moriarity knew the Act of Parliament specifies "a surgeon" but that did not forbid the election of two men which he considered within the letter of the law, and certainly within its spirit. He should take votes on the question to know who was against it.

In the first place it is contrary to law, and in the next place we have the experience of 70 or 80 years, this house that such a practice is contrary to our laws. We had Dr. Crumpe here for 50 years.

His father before him and Dr. Murphy was surgeon previously, so I think we have very high authority upon the point.

Captian Rowan said with regard to the request of Mr. Moriarty, he considered it plain from the Grand Jury Act that it was competent for them to appoint more than one surgeon. He referred to the 86th section. The amount of the salary was there directed to be paid "to the surgeon or surgeons." With regard to the practice, except in Dublin, Cork, and Limerick, and some other large towns, there was only one surgeon appointed. For himself he considered the salary was so small that it was not worth dividing. He would suggest to have an honorary surgeon appointed.

Mr. M'Giliycuddy—And work for nothing.

Mr. Rae—Has the grant from the Consolidated Funds ceased ?

Captain Rowan—It has ceased with Dr. Crumpe's resignation.

Rev. Mr. Moriarty—There are County Infirmaries in Ireland in charge of two. I think we are within both the spirit and the letter of the law, and I think it would be to the interest of the public and the medical profession that we should elect two.

Mr. Rae handed in a protest against the motion being put, on the ground that the advertisement calling for the meeting was for a surgeon.

Votes were then taken for the appointing of one surgeon or two.

For the appointing of two surgeons, three governors voted.

And for the appointing of one surgeon, eight.

The Rev. Mr. Moriarty's motion was therefore lost.

Mr. L. Rae—It has been stated here that there is a law opinion against my voting, and you Mr. Morphy state you have a law opinion supporting me. I would like to know about that (laughter).

Mr. Morphy—If the chairman wishes I shall read it.

Mr. E. Rae—If Mr. Morphy says he has an opinion in your favour, vote.

Mr. L. Rae (to Mr. Morphy)—If you tell me, that is enough.

Mr. S. Huggard (to Mr. L. Rae)—And if you have any fancy for the opinion of Mr. John O'Hagan, here, it is (laughter).

Mr. E. Rae—If he has any fancy to read law opinions I have not.

Lord Ventry—Is it not usual for candidates to leave the room.

Chairman—Dr. Alton requests me to propose him. I don't know as chairman, can I ?

Captain Rowan—I think we have the application of gentlemen before us.

Chairman—I have an application from Doctor Fitzmaurice.

Lord Ventry—I know we should not depart from the advertisement.

Chairman—Well, gentlemen, I propose Dr. Alton. I don't know that there is anything irregular in proposing him.

Mr. Nicholas Donovan—I beg to second that.

Mr. Morphy—As he has commenced proceedings by serving notices, I ask you to look at his testimonials.

Dean Mawe proposed Dr. Alton.

Mr. Morphy—Are the testimonials according to law, Dean Mawe ?

Dean Mawe—Yes, they are.

Lord Ventry—What are the qualifications?

Captain Rowan—They are mentioned in the 36 Geo. III., cap. 9, sec. 3.

Dr. Alton—I have my fellowship and diploma from the Royal College of Surgeons, Ireland.

Mr. Rae said the Act to which Captain Rowan had alluded was followed up by the Grand Jury Act.

Dr. Alton then handed in his qualification as Practitioner of Surgery and Fellow of the Royal College.

Captain Rowan—Is he a licentiate?

Rev. Mr. Moriarty—I see clearly the objection to Dr. Alton arises from the fact that he is not a licentiate of the College of Surgeons. Well, now I have simply to ask leave that question be decided by a court of law and not by this Board.

Mr. Huggard said it was quite plain.

Rev. Mr. Moriarty called the attention of the Board to the fact that there was a supplemental charter given to the College of Surgeons, and, without going into the history of the College of Surgeons, he would tell them that every person who was admitted as a Fellow of the College, such as Dr. Alton was, and who was not already a licentiate of the College was made one.

Mr. E. Rae—I want to know has the Queen power by a charter to repeal an Act of Parliament?

Rev. Mr. Moriarty—Yes.

Mr. Morphy—The decree of licentiate must be taken by examination, the decree of Fellowship may be taken without examination.

Lord Ventry—I think the real meaning of that is—before they give a diploma they are bound to see an examination has been passed.

Dr. Alton—Certainly. And there is my diploma from the Royal College of England.

Captain Rowan—The Grand Jury Act says "Letters and testimonials." It does dot say anything about "licentiate."

Mr. Huggard said that on that point also Dr. Alton had got the opinion of eminent counsel, and as Fellowship was a higher qualification than a licentiate, Dr. Alton was qualified. [Mr. Huggard then read the opinion of counsel on the different points.]

Mr. Morphy—And here is the opinion of a very eminent barrister which was taken on the 27th of July.

Chairman—I suggested before this that this is a question for the lawyers.

Mr. Morphy said Dr. Alton had not passed the necessary examination in Dublin, or served his apprenticeship there.

Chairman—We have nothing to do with the qualifications. We will take them as tendered and leave it to the Court to decide.

Rev. Mr. Moriarty read a letter from the Royal College of Surgeons, written by the Secretary, in which it was stated the diploma received by Dr. Alton, from that College, entitled him to fill the office of surgeon to the infirmary or county jail.

Chairman—All we can do now is to take what each candidate tenders, and let the legal validity be looked into afterwards.

Votes were then taken—For Dr. Lawlor, 6; for Dr. Alton, 4; for Dr. Fitzmaurice, 2.

Votes were then taken between Drs. Alton and Lawlor; when Lord Coventry and Captain Rowan voting in favour of Dr. Alton, both candidates stood at six votes each.

Dean Mawe—Has not the chairman a casting vote?

Captain Rowan—There is nothing about it in the Act.

Mr. Rae said under the Poor Law they gave the chairman the casting vote, but they took it from him again.

Chairman—Let this be in the same position until they go and decide their rights in the Queen's Bench. The quickest way of having it decided is by my voting.

The Candidates were called into the room and told the result of the voting and the different members.

Mr. S. Huggard—The Chairman has a casting voice. There is not a public assembly in this county that the Chairman has not a casting voice.

Mr. E. Rae—We will adjourn.

Mr. L. Rae—Mr. Huggard, before you came in what we proposed was that the candidates should both agree to this course.

Mr. Huggard—Dr. Alton won't agree.

Mr. E. Rae—Nor Dr. Lawlor either.

Mr. Huggard—Because there should be a new election over again. Do you delare Dr. Alton?

Chairman—I declare his majority. I declare him elected.

Dr. Alton—Gentlemen, I thank you all for this election, both those who voted for me and those who voted against me. I can say this, that I trust both those who voted for and those who voted against me shall have no reason to find fault with me. I shall perform the duties of this institution as well as I can and will endeavour to make it as useful to the professional young men as possible. I shall observe no distinction, creed, or sect, of the young men of this town in cases of operation here, but I shall endeavour to make it useful to all parties, As to my friend, Dr. Lawlor——

Mr. E. Morphy said he would protest against introducing young doctors into the infirmany to learn there.

Rev. Mr. Moriarty—Medical students can learn their profession.

Mr. Morphy—They can learn it elsewhere, not here,

Secretary—Is Dr. Alton elected?

Mr. Rae said he had received a letter contradicting a statement made at their last meeting, that Dr. Williams had learned his profession in the County Infirmary,

The Secretary was directed to make an entry in his book of Dr. Alton's being elected and Mr, Rae's protesting.

Mr. L. Rae—And I protest.

Mr. Blennerhassett—And so do I.

Mr. Morphy—I protest.

Rev. T. Moriarty—All Dr. Lawlor's supporters protesting.

Chairman—All Dr. Lawlor's supporters joining in the protest.

The Board shortly after adjourned.

TIPPERARY.

In the minutes there was an entry of a letter read at the last meeting from Dr. Sadleir—"That the Bansha Dispensary Committee had not paid him for his services, nor acknowledged the receipt of his letter addressed to the Secretary; nor had given the slightest reason for non-payment of a sum voted by themselves, and requesting the Board to finally decide the matter." It was ordered—"That we now pay Dr. Sadleir £6, at the request of the Hon. Sec. and Member of the Dispensary Committee, and that the sanction of the Commissioners be requested thereto."

Mr. Hogan said what the Committee agreed to pay was for the services of Dr. Sadleir from the date of Dr. Bradshaw's resignation, until the appointment of his successor. Dr. Sadleir, however, wanted to be paid for two weeks during which he was acting for Dr. Bradshaw, who brought him there. Dr. Bradshaw brought Dr. Sadleir there to do his own business, and why should we pay him?

Clerk—On the minutes of the Committee I understand there is an order to pay Dr. Sadleir from the first day he took charge.

Mr. Hogan—No, but from the date of Dr. Bradshaw's resignation, and they could not do more.

It was decided to put a stet on the check ordered on last day.

Chairman—I am told Dr. Bradshaw was never in better health than at present (laughter).

Mr. Hogan—I told you that.

Dr. Dowling—That is the way with the superannuation officials (laughter).

Mr. Hogan—It was the Board who gave Dr. Bradshaw the superannuation—gentlemen who were not paying the money themselves. Those who had to pay it were opposed to the allowance.

Chairman—Our last master, Dr. Riordan, whom we superannuated, is now in the rudest health I ever saw him in (laughter), and when he retired he had certificates from two eminent medical men that he was all but dying.

Mr. O'Brien—When they recover their health the superannuation ought to be withdrawn (laughter).

Mr. Cleary—Let them have their health as long as they can.

Mr. O'Brien—Well, I suppose, if we did withdraw it, they'd get sick again (laughter).

Mr. Hogan—I think according to the encouragement we give officers we shall find them getting sick by degrees (more laughter).

LIMERICK BOARD OF GUARDIANS.

A PROPOSITION of Mr. M'Nab, to increase the medical officers' salaries by £50, after some discussion, was rejected.

Correspondence.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I enclose the slip from the *Cork Examiner*, of the 7th of August, which may interest your readers at this time, when Poor-law Guardians are too often disposed to initiate penal laws against their medical officers, when looking for any increase to their paltry and inadequate salaries, or applying for sick leave of absence!

Dr. Benson was attending a case of midwifery in a wretched hovel, and in the act of turning, in a case of cross-births, when he suddenly expired, amidst the suffocating smoke of the cabin, destitute of a table, chair, or stool.

Your obedient servant,

MULTUM IN PARVO.

"DRUMCOLLOGHER DISPENSARY DISTRICT.—At a meeting of the Committee of Management of the above Dispensary district, held this day, 31st July, Dr. Atkinson, J.P., in the Chair; fifteen other members being present, a vote of condolence, amidst the deepest expression of regret, was passed to the highly-esteemed and amiable widow of their late much-lamented and much-beloved medical officer, Dr. James Benson, who died of syncope of the heart in the lowly shed of a poor peasant while in the discharge of his duty, on the night of Tuesday, the 25th inst. The deceased gentleman had won for himself, by his affability of disposition, goodness of heart, and faithful discharge of duties, golden opinions from every one who knew him. He dies, leaving a wife and six young children. Dr. O'Leary, Castleishon, was appointed, *pro. tem.*, pending the election of his successor."

MORTALITY IN LIVERPOOL.

LAST week was submitted the second portion of the report of Drs. Parkes and Sanderson upon the health of Liverpool. The mortality in Liverpool might be divided into two categories, ordinary and extraordinary. The ordinary annual mortality in years not marked by any great epidemic disease was about 35 per 1,000 of the population. When epidemic diseases prevailed frequently in a town, and caused in certain years an excessive mortality, they arose from two chief causes—first, the ready and frequent introduction of the cause of the disease into the town; and, second, local conditions, which always foster it, or which allow its spread when introduced. Both these causes exist in a high degree in Liverpool. Its position as the great seaport increased greatly the chances of the introduction of any epidemic disease. Arrangements for the proper and healthy accommodation of emigrants, to separate them completely from the permanent population by locating them only in a certain district, would afford the best chance of stamping out an epidemic. As it was of importance that Liverpool should receive early intimation of any epidemic disease prevailing, the Commissioners suggested that arrangements should be made to obtain regular monthly reports of the health of those countries, so as to be prepared for any contingency of the kind. The local causes which aided the spread of these diseases existed also in Liverpool to an unusal extent. Dealing with the mortality of streets, the Commissioners for the purpose of a standard of comparison selected two healthy streets, namely Rodney street and Egerton street, inhabited by a class of skilled artisans getting good wages—clerks, custom-house officers, and other respectable persons. The other selected streets were inhabited by the lower class of labourers. Rodney street was remarkably healthy, and would probably contrast favourably with any country village. The death-rate increased gradually in the other streets until, in Addison and Sawney Pope streets, it reached the enormous amount of 45·4 and 55·86 deaths per 1,000 per annum. Out of 100 children under one year of age only 5 died annually in Rodney street, 58 died in Lace street, 30 in Adlington street, and from 21 to 26 in the other streets. Out of 100 children under five years of age there died annually in Rodney street 4, Egerton street 10½, Henry Edward street 11½, Addison street 12½, Adlington street 13, Bispham street 14, Lace street 16, and Sawney Pope street 26. This proved that the great mortality in the poor streets arose partly from the loss of life of children under five years of age. Taking the six poor streets, 342 children died in four years, and of these 51 died of small-pox, measles, and scarlet fever, 34 of diarrhœa, 35 of convulsions, 59 of bronchitis and pneumonia, and 56 of atrophy and debility. The large number of deaths from contagious diseases of childhood must be expected in a crowded population, but the large numbers put down to atrophy and debility, and to convulsions, indicated unmistakably the greatest neglect and maltreatment on the partof the parents.

CHOLERA.

A CIRCULAR letter has been issued by the Poor-law Commissioners in relation to the apprehended approach of cholera in the United Kingdom, and calling attention to the order issued on the 29th July last by the Privy Council, containing regulations on the subject of quarantine, which entail duties on every nuisance authority within whose jurisdiction any ship shall be found arriving, and having on board any person affected by cholera. The circular detailed the provisions relating to quarantine in the order as follows:—

"1. In this order the term 'ship' includes vessel or boat; the term 'master' includes the officer or person, for the time being, in charge or command of a ship; the term 'cholera' includes choleraic diarrhœa; the term 'nuisance authority' has the same meaning as in the Sanitary Act, 1866.

"2. It shall be lawful for any nuisance authority having reason to believe that any ship arriving in its district comes from a place infected with cholera, to visit and examine such ship before it enters any port, or lands any person or thing in the district for the purpose of ascertaining whether such ship comes within the operation of this order,

"3. The master of every ship within the district of a nuisance authority, having on board any person affected with cholera, or the body of any person dead of cholera, or anything infected with that, or that has been exposed to the infection of cholera, shall, as long as the ship is within such district, move, anchor, or place her in such position as from time to time the nuisance authority directs.

"4. No person shall land from any such ship until the examination hereinafter mentioned has been made.

"5. The nuisance authority shall immediately, on the arrival of such a ship, cause all persons on board of the same to be examined by legally qualified medical practitioners, and shall permit all persons who shall not be certified by him to be suffering from cholera to land immediately.

"6. All persons certified by the examiner to be suffering from cholera shall be dealt with under any rules that may have been made by the nuisance authorities, under the 29th section of the Srnitary Act, 1866 ; or where no such rules shall have been made, shall be removed, if their condition admits of it, to some hospital, or place to be designated for such purpose by the nuisance authority ; and no person so removed shall quit such hospital or place until some physician or surgeon shall have certified that such person is free from the said disease.

"7. In the event of any death from cholera taking place on board of such vessel, the body shall be taken out to sea and committed to the deep, properly loaded to prevent its rising.

"8. The clothing and bedding of all persons who shall have died, or had an attack of cholera, on board said vessel shall be disinfected, or, if necessary, destroyed, under the directions of the nuisance authority.

"9. The ship and any articles therein which may be infected with cholera shall be disinfected by the nuisance authority.

"10. Every person obstructing the nuisance authority in carrying this order into effect, or otherwise offending against this order, shall be liable, on summary conviction to a penalty not exceeding £20."

The letter concluded as follows :—

"When a vessel lies in any place which is not within the district of any nuisance authority, Section 30 of the Sanitary Act defines it to be for the purpose of that Act, in the district of that nuisance authority whose district adjoins the place where such vessel is lying, the district being measured in a straight line. It is easy, therefore, to distinguish to what nuisance authority, on a ship arriving in adjoining waters, the duty of attending to her belongs. As the Board of Guardians of Belfast Union is the nuisance authority of a district in the coast of Ireland, the Commissioners request their special attention to the terms of the Privy Council order. The Commissioners have, at the same time, to observe that it is the duty of the Board of Guardians to provide proper and convenient hospital accommodation for the treatment of persons affected by cholera, to which they can be removed from any ships lying in quarantine under the Privy Council order. The Guardians will also bear in mind that in the event of any vessel arriving with cholera in the waters adjoining any part of the union, although such part is within the district of another nuisance authority, it is their duty, under the Poor-law Acts, to provide accommodation and treatment in hospital for all such patients as may be brought ashore by the nuisance authority for that purpose, as well as for cases falling within their own jurisdiction as nuisance authority.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL, IRELAND, FOR THE MONTH OF JULY, 1871.

July 3rd—John Waugh, Carhue house, Clonakilty, Co. Cork, M.B., 1871, and Mast. Surg. 1871, Univ. Dub.

July 4th—Patrick Michael Laffan, 4 Kingsland park, Dublin, Lic. 1870, and Lic. Midwy, 1870, K.Q.C.P.I., Lic. R.C.S.I., 1871.

July 4th—Thomas Derham, M.D., North Main street, Bandon, Co. Cork, Qu. Univ. Irel., 1871.

July 5th—Robert Barry, 1 Sefton street, Limerick, Lic. 1870, and Lic. Midwy. 1870, R.C.S.I., Lic. Apoth. Hall, Dubl. 1871.

July 10th—Henry Mark Levinge, Miltown Pass, Co. Westmeath, M.B., Univ. Dubl., 1871, Lic. R.C.S.E., 1871.

July 10th—Denis Walsh, Lower Grange, Goresbridge, Co. Kilkenny, Lic. R.C.P.E., 1869, Lic. R.C.S.E., 1869, Lic. 1871, and Lic. Midwy. 1871, K.Q.C.P.I.

July 10th—James Brian Joseph Brady, 16 Upper Gardiner street, Dublin, Lic. R.C.S.I., 1870, Lic. 1871, and Lic. Midwy. 1871, K.Q.C.P.I.

July 10th—Andrew Erancis Dobson, Edgeworthstown, Co. Longford, M.B. Univ. Dub., 1871, Lic. R.C.S.I., 1871.

July 10th—William Henry Elmes, 1 Walworth road, Dublin, Lic. 1869, and Lic. Midwy. 1869, K.Q.C.P.I., Memb. R.C.S. Engl., 1869.

July 11th—Thomas Sargent Floyd, the Parsonage, Kildare, M.B. Univ. Dub., 1871, Lic. 1871, and Lic. Midwy. 1871, R.C.S.I.

July 11th—Henry Borthistle, Ferns, County Wexford, Lic. R.C.S.I., 1871, Lic. R.C.P. Edin., 1871.

July 15th—John Wilson, Straid, Ballyclare. Co. Antrim, M.D., Qu. Univ. Irel. 1871, Lic. R.C.S. Edin., 1871.

July 15th—Robert Riddle, 111 Great Victoria street, Belfast, M.D., 1871, and Mast. Surg. 1871, Qu. Univ. Irel.

July 15th—William Kirkpatrick Murphy, College Park Belfast, M.D., 1871, and Mast. Surg. 1871, Qu. Univ. Irel.

July 15th—James King Kerr, 54 Packenham place, Belfast, M.D., 1871, and Mast. Surg. 1871, Qu. Univ. Irel.

July 16th—David Graham Browne, 4 College Park East, Belfast, M.D., 1871, and Mast. Surg. 1871, Qu. Univ. Irel.

July 17th—Joseph Henry Lockwood, 41 Lower Bagot street, Dublin, Lic. 1871, and Lic. Midwy. 1871, K.Q.C.P.I., Lic. R.C.S.I., 1871.

July 17th—Robert Blood, 13 Hatch street, Dublin, M.D. 1871, and Mast. Surg. 1871, Qu. Univ. Irel.

July 17th—Patrick John Molony, Cragg, Tulla, Co. Clare, M.B., 1871, and Mast. Surg. 1871, Qu. Univ. Irel., Lic. Midwy. K.Q.C.P.I., 1871.

July 17th—James Laurence, Ballycraig, Portrush, Co. Antrim, M.D., 1871, and Mast. Surg. 1871, Univ. Dub.

July 17th—Richard George O'Flaherty, 101 Upper George's street, Kingstown, Co. Dublin, M.B., Univ. Dub. 1870, Lic. R.C.S.I., 1871.

July 17th—Otway Peter Browne, 16 Clarinda Park West, Kingstown, Co. Dublin, M.B., 1871, and Mast. Surg. 1871, Univ. Dub.

July 18th—Samuel Thomas Knaggs, Newcastle, New South Wales, Lic. 1870, and Lic. Midwy. 1870, K.Q.C.P.I., Lic. 1870, and Fell. 1871, R.C.S.I., M.B., 1871, and Mast. Surg. 1871, Univ. Aberdeen.

July 18th—Joseph Wilson, 17 Charlotte Quay, Cork, M.D., 1871, and Mast. Surg. 1871, Qu. Univ. Irel.

July 18th—William Richard Brown, Hoffe House, Stirling, M.D., 1871, and Mast. Surg. 1871, Qu. Univ. Irel.

July 19th—Daniel Joseph Cullen, Sexton street, Limerick, Lic. 1870, and Lic. Midwy. 1870, K.Q.C.P.I., Lic. R.C.S.I., 1870.

July 20th—William Berkeley Drew, Drogheda, Co. Louth, Lic. 1871, and Lic. Midwy. 1871, K.Q.C.P.I., Lic. R.C.S.I., 1871.

July 20th—John Godfrey Rogers, 44 Henry street, Limerick, M.B., 1871, and Mast. Surg. 1871, Univ. Dub.

July 20th—Robert Boxwell, Gorey, Co. Wexford, Lic. 1871, and Lic. Midwy. 1871, K.Q.C.P.I., Lic. R.C.S.I., 1871.

July 21st—Thomas John Donelly, Newry, Co. Down, Lic. R.C.S.I., 1867, M.D., Qu. Univ. Irel., 1871.

July 22nd—Frederick Alcock Nixon, 2 Victoria Road, Dalkey, Co. Dublin, Lic. R.C.S.I., 1870, Lic. 1871, and Lic. Midwy. 1871, K.Q.C.P.I.

July 28th—Christopher Wm. Moore Keys, Roonard, Clonlara, Co. Limerick, M.D., 1870, and Mast. Surg. 1870, Qu. Univ. Irel.

July 31st—Edward Maziere Courtenay, 30 Trinity College, Dublin, M.B., 1871, and Mast. Surg. 1871, Univ. Dub.

their own poor; but he was afraid there would be a difficulty in carrying it out, because in many congregations there were scarcely any poor, and in others there were scarcely any rich. He did not know what had been the effect of the collections for the poor in the congregations of Scotland, but, as far as his experience went, he believed that in England it was not advantageous. In the first place, there would always be favourites of those who dispensed the charity, and it would also be found that the least intrusive of those who required relief would be passed over. In the examination of cities they would often come across instances of extreme misery, which no prudence could have prevented. He knew of the wife and children of a minister being found in the greatest misery. They were too proud to unfold their distress.

Rev. J. F. Bateman thought that in England they ought to be grateful for the Union Rating Bill, because it tended to do away with close parishes, ensured the consideration of all applications for relief by the whole body of guardians, and at the same time the rates were spread over the whole union.

Mr. Lamport said it was of importance to consider the spirit in which the Poor law was administered. When the guardians looked upon the paupers as their natural enemies, and upon themselves as the guardians of the parish purse, and not of the interests of the poor, the evils of pauperism were not only extended but greatly aggravated. They looked too much to the increase of their expenses in relieving the poor, which he did not think was caused by the increase of pauperism. Throughout the whole of the empire it would be found that the ratio of the increase in pauperism did not progress so fast as the ratio of the population, and therefore to take the amount of the poor rates as indicating an increase of pauperism was a mistake.

Mr. A. E. Macknight said that before 1845 the Scottish poor law was practically voluntary. Since that date it had been made compulsory, and the question came to be, whether they were better off now than previous to 1845. He was of opinion that if this subject was looked upon in a large point of view, it would be seen that, so far from the poor having been benefited in Scotland by the Act of 1845, they were now worse off than before. If this were true, that the poor had not been benefited by that law, the question was, whether they should not go back to where they were before 1845. It was then the practice to have collections in the congregations of different churches; and with a little assistance, these collections were found sufficient to support the poor in more comfortable circumstances than those in which they were now placed. Dr. Chalmers, by means of this congregational system, succeeded in making the poor of one of the worst districts of Glasgow infinitely better than they had been before. In reference to the burdens on property, he might mention that it was a serious question with some small proprietors whether they would not have to abandon their properties in consequence of the increase of the poor rates.

Mr. Hirst, Bedford, said, taking the country as a whole, he did not think the rates had increased in a greater degree than the population; and if they compared the present time with something like twenty years back, they would find that the value of money was from 20 to 25 per cent. less than it was at that time. The Union Assessment Bill had done a great deal of good, but it had not been such a benefit as he expected. He thought a large number of cottages would have been built, but he found that since the passing of that Bill the increase in the number of cottages was not considerable. He believed the Union Assessment Bill did not have such a good effect in one respect. Formerly, when the chargeability of the poor was confined to the parishes, a great effort was made to obtain employment for the poor people of the parish; but now that the area was extended over the union, the people in the different parishes did not have such a direct interest in providing work for all the poor people. But whatever might be said to the contrary, he believed the poor laws were fairly and well administered throughout the country. He did not think the feeling of the guardians to reduce the rates carried them beyond what was fair and legitimate. Many infirm and partially infirm persons were able to do a little for themselves in their houses, and a little assistance from the Board enabled them to maintain themselves comfortably; but if this system of out-door relief were abolished, these people would be shut up in workhouses, and they would then be far more burdensome on the ratepayers.

Lord Neaves said it was not the case, as one of the gentlemen remarked, that the incidence of the poor tax was entirely on landed property. It was divided between owners and occupants. And with regard to what had been said about the amount of the poor rates, he confessed that he had not heard of any proprietors who were meditating the relinquishment of their property. He confessed he could not understand Mr. Macknight's idea of going back to the old law. Dr. Chalmers did a great deal for his parish, but he was a man of transcendent eloquence and force of character; and unless every parish had a Chalmers in it, and was free from dissent, he did not see how that plan could be worked out. In every town there were generally five sects—Establishment, Free Church, Episcopalians, United Presbyterians, and some others.

THE THIRTY-NINTH ANNUAL MEETING

OF THE

BRITISH MEDICAL ASSOCIATION,

Held at Plymouth, August 8th, 9th, 10th, and 11th, 1871.

President: John Whipple, Esq., F.R.C.S.

The first general meeting was held on Tuesday, August 8th, at 8 p.m., Dr. Charlton (Newcastle), President for the past year, in the chair. A deputation of the Corporation of Plymouth was introduced by the mayor, Mr. Serpell, and a congratulatory address was read by the Town Clerk, Mr. Whiteford. Dr. Charlton made a short speech in acknowledgement of the compliment. Dr. Charlton then delivered a brief valedictory address, and gave a short account of the incidents of his year of office. He remarked that Medical reform had been hoped for, but in this case the Association had been disappointed. The Government had left the matter in the hands of private Members, but the result had only confirmed the belief that no reform would be acceptable to the profession which did not recognise a "single-portal system," and also give representation to the main body of the Profession. He then introduced Mr. Whipple, of Plymouth as President of the meeting, with a few well-turned phrases of laudation.

Mr. Whipple, F.R.C.S., assumed the President's chair amid considerable applause, and delivered his

INAUGURAL ADDRESS.

He commenced by remarking that with an inaugural address of that description there must ever be a certain amount of difficulty in the selection of a subject. So many branches of science invariably presented themselves to the mind's eye, on either of which it would be tempting to dilate, that it became a bewildering task, if not an invidious compromise, to discriminate between their respective claims. The dilemma could only be successfully evaded by the simple process of rejecting both alternatives, and by wandering away to other scenes, where might be found some neutral spot unassailable by either objection. Surely no one could cavil at the soundness of that political economy which recommended emigration to a more distant locality, when the homestead was overstocked, and the neighbouring district tenanted by more enterprising and better qualified competitors. Should any other apology for his selection of Plymouth as the subject of this address be deemed necessary, he should simply rest it on a personal and professional ground. He would pay a grateful tribute alike to the town itself, and to the strangers it welcomed, by reminding them that they were treading on historical soil, and that there were many special features of interest associated with its past history, which were too often forgotten in the whirl of present sensation, or were shorn of their real value by the curious, yet fashionable propensity of subordinating home scenes and antecedents to those of a purely foreign extraction. On the other hand, professional experience abundantly testified that the mind cannot bear too heavy a strain, or digest at once more than a fair proportion of substantial or stimulating diet. Keeping that in view, he found his course more accurately defined. It was to send them forth to the duties and details of their respective sections with their digestive faculties unwearied, and their mental grasp unim-

paired by any homœopathic treatment of his own. If it were true that the science of agriculture depended much on a due application of the rotation of crops, they should not be far wrong in adapting a similar principle to an analogous field—the human mind. In both cases the sure condition of an ultimate return was a judicious appreciation of, and a proper deference to, those elements which might not inaptly be termed the surface and hidden depths of their respective systems. As with the field so with the mind, a summer's fallow might have its advantages, and the crop of sprightly tares turn out no mean preparation for an ample yield of weightier cereals.—Mr. Whipple then proceeded to give a succinct and interesting sketch of the history of the town from the earliest period down to the present day. Special reference was made to the Elizabethan period. Carew said of it, "Here mostly have the troops of adventurers made their rendezvous for attempting new discoveries and inhabitancies; as Thomas Stukeleigh, for Florida; Sir Richard Grenville, for Virginia; Sir Humphry Gilbert, for Newfoundland; Sir Martin Frobisher and Master Davies, for the north-west Passage; Sir Walter Raleigh, for Guiana." Thus, in the field of geographical exploration *facile princeps*, Plymouth might well rest satisfied with such associations were there not other considerations, practically of greater value, which really outvied them. If it were a far higher effort of genius to consolidate the fruits of victory than to organise a superficial and resultless triumph over hostile combinations, and pioneers of the colonial system—those men of iron will and daring hardihood who first settled in the newly-discovered continent—must ever occupy a loftier niche in the temple of fame than even those hardy adventurers who ploughed a pathway through the waste of waters to its unknown shores. It was from Plymouth—and under the auspices of Devonshire men in the reign of Elizabeth—that the first colonizing expeditions set sail; and though they were not successful in the attempt to form permanent settlements, yet it was from these sources that they traced those subsequent results which had had such a marked influence on the destiny and civilisation of the whole world. But not only in the comparatively peaceful field of adventure did Plymouth win its laurels at this era. These were portentous times—times, without a doubt, when British alarmists had no unsubstantial grounds for gloomy prognostications. And the thunder-crash came at last. England must be annihilated; and with the haughty arrogance of assured victory, the gigantic Armada was launched forth for its destruction. He need not dwell on the oft-told tale of ambition crushed, and the Invincible destroyed. Let him rather introduce them to a scene which, striking in itself, might, from its local associations, not be so familiar as the sterner details of history to the majority among them. In the year 1588 there was a great gathering at Plymouth. Men had not met together to wander hand in hand in peaceful rivalry over the fertile fields of science. They had met for action—sharp, prompt and decisive; and there was an unmistakeable rough and ready look about them which was exactly in keeping with their purpose. If they failed to detect it at the present moment, let them rather congratulate themselves on an alteration of circumstances than indulge in querulous repinings on the evidence of national decay. But the Armada was expected then, and the British fleet was lying in Catwater. For a nation that somehow had the reputation of never being exactly ready for an emergency, it was satisfactory to remember that on this occasion a fleet was actually prepared, and impatiently waiting for the expected collision. At Plymouth were assembled all those great captains of the age whose renown is imperishable—Raleigh and Sheffield, Grenville and Howard, Francis Drake and John Hawkins, Martin Frobisher, John Davis, and a host of others on the watch for earliest information with respect to the movements of the hostile armament. Somewhere about the site of the present citadel, there stood in those days the "Pelican Inn," very likely so called after Drake's famous ship wherein he circumnavigated the world. Behind it was a small bowling-green, where, in friendly pastime, they could while away the long, tedious hours of their protracted suspense, whilst in front of it they could command a magnificent view of the sound, and descry the earliest approach of friend or foe on the distant horizon. And there the men on whom England relied in her hour of extreme peril were actually collected—thus were they engaged when the long anticipated intelligence of the Armada's approach at length arrived. How they acted in the emergency was aptly illustrated by Drake's terse rejoinder—"There is time enough to play the game out first and thrash the Spaniards afterwards."—Passing on to the time of the Civil War, Mr. Whipple remarked that Plymouth's stubborn and consistent support of the Parliamentary Cause was entitled to praise for its unwavering fidelity.—Pointing next to the quick declaration of the town in favour of William of Orange, and the foundation of Plymouth Dock, he referred his hearers for further information to Worth's "History of Plymouth," a work published by an author to whose researches he was personally indebted for much information.—As a matter of Medical interest, however, he called attention to the fact that the pavilion system of constructing hospitals, now so much in vogue, had its origin at the Naval Hospital at Stonehouse more than one hundred years since, which was spoken of by M. Zenon in 1777 as the most perfect then existing.—Mr. Whipple concluded by saying:—"Such an assemblage as the one before me must leave its mark on the future history of Plymouth, if it be instrumental in calling our attention to those shortcomings of which we are wilfully ignorant or tacitly conscious. Once recognise our defects, and a most important step has been taken towards their amelioration. That there is nothing so successful as success is a truism we cannot refute; but success, be it remembered, is never so permanent as when it is evoked from the ruins, and established upon the basis of an admitted failure. If this result be attained by your co-operation, either in awakening our emulation, or in giving an impetus to latent talent, as yet crippled and confined from its never venturing to soar beyond mere local associations, or from its shunning the friction which can only give it an enduring polish, it will add the element of permanency, though not an increase of cordiality, to the welcome which I now bid you to Plymouth."

The usual votes of thanks were carried, and the Hastings medal was then presented to Dr. J. M. Fothergill, of Leeds, for his esssy on Digitalis.

The report of the Council, 1871, was then read.

The Treasurer's report showed that the income of the Association in 1870 was £5,261 16s. 2d., including a balance in hand of £13 7s. 11d.; the expenses £5,223 13s., leaving a balance with the Treasurer of £28 3s. 2d.

After a discussion the adoption of the report was then put and carried by a large majority.

On Wednesday a public breakfast was held at the Royal Hotel, Devonport, after which the members dispersed to visit the dockyard where H.M.S. *Agincourt* was an object of general interest), to inspect the Royal Albert Hospital, and to witness the parade of the troops.

At eleven o'clock the Second General Meeting was held in the Town Hall, Devonport, when a congratulatory address was made by Mr. Joseph May, F.R.C.S., the Mayor of Devonport, and the Town Clerk, Mr. T. Woolcombe, read an address from the Corporation, and Mr. Whipple, the President, returned thanks.

It was then announced that Birmingham had been selected as the place of meeting for 1872, and that Mr. Alfred Baker was the President elect. Mr. Baker briefly returned thanks for the honour.

MR. HUSBAND, the President of the Council, referred to the election of a secretary, and announced that the Committee of Council had agreed that Mr. Williams should continue in office for the remainder of the year at £200 instead of £150 for the half-year. He proposed a vote of thanks to Mr. Williams for his past services of eight years. Dr. Falconer, the treasurer, seconded the motion, which was carried after a few words in support from Mr. Gamgee and Dr. Stewart. Mr. Williams briefly returned thanks.

DR. GEORGE JOHNSON delivered the Address in Medicine, in which he suggested that a belief in the power of Nature to cure all curable diseases is inconsistent with a disbelief in the existence of morbid processes having a conservative or curative tendency. He indicated various pathological phenomena, the conservative tendency of which appeared to him indisputable; and endeavoured to show that, by a careful study of the functional and structural changes which result from disease, we may obtain most valuable indications for treatment—learning thereby both to do that which may aid nature, and to avoid such means as may tend to thwart and hinder the natural curative processes. He added, again, I have intimated that it is difficult, and, as it seems to me, impossible, to reconcile a disbelief in the elimination of morbid poisons with a belief in

the spread of disease by contagion. Confirmatory evidence as to the elimination of morbid poisons is afforded by the disastrous results of repressive methods of treatment. To take all possible precautions to exclude the cholera poison from the system, and then, when once it has gained an entrance, to endeavour to retain it there by opiates and astringents, are practical modes of procedure utterly inconsistent with each other; unless, indeed, the object of this repressive treatment be to sacrifice the individual for the public good—to prevent the patient, at the peril of his own life, from scattering the seeds of disease and death amongst the community. He believed that the success of our attempts to cure and to prevent disease depends mainly upon an exact diagnosis and discrimination of the various forms and shades and stages of disease; upon a correct interpretation of pathological processes and symptoms; a careful avoidance of erroneous and misleading theories; and, lastly, upon a prompt recognition of the exciting causes of disease, some of which may be avoided, some removed, while the influence of others may be in a greater or less degree counteracted by the timely employment of suitable means.

In the afternoon the Sections of Medicine, Surgery, and Midwifery concluded their sittings at the Royal Hotel.

In the evening the members of the Association were entertained at a brilliant *soirée* by the President, Mr. Whipple, at the Royal Hotel.

On Thursday the third General Meeting was held at the Royal Hotel, when Professor Lister delivered the Address in Surgery, the subject of which was "The Antiseptic System of Surgical Treatment."

In the evening the public dinner was celebrated.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 16, 1871.

THE GOVERNMENT AND THE PROFESSION.

We regret to be compelled to return to this subject, but the debate on Foreign decorations last Friday in the House of Commons leaves us no alternative. It was proposed to permit officers to wear Foreign orders conferred for services under the Geneva Convention. When this was carried the Premier interposed, and took the sense of the House a second time by which the matter seems to be left to the Government. We do not effect to regret this. It only brings into more striking relief the injustice of Government to the Profession on which we commented last week. Drs. Wyatt and Gordon, who represented England in Paris during the siege, have, amongst others, been created officers of the Legion of Honour. Of course, they cannot wear their decorations, nor do we think that to permit them to do so would be a worthy acknowledgement of their services. We repeat what we said last week, that these men ought to receive the rewards of their arduous services from the British Government. This week another of Her Majesty's subjects has received a baronetcy. Richard Wallace, who staid in Paris and did so much good with his wealth, has most properly been thus rewarded; but the two Medical Officers who were in Paris *officially* are still unrecognised. Why? Is it because they were *Medical* men? If so let the public learn that the Army is running the risk of being deprived of first-class men in future. Once let it be known that Army Surgeons will not receive the rewards given to other officers and the attractions of the service will be so diminished that there will be fewer candidates than ever.

Promotion has been freely accorded to *so-called combatant* officers, who were sent to the Franco-Prussian War, but were never in any danger at all, being comfortably located at the Head-quarters of Armies in the field. Gordon and Wyatt, *mere Medical Officers* in Her Britannic Majesty's Army, suffered the horrors and dangers of the Siege of Paris; were present on several battlefields, giving the aid of the most skilful British surgery to the wounded—doing this as a matter of duty. So the British Government leaves them to the enjoyment of the consciousness that they have done their duty, and promotes and decorates those who have not made the great mistake of devoting their lives to curing instead of killing. We repeat our protest against the neglect with which the Profession has been so long treated, and we appeal to the country as to whether the public services is not injured by the studied neglect of so important a branch as its Medical Officers.

As we said last week, these men ought to be promoted. The Deputy Inspector should be gazetted Inspector; the Surgeon Major should obtain a similar reward. We are told that promotion in the Guards cannot be given. Then let Wyatt have at least a C.B.; and, if the country is in so beggarly a condition that it cannot afford Gordon the pay of Inspector, give him brev et rank, or offer him to go on half-pay as full Inspector, and give him the next step in his order, converting his C.B. into a K.C.B.

THE FINANCIAL BREAK-DOWN IN THE BRITISH MEDICAL ASSOCIATION.

It is just now one of the exigencies of Ministerial service that Governments should have tough hides, impermeable alike to hard blows and pointed sneers. The Minister of the present day is not, as he used to be in old-fashioned conservative times, the touchy individual who maintains the perfection of his administration and throws up his office the moment the breath of censure lights upon him. In our day our responsible rulers listen complacently and smilingly to the catalogue of the failures of all departments of their administration, and receive the sneers, taunts, and revilings of their opponents by a frank admission that their administration has failed, their policy is unpopular, and their schemes impossible, but that, nevertheless, they mean to hold their seats until they are absolutely kicked out of office.

The Council of the British Medical Association confess to an unhappy resemblance to the Ministry in this respect, and, as far as their present attitude foretels their actions, they certainly appear quite as thick-skinned as their exemplars.

With admirable *nonchalance* they presented their constituents at Plymouth with a narrative of the disastrous down-break of their management of the Association, and received the unequivocal hint of the meeting that their administration was no longer grateful or beneficial to the Association, with a smiling determination to keep the job in their own hands whether the Association liked it or not.

To our mind their Financial Budget should have been enough to disgrace their management, but its features have become so much a matter of course to the Association that it attracted little attention. It seems the Association received an income of £5,261 last year; of this very large sum, a sum capable of achieving great benefits for the Profession, nine-tenths was at once absorbed by the Association journal, which actually cost for its production £4,664. The crumbs which the journal dropped from its all-absorbing mouth were snapped up by the secretaries' department, and out of this princely income just £60, or about a hundredth part, was afforded for the advancement of science.

We cannot conceive how such a financial fiasco is allowed to pass without due consideration of the members even when the Council, duly drilled by the journal, has certified such a state of things as quite correct.

An experience of very many years of journal management enables us to say that the managers of a journal which receive an income of over £5,000 a year ought, with the utmost margin for liberality of management, return to its proprietors at least £1,500 a year. What would any publisher in the world think if he found that so valuable a *clientelle* was barely self-supporting. He could not fail to know that on the most charitable explanation gross extravagance of management existed, and would no doubt take care that the owner of the journal would at least have a little share of the spoil.

But the Council of the Association, with such a balance sheet in their left hand, have presented with their right a still more unsavoury dish. Here it is in their own words.

"The mode in which the business of the Association has been carried on, and especially the absence of supervision over the business and monetary transactions of the journal office, has been for some time far from satisfactory. The Council appointed a Sub-Committee, and the inquiry elicited amongst other matters that from a want of supervision at the journal office the clerk and collector had been able to mis-appropriate a large sum of money."

A more humiliating and discreditable confession we never read. It amounts to no less than that the Council had blindly entrusted the control of an income of over £5,000 a year to dishonest servants and incompetent supervisors; that the editors and official staff, which cost the Association nearly £1,000 a year, were not even to be expected to prevent such a malversion of the funds.

In our opinion a Council handing to its constituency such a pitiful confession should have handed their resignation with it. Have they done so? Have they brought the responsible officers to the block? Have they dismissed or even reprimanded those who failed to detect such a condition of things? Not at all. True to the instinct of cliqueism and subserviency, which has been the animating spirit of the Association for some years, they have handed over the body, bound hand and foot, to the control of those whose neglect made such defalcations possible. Such infatuation in the conduct of a commercial enterprise, such as the Association now is, can have but one result.

What has occurred once will, under the same regime, occur again; and one more such balance sheet must cost the Council its seat and the Association its integrity.

THE SCIENTIFIC CONGRESS.

Scotland is again to the front. What with the Scott Centenary and the British Association for the Advancement of Science, with the Pharmaceutical Conference in its wake, Edinburgh has stood out in bold relief as the most active spot in the dull month of August. The lesser luminary, the Medical Association, instead of following the greater Congress has chosen to fix its meeting at the extreme South, and thus while competing as jealously for the interests of its supporters made its feebleness still more patent to all who think about it.

With every wish to be faithful to our art we could not give up the scientific world for the branch that demands our attention all the year round, and our own columns from which we are compelled to exclude so much that is highly interesting, fully justify our course. We provide our readers with reports of certain papers that make the most demand upon them. Here we can only refer to some other points.

First of all the third Edinburgh Meeting of the Association will be remembered as the one at which was mooted a question over which we have often pondered—viz., whether it would not be practicable to give these meetings a more permanent place, and to unite by some tie the places which have been visited. Possibly local societies might be planted and confederated together of which the British Association might be the centre. There is no doubt a danger lest the Association should be deprived of some of the interest taken in it; but there is a possibility of much good being effected. "A Visitor" this year has enriched the columns of the *Globe* with one of the best descriptions of the meeting. On this question he writes:

"There is no necessary undervaluing of local efforts implied in this proposition. The purpose would be, as has been said, 'to consolidate and organise rather than to supersede these local efforts.' Acting as a general superintending agency the Association would be able—in the arrangement, for instance, of scientific lectures—to prove of great practical service, and would impose a check upon useless or purely mischievous schemes. The general union which is thus suggested would also, it is expected, be the means of connecting together the various scientific societies, clubs, and museums in different parts of the country, and of connecting all of them with a central body, and it can hardly be questioned that great good would probably result from such a co-operation and conjunction. It is further believed that in this way the British Association might come to exercise a considerable political influence, which would be useful in enabling them to press upon Government and Parliament the various matters of legislation which science declares to be valuable or essential to the well-being of the community. There is no need for the creation of any new central organisation for the purposes in question. They might all be effectively fulfilled through the medium of the organisation already existing, if only its energies and efforts were properly directed and

adequately responded to and met. It will not be the least important achievement of the present meeting of the British Association if it should have conduced to the carrying out of the plan thus proposed by some of its leading members."

We can heartily wish success to any scheme of the kind although we would whisper a warning to the promoters not to adopt any details that might tend to bring the great Congress down to the level of the Medical Association.

The 1871 Meeting was further remarkable for the interest excited on questions relating to spontaneous generation, Darwinianism, and other topics, that have lately provoked so much controversy. The able address of the President of which we gave a full abstract last week started these by the theory on which he ventured to account for the origin of life, and respecting which we may quote the able writer before cited :—

"Holding, as 'an article of scientific faith,' that life can only come from life, and that there is, therefore, no such thing as spontaneous generation, he ventured to suggest as a possibility that life may have originated on our earth 'through moss-grown fragments from the ruins of another world' which had been dashed in pieces in space, and from which the seeds of life were borne in particles of stone or rock, that alighted on the earth just as meteoric stones fall even now upon our globe. It must be said that the hypothesis does seem 'wild and visionary.'"

Those interested in the subject will find the Address in full, and also full reports of the various papers and of the discussions they elicited in the numbers of the *Edinburgh Evening Courant* published during the Congress, and the Editor of which habitually discusses in the best spirit some of the foremost scientific questions of the day.

Notes on Current Topics.

Sanitary Reforms and their Beneficial Results.

A RECENTLY issued return supplies satisfactory evidence of the good that can be done by well applied energy and organization. The unhealthy condition of Calcutta, the filthy state of the houses occupied by natives, and the practice which had converted the Hooghly river into the most disgusting of sewers have long been known and deplored. The Calcutta Municipality have, however, during the past few years dealt vigorously with the evils, and their success is gratifying to themselves and encouraging to sanitary reformers everywhere. It appears that there has been marked improvement during the past six years. The mortality returns for each of those years show a continuous decrease of deaths, and the mortality in 1870 was considerably less than half of what it had been in 1865. Thus in the last-mentioned year, 1865, the total deaths were 23,242, in 1866 they were 20,283 ; in 1867, 12,097 ; in 1868, 13,733 ; in 1869, 12,795 ; and in 1870, only 10,102. A compulsory system of removal of filth from private houses met with considerable resistance from natives, who had been accustomed to pay little heed to cleanliness or decency, and were indisposed to bear the slight pecuniary charge which a daily removal entailed. The practice of casting the carcases of dead animals into the river has been prohibited, and all such carcases are now taken to a remote place, where they are skinned and cut up, and within an hour "the bare bones only remain, so completely and rapidly do the vultures, crows, and jackals discharge the duties required from them." Perhaps the greatest improvement introduced into Calcutta has been the water supply which was brought into operation during the past year, and which, nothwithstanding gloomy anticipations of caste prejudices, is readily accepted by all class of Hindoos.

Therapeutic Value of Gelseminum.

GELSEMINUM (or, as it is sometimes written, gelsemium) is of late attracting considerable attention. It is highly lauded by some practitioners as a nervous sedative, in cerebral congestion, mania, and a great variety of disturbances resulting from disorder of the nerve-centres. We (*Pacific Medical Journal*) know of one physician who regards it as invaluable in nervous or sick headaches ; ten or fifteen drops of the tincture to be given three times daily. The physiological effects of the agent are very remarkable. Even moderate doses will sometimes produce a peculiar, heavy sensation in the forehead, with partial paralysis of the levator muscles of the eyelid, so that it is difficult to keep the eyes open. We have employed it frequently for a number of years, often with benefit, but certainly not with such happy results as some others ascribe to it. The following formula will be found valuable in hysterical and functional disturbances of the nervous system :

R. Tinc. valerianæ ammon., oz. j ;
Tinc. gelsemini, dr. j.
M. Sig. A teaspoonful p. r. n.

Some of our druggists prepare an ammoniated "elixir" of valerian, which is better than the officinal tincture, in being much less disagreeable.

Medical and Surgical Memoirs of the Confederate Army.

PROFESSOR JOSEPH JONES, of the University of Louisiana, is engaged in preparing an elaborate treatise on the Diseases of the Southern States, the result of fifteen years' assiduous labour, including the experiences of the recent civil war. There will be two volumes of one thousand pages each, which will be issued as soon as a sufficient number of subscribers shall have been secured to defray expenses, and furnished at actual cost. Dr. Jones, it is well known, is capable of making this a highly valuable work. He writes to the *Pacific Medical Journal* as follows : "At present I am engaged in preparing for the press, the labours of the past fifteen years. These investigations were undertaken for the advancement of the Medical Profession, and they have been prosecuted at heavy cost of time, money, and health ; and I hope that the Profession will sustain me in the effort to place them in a living form. You will oblige me by directing the attention of your medical friends to the subject."

Physiological Action of Camphor Inhalations

WE have lately met with a lady, writes the Editor of the *Pacific Medical Journal*, aged sixty-five years, who exhibits a sensibility to the action of camphor, which is worthy of note. She is subject to spasmodic twitchings and distressing nervous paroxysms, which prevent sleep. Under these circumstances, she pours some spirits of

camphor on a napkin and snuffs the vapour, which acts with the promptness of chloroform as a sedative. That a powerful impression may be made on the nervous system by the inhalation of camphor in alcoholic solution, is very easily demonstrated by experiment on one's own person. The etherial solution is worthy of trial.

The Social Evil.

THE *Pacific Medical and Surgical Journal* for July contains a well-written communication under this head, which the Editor of that able journal thinks presents a highly plausible argument in favour of the system of licensing prostitution. But the experiment referred to has not been long enough in operation to test its efficiency. In other parts of the world, says the Editor, where the system has had a fair trial, it does not appear to have restrained either prostitution or disease, but simply turned them into hidden channels. During a detention in Panama, twenty-one years ago, the writer had an opportunity of witnessing a common mode of "cleaning up" around the back doors of houses, where all manner of filth was habitually deposited. Instead of removing the offal, the adroit scavenger brought sand in a wheelbarrow and covered it so as to give the appearance of perfect cleanliness. Such, we apprehend, will be the result of all movements against prostitution which involve its legal sanction.

Veratrum in Large Doses in Convulsions.

DR. HERBERT HEARN, of Brooklyn, in the *Amer. Jour. Obstetrics*, for May, treats puerperal convulsions with veratrum viride in doses ordinarily regarded as poisonous. He uses it as a substitute for the lancet, and in such cases as would seem to require blood-letting; giving from half a drachm to a drachm of the tincture every five, ten, or fifteen minutes, till a decided impression is made on the pulse, and keeping the pulse down to near fifty, until the tendency to convulsion has passed away. Four drachms in twelve hours was given in one case; five drachms in ten hours in another; five drachms in four hours in a third, with uniform success. Vomiting sometimes results, but not commonly. Convalescence is rapid and perfect, without prolonged feebleness. He uses it also in convulsions of children, using from five to ten drops for a child of two years. In the instance of a child of that age, to whom he gave, by mistake, ten drops fluid extract, the convulsion ceased in ten minutes, and the patient made a good recovery. In most of the cases detailed, bromide of potassium, chloroform, and other sedatives were also employed before or after the veratrum, and sometimes with it; but it is evident, from his statements, that the curative results were derived mainly from the veratrum. He believes that the medicine has a direct effect on the spinal cord, but that its primary influence is on the ganglionic or sympathetic nervous centres.

Edinburgh University.

ON Tuesday, the 1st, the annual ceremony in connection with the conferring of degrees in medicine took place in the Music Hall. Thirty-three gentlemen were "capped," and several honorary degrees in laws were also conferred. Dr. Bennett, as promoter for the year, delivered an address.

Cholera on the Tyne.

THE visit of Mr. Netten Radcliffe to Liverpool, Birkenhead, and to the Eastern ports has already borne good fruit, by producing for the first time united action on the part of the local authorities of all parts of the Tyne. Mr. Radcliffe convened a meeting of these authorities. The Mayor of Newcastle presided. It was eventually resolved:

"That an inspection should be made of vessels arriving from suspected ports.

"That a floating hospital should be at once provided.

"That the expenses to be incurred with reference to cases occurring afloat should, in whatever nuisance authority they may arise, be defrayed by the contribution of every nuisance authority on the banks of the river in proportion to the rateable value of each district."

It may reasonably be expected that the precautions thus promptly taken may serve to exclude cholera from the Tyne; and, in the event of its importation, they will certainly enable the danger to be met in the most economical and efficient manner.

The Surgeoncy to the City of Dublin Hospital.

DR. WILLIAM THORNLEY STOKER has been elected to the vacancy in the Medical staff of the City of Dublin Hospital. Mr. Purser, who recently succeeded his uncle, Dr. Geoghegan, in the hospital, having taken the place of the late Dr. Hewitt, as physician to the hospital. Dr. Stoker is the son of the late Mr. Stoker, of Dublin Castle, and has been for some time popular as a demonstrator in the Royal College of Surgeons.

Bequests to Dublin Charities.

WE learn that certain of the Dublin medical charities receive by the death and the benevolent will of Mr. Mullins, of Fitzwilliam square, very acceptable bequests. That gentleman has, we understand, demised £1,000 to the Hospital for Incurables, £500 each to St. Vincent's, Jervis street, and the Mater Misericordia hospitals, and the residue of his fortune, amounting to over £10,000, to trustees for the purpose of building a convalescent home.

Cholera in Russia.

A WELL-INFORMED correspondent dating 5th inst, assures us that in Moscow and the towns near the old capital the epidemic is very severe. There were sixty-nine new cases and thirty-three deaths in Moscow on the 1st inst. This brings, he says, the total mortality of the epidemic to more than 1,600 out of more than 3,500 cases.

At St. Petersburgh the epidemic is reported to be abating, but we notice in the last official return thirty-three new cases, and eighteen deaths with 476 cases under treatment.

The epidemic prevails in many provincial towns; in some it is of a very severe type, and seems spreading in the Prussian frontier.

AT the court of the governors of the hospital for consumption, at Brompton, on Thursday afternoon, it was stated that Dr. Frederick Roberts had been appointed to the vacant post of assistant physician. A memorial gift of £500 from the Viscountess Jocelyn had been received, and a ward had been named after her deceased daughter.

Metropolitan Water.

It must be difficult to judge whether the Water Bill will pass this year, for the various organs of public opinion are quite divided on the point. We shall attempt no prediction but content ourselves with an account of the recommendations of the Select Committee which was reported on the Bill No. 2.

To understand the matter it is necessary to bear in mind that the supply of water to the Metropolis is at present provided by eight water companies, severally formed under special Acts of Parliament, and whose powers and duties are regulated by the general measure, The Metropolis Water Act of 1852; and that the object of the Bill referred to is to secure to the inhabitants of the metropolis:

"1. Distribution of water on a system of constant supply.

"2. Good quality of the water.

"3. An audit of the water companies' accounts, the main object being a distribution of water on a system of constant supply when any defined district is prepared with the necessary fittings."

We ought not to forget that under the Act of 1852 it was ordered that a constant supply should be given from 1857, but that "twice seven tedious years" have passed without London enjoying this boon. Water is now distributed throughout the Metropolis on the intermittent system—that is, it is laid on for a limited period from day to day, the occupiers of houses storing, as they best can, a sufficient supply to last during the intervals of intermission, and it is obvious that such a system presses with especial hardship upon the occupiers of inferior houses unprovided with adequate means for the storage of water.

The Select Committee have considered with regard to the supply of water referred to them by the House.

"1. Report of Royal Commission on the Prevention of the Pollution of Rivers, 1866.

"2. Report of Committee of House of Commons on East London Water Bills, 1867.

"3. Report of Royal Commission on Water Supply, 1869."

The Committee admits that these reports uniformly point to the advantages of a system of constant supply in the distribution of water; and the evidence taken in the progress of the inquiry confirms that conclusion.

How then is it that we have not a constant supply? Simply that a clause in the Act to which we have referred exonerated the Companies from supplying it until four-fifths of the owners or occupiers had asked for it *in* writing.

The Bill before the House proposed to make a change, and has excited twofold opposition. The Metropolitan Board of Works have appeared as opponents, on the ground that the Bill does not go far enough in recognising municipal authority, while the eight water companies have opposed it on several grounds, mainly because it invests the Metropolitan Board of Works with powers to which they object.

The Committee now propose to enforce the provisions of the Act of 1852, and they have endeavoured to facilitate their being carried into effect by substituting the demands of the municipal authorities for the requisition of four-fifths of the inhabitants for constant supply. They are of opinion that the municipal representatives of the people are best able to decide when and where a system of constant supply is required within their jurisdiction. But they have not thought it right that the judgment of the municipal authorities should be absolute, and they have therefore provided that it should be subject to appeal on the part of the water companies to the Board of Trade.

Besides this the Committee contend that the companies should not be obliged to supply water on the constant system to districts unprovided against waste.

The Committee therefore propose to exempt the companies from the duty of providing a constant supply in districts in which one-fifth of the premises are not supplied with proper fittings for preventing waste. These proposals reduce the measure before us to one of those compromises of which the English people seem so fond. May we not therefore hope that after a time the Metropolis will really possess a constant supply of the first necessary of life?

Small-pox.

We have chronicled from time to time the progress of small-pox, and offered such observations as the facts named seemed to us to call for.

The summary that has been published of its ravages in the official returns will interest our readers.

The present epidemic of small-pox, which may be said to have broken out in the last three months of 1870, caused 1,229 deaths in England and Wales during that quarter. In the first three months of this year they rose to 4,903, and in the quarter ending June last they further increased to 7,012. Of these, 3,241 occurred in the metropolitan division, 1,120 in the north-western counties, and 1,069 in the northern counties; the remaining 1,585 were distributed among the seven other registration divisions. It will thus be seen that the principal centres of infection were the same four that were noticed in the Quarterly Return for the first three months of this year:—London, from which the disease spread into the extra-metropolitan portions of Middlesex, Surrey, and Kent, and also into that part of Essex adjoining the east-end of London; Liverpool, from which the infection extended to a considerable number of the other towns in the densely populated Lancashire district, including Manchester, Salford, Bolton, and Wigan, and also, but slightly, into Birkenhead. The third principal centre of infection was the coal districts of the north, more notably the towns of Newcastle, Sunderland, Stockton, and Durham. The fourth distinct outbreak was in the mining districts of South Wales. In London the deaths from small-pox increased from 2,400 in the first to 3,241 in the second quarter of this year; in Lancashire and Cheshire they declined from 1,224 to 1,120; they rose in Northumberland and Durham from 461 to 1,022; while in South Wales they declined from 207 to 109, although the fatal cases had increased in Swansea. Of the other and smaller outbreaks which cannot be directly traced to any of the above four centres of infection, the following are the most important:—Southampton, where the deaths from small-pox increased from 24 in the first quarter of the year to 229 in the quarter ending June; Weymouth, where from two in the first they rose to 39 in the second quarter; Falmouth, which showed an increase from 11 to 27; Bridgewater, which showed 12 deaths last quarter; Oswestry, in which 14 deaths occurred last quarter; Stoke-upon-Trent, in which district 103 occurred in the second quarter, against but one in the first quarter; Nuneaton, in which the numbers were respectively 9 and 26; Coventry, which showed 4 and 14; and Great Grimsby, in which the deaths rose from 18 in the first quarter to 164 in the three months ending June last. The three Ridings of Yorkshire, comprising the ninth registration division, with its more than two and three-quarters millions of pupulation, has hitherto comparatively escaped the effects of the

present small-pox epidemic ; in the first quarter of this year the deaths from this disease in Yorkshire were but 69, while in the three months now under notice they had only increased to 98 ; of these, 21 occurred in Bentham and 20 in Kirk Leatham sub-districts, the former in the West and the latter in the North Riding.

In order the better to compare the degree of fatality from small-pox in various parts of the country, it is necessary to take the several populations into account. In the first quarter of this year the annual death-rate from this disease was equal to ·9 per 1,000 in the whole of England and Wales ; in the three months ending June it rose to 1·4 per 1,000. During last quarter the death-rate from small-pox was 4·0 in the London division, 1·5 in the Lancashire, 4·3 in Durham, and 2·9 in Northumberland. The annual death-rate from small-pox during the thirteen weeks ending July 1 in the different parts of London, after the distribution of the deaths in hospital, was 2 per 1,000 in the west group of districts, 3 in the central, 4 in the east, and 5 each in the north and south of London. The death-rates in a few of the larger boroughs which suffered more severely were as follows :—Liverpool 6, Newcastle-upon-Tyne 7, and Sunderland 9 per 1,000 persons living. In the following registration sub-districts the death-rates from small-pox were :—Southampton 19, Weymouth 11, Falmouth 8, Longton (Stoke-upon-Trent) 16, Nuneaton 8, and Great Grimsby 22. It is almost needless to add in conclusion of this short summary of the recent mortality from small-pox that in nearly all those places which have suffered most severely from the present epidemic great neglect of vaccination is reported ; the omission, however, of the medical profession to state on the certificate of the cause of death the fact of vaccination or otherwise, renders it extremely difficult to obtain reliable statistics showing the proportion of fatal cases of small-pox in which vaccination had been entirely neglected or had been inefficiently performed.

Sanitary Condition of Liverpool.

Professor Parke and Dr. Sanderson who were appointed by the President of the British Association, at the instance of the Corporation of Liverpool, to report upon certain matters connected with the sanitary condition of that town, have transmitted to the Liverpool Council their report. They recommend the Council to seek powers to effect a displacement of the population and to facilitate the means of transport into the suburbs. Overcrowding in certain localities is the great evil with which the Commissioners are struck. The population in Liverpool they set down at 99·3 per acre, against 41·2 in London. The opening up of new and commodious streets they suggest as a first step, reserving the liberated spaces for approved labourers' dwellings and excluding the erection of stores or high houses. As sickness is the most expensive of all things, the Commissioners believe that the proposed measures would be remunerative in an economic point of view. They say, however, that the degradation and the disease disseminated by drunkenness is the great social sore, and they urge a combination of the employers of labour to control the conduct of their *employés*.

How to Cure Sunstroke.

On one of the very hot days there were recently, says the *Indian Public Opinion*, no fewer than nine men struck down by sunstroke in the Lahore Central Gaol. They were all quite insensible, and only able to breathe in that thick stertorous way peculiar to the ailment. The superintendent, Dr. Lethbridge, had them laid out in a row on the cool floor of the hospital, and there watered them copiously and continuously for five hours by means of bheesties with mussucks, before much improvement was perceptible. Every man recovered, and it is to be noted as a circumstance of considerable importance that although all the cases were of the most serious kind, the simple remedy of a continuous and long continued supply of cool water was at last efficient. The remedy, continued only for half an hour, and perhaps interrupted every time the mussuck was empty, would evidently have been of no avail. We recommend the account to the attention of all travellers, and, indeed, of every one liable to be exposed to the heat of the sun.

In the August number of *The Doctor* there is an account of a discussion at Louisville College of Physicians, from which it appears that similar treatment has been successful in the Northern States of America, and that cold water largely drunk and freely applied to the spine is the best preventive of sunstroke.

Over-crowding in Large Towns.

In the report of the health of Liverpool just presented by Drs. Sanderson and Parkes a tracing was given showing the arrangement of streets where 4,748 people were crowded into a space which did not exceed 23,500 square yards ; or, the compression of the population nearly equalled 1,000 persons to an acre. Within the courts each house was usually found to consist of a room on the ground floor, a room above this, and a third room in the attic. Most of them have cellars. It happens very frequently that there is a family in each room except the cellar. In many cases the staircase forms part of the rooms, and is without any window, so that there is an inevitable mixture of the air contained in all the rooms. Few constructions could be better adapted for the spread of contagious diseases.

It is denied in a letter to the *Standard* that dyers use the aniline dyes, but a country doctor, in the same paper, offers to send to the incredulous traders specimens that have produced ill effects on some of his patients.

Dr. Hardwicke last week held an inquest on a little girl who had died in University College Hospital of hydrophobia. The child had been bitten by a dog that attacked her in the street, and has not yet been discovered by the police.

The Army Competitive Examination was opened on Wednesday last at the London University. There were thirty-five candidates, and, we are told, only twelve or thirteen vacancies. Of the thirty-five competitors twelve were English, twenty-one Irish, and only two Scotch.

We regret to announce the decease of Mr. Charles Aspray of Newton Road, Westbourne Grove, who died on the 2nd August, deeply lamented by all who had the privilege of knowing him. He had for some years retired from practice. All who knew him found in him a genial and intellectual companion.

The Introductory Lectures to the Winter Session at the Metropolitan Medical Schools will be delivered, so far as announced, by Professor Rutherford, M.D., at King's College ; Dr. T. H. Green, at Charing Cross Hospital ; Mr. Le Gros Clark, at St. Thomas's ; Dr. Alfred Meadows, at St. Mary's ; Dr. W. T. Little, at the London ; and by Mr. Bernard Brodhurst, at St. George's.

Hospital Reports.

KING'S COLLEGE HOSPITAL.

WEDNESDAY, JULY 13.

Talipes Valgus.

(Under the care of Professor WOOD, F.R.S.)

THE first case brought into the operating theatre was one of talipes valgus, but, as Professor Wood observed, not the form commonly seen, where you have weakening and paralysis of the tibialus posticus as well as the ligaments on the inner side, and the foot turned inwards, but that rarer variety where the tendons of the peroneii muscles were contracted, and you had eversion of the foot. Professor Wood first divided the peroneus tertius, then the peroneus brevis, and, finally, the tendon of the peroneus longus. The effect of these subcutaneous divisions were manifest, as the foot at once turned inwards. The Professor drew attention to the circumstance that he divided the tendons of the peronei at different sites, and for this reason, viz., that as the tendons lie in the same sheath, if they were divided at the same spot they would become united, and their individual action interfered with. Chloroform, he observed, was of value in these cases as a means of diagnosis. Immediately a patient was under its influence the contractions subsided, and *vice versâ*. In talipes there was no actual shortening, it was a state of tonic tension, which subsided if the spasm of the nerve ceased. The plastic matter thrown out from the divided ends of the tendons is a soft material—colloid substance—like melted glass. The tendency of the new tissue was to contract, so that the limb was restored to its natural length; in extreme cases, however, elongation remained. Great care should be observed in the after-treatment of all such cases.

SATURDAY, JULY 15.

Excision of the Elbow.

(Under the care of H. SMITH, Esq.)

Resection of Bones after Excision of Elbow.

(Under the care of Sir WM. FERGUSSON, Bart., F.R.S.)

Mr. Smith, in the first instance, drew the attention of the class to the history of the case and the circumstances which led him to advise such a procedure. The patient had disease of the right elbow some years ago, resulting in osseous anchylosis. Her business was that of a cook, and this occupation she was unable to follow in consequence of the little use she had of the arm. She was unable, in fact, to raise the right hand more than within six or seven inches of her mouth. Being unable to follow her occupation—it being the right arm—and from previous operations he had performed of a similar character, both in the knee and elbow, were the reasons that led him to advise the operation, with a view to obtain a moveable and useful limb.

As soon as the patient was completely anæsthetised Mr. Smith made a longitudinal incision across the elbow, laying fairly bare the joint. He then very carefully proceeded to dissect, as far as necessary, on the radial side, and then by a series of cautious manœuvres on the ulnar side, to expose fully the osseous structures, the assistant holding back with the blunt retractor the ulnar nerve. Mr. Smith then resected the bones, a wedge-shaped piece being sawn out. Three arteries were then taken up and tied, the edges of the wound brought together, and water dressing and a rectangular splint applied.

Mr. Smith, in commenting upon the case, said:—This operation was another advance in conservative surgery; formerly, no matter what position a joint was in, if *anchylosed* it was regarded as a cure, whereas now it was believed, and indeed shown to be possible, that a limb in the condition of the one they had just seen could be so far restored, by allowing a false joint to form, as to be both useful and mobile. With reference to the operation itself, Mr. Smith regarded it as one of some difficulty, and requiring great care and caution in the various steps. It was much more difficult than a similar operation in the knee, and the result was dissimilar, because in the arm you hoped to obtain a *moveable joint*, but in the knee an *anchylosed joint* in a better position was all you could expect.

Sir Wm. Fergusson, prior to operating, stated that the young woman, who was strumous, had been operated upon some months ago for gelatiniform disease of the elbow-joint; since then her condition had much improved, but the disease had returned. Sir William then proceeded to lay the joint open, and by cutting, clipping, and with his fingers removed the diseased parts. He then sawed off a thin slice of the humerus and radius. The edges of the wound were brought together by one stitch only, water dressing and a rectangular splint were applied. Sir William then stated that the case Mr. Smith had operated upon and his own were of remarkable interest, illustrating, as they did, an advance in conservative surgery, which might be termed "progressive surgery." Some years ago such a thing as resection of the ends and removal of diseased tissue after excision of the joint had been performed would have been considered as unlikely to be of any use whatever. Now, Sir William could assure the class that not only might a second operation or resection be performed with advantage to the patient, but a third and even a fourth might be beneficial.

In the present case there were still one or two gelatiniform-like places, but he had no doubt that if the general health and condition of the patient improved that they would not give rise to any inconvenience, and possibly even assume a healthy character.

In conclusion, Sir William hoped the class would watch these cases; they illustrated an advance in conservative surgery of a peculiarly interesting character, and Sir William himself, from being the first to bring such operations forward, together with the success he had already obtained, led him to anticipate hereafter very favourable results in this field of "progressive surgery."

HOMŒOPATHY—ITS PRINCIPLES EXPLAINED.

(*Continued from page* 125).

LECTURE III.

DR. EPPS commences his third lecture by stating that Hahnemann arrived at his doctrine by "pure practical experience." We have before examined this point. He takes great pains to show that we ought not to deny the existence of the ten-millionth part of a grain; but it is not the existence so much as the medicinal efficiency of such quantities, that we do not recognise. Who will believe that an infinitesimal dose is capable of producing the effects Dr. Epps ascribes to it? "In the French edition of Hahnemann's Materia Medica, no less than forty-five octavo pages are devoted to the statement of 920 symptoms produced by the one-millionth of a grain of vegetable charcoal, and of 190 symptoms caused by the like quantity of animal charcoal." Among the many effects ascribed to these agents, we find "itching of the internal angle of the left eye," "itching in a wart on the finger," "repugnance for butter," "obstruction of the left nostril for an hour," "speedy loss of appetite by eating," &c., &c., &c. Dr. Epps's line of argument then is, that because things in general act in minute quantities, remedial agents do so; but we must remember that such a statement requires the proof of experience. The chemist knows how far he can proceed with the division of his agents, and what effects will follow. The physician knows from long ages of experience what effect will follow

the administration of a certain drug, and it will require great proof, rather than a surmise of probability, to justify him in reducing the usual dose to a degree that has astonished chemists, and, according to many, has actually exceeded the atomic division of the body. But, no doubt, homœopaths are advocates for the "infinite divisibility of matter." Further, Dr. Epps declares that "chemical action is favoured by separating the particles of which bodies are composed, hence the old chemical axiom, *corpora non agunt nisi soluta*, bodies do not act unless dissolved, in others words, when a body is dissolved, that is, when its particles are separated to the degree of fineness and minuteness as to be no longer visible, actions take place which do not when the body is of less degree of minuteness." Such is the statement, a statement, we believe, every tyro in chemistry would laugh at. To say that when a body is dissolved its particles are separated is, to a certain extent, true, but not all the truth. The fluid state favours action because of its mobility. Two lumps of a solid may be put together, but usually they will not show chemical action. Dissolve them, that is, not separate the particles, but put them in such a condition that they will get nearer to each other, and they will "act." As a proof that separating the particles destroys action, if we bring the two bodies into a gaseous state (in which the separation is more than the liquid) they will then be unable to unite. They cannot act in the solid state because the particles have not mobility, nor in the gaseous because they are two far separated. This is the almost universal theory of the best chemists. But then, if it were as Dr. Epps supposes, the facts would merely furnish a presumption of the possibility of the doctrine of "infinitesimal" doses being correct. Perhaps, however, it is allowable to stay in our direct enquiry to correct an error in natural science, although we are far more anxious than our opponent seems to be to arrive at the pith of his subject. We are first, however, treated to a history of the manufacture of homœopathic remedies, for which, as it does not touch the argument, we can scarcely find space. We may, however, give the strength in his own words :—"In this way the solutions are carried to the decillionth part of a grain. When these solutions are to be brought into use, it is the custom to moisten with them little globules of sugar; these absorb the liquor and become impregnated therewith. These globules, thus impregnated, are those sold in homœopathic medicine chests." This will enable our readers to form an idea of the doses employed, and to calculate how far an insoluble substance, after being rubbed with milk-sugar for some hours, is rendered soluble. Suppose the decillionth part of a grain of charcoal or steel be put into two hundred drops of a liquid, is it diffused through the whole? Certainly not. It is insoluble, and so will occupy but the fraction of one of those drops. But any one of those drops will moisten about twenty of their sugar balls, and are made to do so, and we are gravely told that each of these globules contains the dose. How much greater must the improbability of its being in any single globule be, when the dilutions of the liquid have been extended! In every instance of an insoluble substance used this must be the case, and may be shown by going through the process with visible quantities. Can there be a thousandth part of the globules medicated? Dr. Epps says, "If chemical action takes place powerfully, when bodies are thus extended, may we not infer that the medicinal action of these, thus extended medicines, may be correspondingly powerfully effective." But this is a false position. Chemical action does not take place more powerfully for this extension (or dilution). It is weakened, and in the same way we suppose the effects of drugs to be weakened in proportion as we diminish the dose, and this is a well-established fact. Every one, or almost every one, has taken a dose of castor oil, and is quite aware that if he does not desire so violent an effect, he must take a less quantity. Chemistry furnishes thousands of illustrations all proving the less the quantity the less the effect. Take for instance the explosion of gunpowder. A quarter of an ounce will carry a considerable distance by its power, but if we reduce the quantity to a grain its effect is a mere nothing, and, to treat it homœopathically, we should find no effect from it. How then can he urge that his practice is founded on things in general "acting in infinitesimal quantities." Again, an acid colours test paper, but dilute the acid and you weaken the colour, and you may go on diluting till it will fade altogether. It is not true then that chemical actions take place more powerfully thus extended, nor does it seem to be true of medicinal actions.

He then digresses into his old argument that we cannot see particles which exist. The particles that smell, for instance, or that cause a disease. Well, we can only tell him, that if we cannot tell him the "size" of one of these particles he cannot tell us the number required for any effects. It is useless to repeat every one of these illustrations, or endeavour to correct an error in science that our opponent has committed. Suffice it to say that by passing them over we do not commit ourselves to the doctor's theories. But we are to remember, says Dr. Epps, if these doses are small "in disease, there is an augmented susceptibility to impression; so that what in health or in another state would have no effect, will have and does have a most powerful effect in this state of increased susceptibility." Is this true? Is this the general rule? We believe not. It may sometimes happen that an individual cannot take so much as usual of a drug without too violent effects; but is it not far more common (or at any rate very common) that more is required than in health? Do we not all remember taking pills when one will suffice usually? Have not enormous, even poisonous doses of laudanum been given with impunity to delirious patients? Have not such quantities of brandy and wine as would disturb Dr. Epps' stomach and brain been taken by many with advantage who must have died without it? Is it not a common and true remark, that "many have been saved by pouring poison down their throats?" The homœopathic practice is then evidently not defended by the fact of any "increased receptibility of the system." Dr. Epps says, if those people who "foolishly assert they would take a whole chest of homœopathic globules, would take the same medicines in doses proportioned to the receptibility of the system in health, they would soon find the truth of Hahnemann's observations." Can Dr. Epps give us any rule for calculating its "receptibility in health?" We may then make our observations with more certainty; accuracy will then be evident in our investigations. We know several people who have frequently experimented on themselves and friends, but they have all uniformly found that they must take a dose very far from homœopathic in order to produce any effect. If Dr. Epps will name the homœopathic dose to be used in health, we can find plenty who will willingly try its effect.

Dr. Epps thus concludes this lecture:—"But if any one still doubts the efficacy of these infinitesimally small doses in curing diseases" (doubtless there are many who do doubt), "let me ask what are the dimensions of the particles which induce diseases in people previously well?" We need not stop to inquire whether Dr. Epps adopts the hypothesis of insect-life as the cause of disease, or of some peculiar virus acting through the medium of the atmosphere. It is a matter of little consequence. If it is no modification of vital force or any such subtle cause that produces disease, at least in contagious diseases it would be difficult to find an answer to the question—"How numerous are these particles you speak of?" A patient is seized with small-pox or malignant fever, and Dr. Epps asks the "size" of the particles that cause it. What is the number? It must be many for he can impart the disease to a whole house, street, or even city, and yet it has not cured him. If there were only one particle, on giving it to another person he would be well; but this is not the case. Dr. Epps gives several illustrations—"influenza," "small-pox," "cholera," &c.; but the same answer applies

to all. If not too much for the reader, we will remark that the most probable explanation of many of the diseases is that the particles are introduced into the system, and during what is called "the period of incubation," multiply and increase till the effect begins to be seen. Of course this will only explain certain classes of disease; others may be an increase of vital power, others a decrease, &c. These are some few reasons for not believing the homœopathic doctrine to be founded in science. There is nothing else that is analogous to it except in the brains of a few men, who pretend neither to strict science nor true philosophy. We do not, as Dr. Epps asks, object to homœopathic doses because we cannot see them, or as he tells us we might object to the existence of musk on a man's coat, though we could smell it strongly. That would be the evidence of one sense at any rate! But the effects of these doses are not appreciable by any sense or philosophy. Although we may doubt their existence, that is not the main question. What we say is that, if they do exist, they are not efficacious. Yes, the effects! the effects!! that is the question! and, though the present chapter is professedly devoted to the subject, we can see nothing which proves it reasonable, or shows that it has any effects. We hope our readers patience is not quite exhausted, as we have a few remarks on his fourth lecture.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

THE twenty-sixth annual general meeting of this Association was held on the 3rd inst., at the Royal College of Physicians, London, when Dr. Maudsley, president, delivered an address. He considered three points—1, the prevention of insanity; 2, the treatment of the insane in private houses and asylums; and, 3, the use and abuse of sedatives in the treatment of insanity.

The question of the prevention of insanity, although a most important one, had hardly ever been seriously propounded. Luckily for us, insanity, unlike some other fearful diseases, could not be conveyed by man to his fellow-man by infection or contagion; but, on the other hand, it was of all diseases the one most likely perhaps to be inherited by one generation from that preceding it. Then, again, it was a disease of so fearful a nature, affecting the highest and most distinctive of man's attributes—mind—that the sufferer from it was regarded as having really sustained a fall from man's high estate, and his relatives accordingly often strove their hardest to conceal the fact. If we had certain animals who were deficient in what ought to be their chief characteristics—greyhounds, for instance who could not run fast, or race-horses who were deficient in speed and staying power, should we make choice of these for the purpose of propagation? Certainly not. Then the question arose, ought we to permit men in whom there was a tendency towards mental alienation to marry? This was a most difficult question by reason of the different degrees of liability to insanity which necessarily existed in different individuals. Then, again, the phenomena of atavism and the alternation of neuroses very much complicated the question. For instance, the son of a madman may escape and the grandson be utterly insane; and the offspring of epileptic or neuralgic parents may show very strong tendencies towards insanity. Again, it had been remarked that the offspring of the insane had not unfrequently been men of great genius, and hence the question arose whether, by forbidding the marriage of a man with tendencies towards insanity, we might not be depriving the world of a mind which would more than compensate for innumerable mental aliens. The descendants of the insane are often very original thinkers. They explore the little-trodden paths of knowledge, they have often indomitable energy, and are careless of all obstacles. Dr. Maudsley thought that if a man had actually had an attack of insanity, we ought to use all our powers of persuasion to prevent his marrying, but in other cases he did not recognise the utility of interfering. He thought that not much had to be done for the prevention of insanity by the prohibition of marriage, but that more could be done by the careful and scientific education of the children of the insane. No person predisposed towards insanity should be considered as a helpless victim to his fate. A man can, to a certain extent, by sheer force of his will, make his character grow to the ideal he sets before himself, and, undoubtedly, a great deal is to be done by the careful mental training of those predisposed towards insanity. The insane themselves, it is well known, have at times a great power of control over their actions; and, *à fortiori*, those who are merely predisposed towards insanity should be likewise able to exercise this control. Unfortunately, as a rule, children with an hereditary taint are always worse managed than other children, and are, therefore doubly cursed.

With regard to the treatment of insane persons, Dr. Maudsley thought that the fashion of at once dispatching a lunatic to an asylum should by no means be necessarily followed in all cases. Many cases recovered without ever being sent to an asylum, and many cases were on record which baffled all treatment while resident in an asylum, but rapidly recovered after effecting their escape. M. Comte was a notable instance of this. He was an inmate of Esquirol's asylum, but, managing to effect his escape, he recovered and wrote his famous work on "Positive Philosophy." On the whole, Dr. Maudsley thought that only in a very few cases was it absolutely necessary to send the patient to an asylum. The recovery of many patients was retarded by the absence of "home influence," and the utter banishment from their friends and relatives which was entailed upon them. It was unfortunate that the treatment of the insane had become such a narrow speciality, and it would be an excellent thing if the state would authorize medical men to receive a very small number, say two or three, insane patients into their houses. He believed that patients placed in this position would be more likely to do well than those who were sent to larger establishments.

Disputing the use and abuse of sedatives, Dr. Maudsley doubted if it were always a wise thing to stifle excitement, and whether a chemical restraint put upon the brain-cells was not often as injurious to the patient as a mechanical restraint imposed upon his limbs. He thought that sedatives were given far too recklessly; that, although they might relieve symptoms, they often only served to push the patient further down the hill, and, as often as not, retarded recovery. He thought the whole range of sedatives, including bromide of potassium and the hydrate of chloral, were all equally capable of being abused; that by giving them we often materially damage the patient's general health, and, instead of curing, we often merely "made a solitude, and called it peace."

Literature.

DYNAMICS OF NERVE AND MUSCLE.*

Dr. RADCLIFFE has long held rather peculiar doctrines. His position entitles him to a hearing, and we may add, the conscientious work he has done, should excuse even those who differ from him to give him full scope. We are not prepared to endorse his views, and just now we have not space to attempt to refute them. We, therefore, beg to report that the present work may be looked upon to some extent as a new edition of a former volume. It presents the author's most recent researches and conclusions on a most interesting subject. We will give him space to tell in his own words what he maintains, and thus we cannot be said not to do justice to him. He thus sums up his views:—

"Instead of regarding the state of action in nerve and muscle as a manifestation of vitality, there is, indeed, reason to believe that it must be brought under the dominion of physical law in order to be intelligible, and that a different meaning, also based upon pure physics, must be attached to the state of rest.

"There is reason to believe that all kinds of electricity act upon nerve and muscle by way of charge and discharge, the charge antagonizing, the discharge permitting, the state of action.

"There is reason to believe that the blood acts upon nerve and muscle, not by causing the state of action, but by antagonizing it.

* "Dynamics of Nerve and Muscle." By Charles Bland Radcliffe. London: Macmillan & Co. 1871.

"There is reason to believe that 'nervous influences' act upon nerve and muscle, not by causing the state of action, but by antagonizing it.

"The whole case is simple enough. It would seem, indeed:—

"(1) That the sheaths of the fibres in nerve and muscle are capable of being charged like Leyden jars, and that during the state of rest they are so charged.

"(2) That the sheaths of the fibres in muscle are highly elastic.

"(3) That the fibres of muscle are elongated during the state of rest by the charge with which their sheaths are charged, the mutual attraction of the two opposite electricities disposed, Leyden-jar-wise, upon two surfaces of the sheaths, compressing the elastic substance of the sheaths and so causing elongation of the fibre in proportion to the amount of the charge.

"(4) That the muscular fibres contract when the state of rest changes for that of action, because the charge which causes the state of elongation during rest is then discharged, and because this discharge leaves the fibres free to return, by virtue of their elasticity simply, from the state of elongation in which they had been previously kept by the charge, and the degree of contraction is proportional to the degree of elongation previously existing.

"(5) That the fibres of nerve are not affected in the same way as the fibres of muscle by the charge and discharge of electricity, because the sheaths of the fibres may be wanting in the requisite degree of elasticity.

"(6) That the blood antagonizes the state of action in nerve and muscle by helping to keep up the natural electrical charge which antagonizes action.

"(7) That 'nervous influence' antagonizes the state of action in nerve and muscle by helping to keep up the natural electrical charge which antagonizes action.

"(8) That diminished efflux of blood to certain nerve-centres leads to successive action in nerve and muscle by disturbing the electric equilibrium of the nervous system which is maintained during the state of rest, this disturbance causing a partial reversal in the relative position of the two electricities with which the sheaths of the fibres are charged, and so necessitating the discharge which is the basis of the state of action; for by this partial reversal, sheaths of which the charge has become negative at the sides and positive at the ends are brought into juxta-position with sheaths, of which the charge remains positive at the sides and negative at the ends—are brought into a relation which necessitates discharge, for discharge must happen when opposite electricities come together."

Correspondence.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—May I request you will have the goodness to publish the following case which, though not containing anything very remarkable as far as the operation is concerned, was followed by a circumstance in the course of the after-treatment, which is both interesting and instructive.

Yours truly,

H. THOMPSON, M.D.

Omagh, August 5th, 1871.

REMOVAL OF TUMOUR FROM BACK OF NECK.

— Cullen, æt. seventy-one, admitted into the Tyrone Infirmary on the 10th July, 1871, praying to be relieved of the insufferable annoyance caused by a tumour very nearly as large as his head, which hung from the nape of his neck. It was quite loose and moveable over the subjacent parts and under the skin. His general appearance indicated pretty fair health, and he exhibited no symptom of any visceral disease. The operation was accordingly performed by a vertical elliptic incision in the mesial line, including a breadth of integument of about three inches; the dissection occupied about two minutes, and was performed without the aid of chloroform, as it was found to produce irregularity in the action of the heart. Three vessels required ligature, the wound was brought together by three points of suture with adhesive straps between, and dressed by means of a dry compressed bandage.

Third day.—Wound united in entire extent by first intention. Suffers no uneasiness whatever; removed the sutures.

Tenth day.—Ligatures all away, cicatrix linear, union complete; feels weak and giddy when he sits up; complains of want of appetite; pulse feeble and intermittent; ordered brandy two glasses daily.

Eleventh day.—Debility increased; extremities cold; pulse very feeble and fluttering; mind wandering; ordered at once a full glass of brandy, and half a glass every second hour.

Twelfth day.—Strength improved; expresses himself as having derived great benefit from the brandy, of which he has consumed six glasses since yesterday.

Fifteenth day.—An erysipelatous blush has appeared on right side of face engaging lower eyelid, which is swollen; no appearance of the kind above wound; continue brandy.

Seventeenth day.—Erysipelas progresses, engaging nose, He is greatly relieved since this made its appearance; continue brandy.

Twenty-first day.—The attack has come to an end, after having engaged the nose and opposite side of face from all the parts affected, the cuticle is now desquamated. He has quite recovered his strength and is able to walk about. The brandy has been discontinued, two glasses of wine daily being found sufficient.

Twenty-fourth day.—Discharged cured. The remarkable circumstances connected with this case is the extreme collapse and depression which preceded the attack of erysipelas, the subsequent mildness of that disease when it appeared, and the relief its appearance occasioned. Had brandy *ad libitum* not been administered during the stage of the incubation, the man would have died, before the cutaneous inflammation had shown itself, and the death would have been attributed to the nervous shock sustained in the operation.

The tumour after removal was found to weigh two pounds and three quarters. It had the appearance of fat contained in cells of a dense and heavy fibrous structure, and surrounded by a distinct fibrous cyst *or* envelope.

DR. INGLIS ON THE USE OF THE LONG FORCEPS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As a subscriber of your Journal, may I ask the favour of your inserting in it the following, and your full opinion on it. In the MEDICAL PRESS, of the 21st June last, Dr. A. Inglis has a paper headed, "On Using Long Forceps, Introduction of Blades in Occipito-anterior Presentations." "The occiput having been ascertained to be near the right groin, &c. &c." "After this the left half of the forceps is introduced" (I would wish to know which he calls the left half—is it the upper or lower blade?) and when finally adjusted lies immediately in front of the transverse bisection of the pelvis at the brim, with its tip resting behind the left ear." "The second blade is next introduced, &c." "It is then rotated partially by supination (ought it not to be pronation) of the right hand? &c." "This second blade will be in the posterior half of the right side (according to this are not both blades in the same side—the right—which would be impossible) of the pelvis at the brim opposite the sacro-iliac, (what sacro-iliac?) joint, and should cover the right zigomatic region of the head."

Now, is not Dr. Inglis speaking all the time of the head in the *second* position; for according to Dr. Tyler Smith's excellent "Manual of Obstetrics," the occiput is in the second position turned towards the right acetabulum, and the forehead towards the left sacro-iliac synchondrosis, &c. The left ear is felt behind the pubis. If so, both doctors agree, but in the same paper further on, Dr. Inglis says—"In the second position of the head, the introduction is exactly similar in all respects!"

Really, I cannot reconcile these, to me, quite opposite statements of Dr. Inglis, for he evidently begins with the second position, and then having done with it, he begins to speak of the second position as another. Can it be that he means the first position as the one he begins with. To my mind it cannot, for then it is the right ear behind which the first blade of the forceps would rest, according to Dr. T. Smith, and not the left, and the occiput would be towards the left acetabulum.

The brackets and underlinings are mine.

I have not seen the MEDICAL PRESS of the 8th June, 1870, to which Dr. Inglis refers.

Yours, &c., &c.,

August 2nd, 1871. STUDENT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—You are at liberty to publish the enclosed prescription sent to London to be made up for a consumptive patient, who is under treatment by the author of the prescription, a clergyman in the West of England, reputed of great skill in diseases of the chest.

Yours truly,

M.D.

P. S.—As the College of Physicians have just made a number of young Fellows, and left out in the cold far too many deserving members, might it not be justice to propose the clerical for fellowship at once.

FOR CONSUMPTION.

1 oz. isinglass;
1 oz. Eringo root;
half pint garden snails;
half oz. Hartshorn shavings;
3 dried vipers from Butler's, Covent Garden;
One and a-half pints of water to be reduced to a pint.

Medical News.

Royal College of Physicians of London.—At an extraordinary meeting of the College on Monday, the 7th inst., the following Members were admitted fellows:—

Child, Gilbert William, M.D., Oxford.
Copeman, Edward, Upper King st., Norwich.
Drake, Augustus, M.B., Southernhay, Exeter.
Fox, Tilbury, M.D., 43 Sackville st.
Hensley, Philip John, M.D., 4 Henrietta st., Cavendish sq.
Hitchman, John, M.D., Mickleover, near Derby.
Leared, Arthur, M.D., 12 Old Burlington st.
Stevenson, Thomas, M.D., Guy's Hospital.
Williams, Chas. Theodore, M.D., 78 Park st., Grosvenor sq.

And the following gentleman was admitted a Licentiate of the College:—

Noad, Henry Carden, George's Hospital, S.W.

University of London.—The following is a List of the Candidates who have passed the recent First M.B. Examination:—

FIRST DIVISION.

Branfort, Henry Seymour, Guy's Hospital.
Buchanan, Arthur, Guy's Hospital.
Colgate, Henry, University College.
Dodson, Andrew, Queen's College, Birmingham.
Firth, Charles, St. Bartholomew's Hospital.
Rayne, Charles Alfred, University College.
Schafer, Edward Albert, University College.
Skerritt, Edward Markham, B.A., University College.
Smith, George Francis Kirby, Guy's Hospital.

SECOND DIVISION.

Addy, Boughton, St. Thomas's Hospital.
Appleyard, John, University College.
Ashby, Henry, Guy's Hospital.
Barber, Edward Creswell, St. George's Hospital.
Blake, Samuel Hahnemann, University College.
Boddy, Hugh Walter, Manchester Roy. Sch. of Med.
Burn, George Wilson, St. Bartholomew's Hospital.
Crespin, E. R. L., Guy's Hospital.
Dyson, William, B.A., University College.
Harvey, Charles William, University College.
Kennedy, Edward, B.A., Manchester Roy. Sch. of Med.
Knox, David Neilson, M.A. Glasg., University of Glasgow.
Lees, David Bridge, University of Cambridge.
Lewtas, John, Liverpool School of Medicine.
Parry, Thomas Sharpe, University College.
Sturge, William Allen, Bristol Med. Sch. and Univ. Coll.

EXCLUDING PHYSIOLOGY.—SECOND DIVISION.

Dundas, George Albert, Guy's Hospital.
Hickman, Richard, St. Mary's Hospital.
Nicholson, Arthur, King's College.

PHYSIOLOGY ONLY.—FIRST DIVISION.

Branfoot, Arthur Mudge, Guy's Hospital.

SECOND DIVISION.

Davies, David Arthur, University College.
Moss, Herbert Campbell, King's College.
Owen, Edmund Blackett, St. Mary's Hospital.
Summerhayes, William, St. Thomas's Hospital.
Taylor, John (B), Guy's Hospital.
Williams, William, Guy's Hospital.

British Ales.—At the Naples Exhibition Mr. Younger carries off the First Prize Medal for superior excellence of his India Pale and Edinburgh Ales.

University of Edinburgh.—The following is a list of candidates who received degrees in Medicine and Surgery on Aug. 1st:—

DOCTOR OF MEDICINE.

Brown, Joseph, Scotland, M.B. and C.M. 1866.
Buist, John Brown, Scotland M.B. 1867, C.M. 1870.
Burman, James Wilkie, England, M.B. 1868.
Christie, James, Scotland, M.B. and C.M. 1868.
*Cumming, James, Scotland, M.B. and C.M. 1868.
Dalton, Henry, Demerara, M.B. and C.M. 1868.
Duncanson, John Janet Kirk, Scotland, M.B. and C.M. 1868.
Foss, Robert William, England, M.B. and C.M., 1868.
Glascott, Charles Edward, England, M.B. and C.M. 1868.
Hett, Geoffrey, England, M.B. 1867.
Heycock, Francis Saworth, England, M.B. and C.M. 1868.
†Hunter, John, Michell, England.
†Joynt, Francis George, Ireland.
Law, Alfred Roberts, England, M.B. and C.M. 1869.
MacLaren, Robt. Philip, New Brunswick, M.B. and C.M. 1868.
Munro, Robert, M.A., Scotland, M.B. and C.M. 1867.
Oman, Nathaniel Daniel Isaac, Scotland, M.B. and C.M. 1865.
*Pritchard, Urban, England, M.B. and C.M. 1869.
Roberts, David William, Wales, M.B. and C.M. 1869.
Serra, Claudio Lisboa, Rio de Janeiro, M.B. and C.M. 1868.
Symes, William Henry, England, M.B. and C.M. 1866.
Walker, Archibald Dunbar, India, M.B. and C.M. 1868.
Wright, Strethill Henry, Scotland, M.B. and C.M. 1867.

* Obtained prizes for their dissertations—gold medals.
† Under the old statutes.

BACHELOR OF MEDICINE AND MASTER IN SURGERY.

Adam, Robert A., Canada
Alexander, Reginald G., England
Alleyne, Robert H., Barbadoes
Anderson, Thomas, Ireland
Armstrong, J. (M.A. Edin.) Scotl.
Benjafield, Harry, England
Bentley, Arthur J. M'Donald, Engl.
Bligh, Samuel E., England
Bond, Frederick A., India
Bowman, George, England
Brookfield, John S., Ireland
Brown, Joseph J., England
Buckell, John W., England
Coughtrey, Millen, England
Cowan, John Sim, Scotland
Dickson, Hanmer, Tripoli
Dickson, John E., Jersey
Douglas, J. G., Durham, Canada
Drew, H. W., Cape of Good Hope
Dunbar, Alexander, England
Edwards, David R., Wales
England, Richard E., England
Gowan, Charles, Scotland
Gowan, P. (B. Sc. Edin.), Scotland
Grant, James, Scotland
Greenidge, C. C., Barbadoes
Hardman, William, England
Home, George, Scotland
Howie, James M., Scotland
Hutchinson, R. J., England
Jackson, Thomas S., England; M.B. and C.M. Oct. 1870
Jardine, James, Scotland
Johnstone, John J. S. (B.A. Oxon. England
Keith, Alexander E., Scotland
Lane, William L., India
Lawson, Robert, Scotland
Leirch, John, Scotland
Little, Joseph H., Ireland
Livesay, William, England
Lowe, John, Scotland
M'Caskie, Norman, Scotland
Macdonald, Donald S., Scotland
Macfie, Johnstone, Scotland
Macrae, Donald, Scotland
Major, Herbert C., Jersey
Mawson, Thomas W., England
Meadows, Henry, England
Nicoll, Augustus, Jamaica
Pearce, Joseph C., England
Perkins, Henry A., Tasmania
Sang, William, Scotland
Shircore, John C., India
Smith, Geo. J. M., Canada
Stiell, John, Scotland
Taylor, David T., Scotland
Thomson, John, Scotland
Thomson, William, Scotland
Thorburn, Robert, England
Thornton, John K., England
Walker, John M., England
Wightman, John T., Scotland
Wilson, Edward M., Brazil

BACHELOR OF MEDICINE.

Clarke, John C., Ireland
Eagar, Robert T. S., England
Evans, George H., England
Gairdner, Matthew W., Scotland
Harvey, Henry, England
James, James R., Wales
Macdonald, John W., Nova Scotia
Macfie, C., Scotl.; M.B., Oct., 1870
Symes, Edmund W., England
Way, Edward W., England

Guy's Hospital Medalists and Prizemen, 1870-71.—The Treasurer's Gold Medal for Medicine: G. Davidson Deeping. The Treasurer's Gold Medal for Surgery: Henry Edward Southee. Third-year's Students: C. H. Golding Bird, first prize, £40; George Turner, second prize, £35; Thomas Eastes and Edmund Arthur Burgess, honorary certificates. Second-year's Students: F. Akbar Mahomed, first prize, £35; George F. Mastermann, second prize, £30. First-year's Students: Arthur Henry Jones, first prize, £30; Charles Edward Barnard (Tasmania), second prize, £25; Henry Clarke and William Harry Hansard (equal), £10 10s. each; Hugh Alex. Cookson, Thos. Simmons Morley, Robert Neale Smith, and Carlos Duran, honorary certificates.

Apothecaries' Hall of London.—At a Court of Examiners, held on the 10th inst., the following gentlemen, having passed the necessary examinations, were admitted Licentiates of the Society of Apothecaries, viz.:—

Garton, William, St. Helen's, Lancashire.
Pearce, Joseph Chaning, Manor House, Brixton.
Wheeler, D. M. Brumwell, Chelmsford.

And at the same Court the following passed the primary professional examination, viz.:—

Hansell, W. C, Guy's Hospital.
Kessen, A. E., Guy's Hospital.
Le Mottée, G. H., King's College.
Paul, F. T., Guy's Hospital.
Spark, S. W., Guy's Hospital.
Whitmore, W. T., St. Bartholomew's Hospital.

The Director General presents his compliments to the Editor of "THE MEDICAL PRESS AND CIRCULAR," and begs to enclose for insertion a List of the Candidates of Her Majesty's British Medical Service who were successful at the competitive Examinations held at London, in February, and at Netley in August, 1871, after having passed through a course at the Army Medical School, Netley.—Army Medical Department, August 10th, 1871.

NAMES.	STUDIED AT	NUMBER OF MARKS.
Crombie, A.	Edinburgh.	5,965
Stuart, G. B.	Melbourne and Edinburgh.	5,775
Irving, L. A.	Dublin.	5,335
McCracken, J. A. ...	Belfast.	5,320
Beamish, J. M. ...	Cork.	5,150
Clery, J. A.	Dublin.	5,060
Cruikshank, B. ...	Aberdeen.	5,010
Coats, J.	Glasgow.	5,005
Williamson, J. G. ...	London.	4,640
Bradford, H.	London.	4,630
Fawcett, W. J. ...	Dublin.	4,582
Joynt, H. W.	Dublin.	4,475
Saunders, W. E. ...	London.	4,470
Leckie, D.	Glasgow.	4,312
Charlton, W. J. ...	Dublin.	4,310
Buxton, J.	Aberdeen.	4,300
Anthonisz, A. H. ...	Aberdeen.	4,185
Tobin, W.	Dublin.	4,170
Molloy, O.	Belfast.	4,145
Moylan, W. J.	Dublin.	4,120
Exham, R.	Cork.	4,056
White, W. L.	Edinburgh and Aberdeen.	4,016
McNamara, J.	Cork.	4,013
Harman, R.	Dublin.	3,980
Wilson, J. B.	Sheffield, Edinburgh, and Galway.	3,860
Leake, G. D. N. ..	London.	3,812
Martin, J. W. ..	Dublin.	3,812
Robinson, R. H. ..	Dublin.	3,683
Gabbett, P. R. D. ..	Montreal and London.	3,677
O'Connell, M. D. ..	Cork.	3,636
Palmer, C. de M. ..	Dublin.	3,566
Ward, E. C. R. ..	Dublin.	3,558
Finlay, W.	Dublin.	3,537
Sullivan, W. P. ..	Dublin.	3,513
Joynt, E. H.	Galway.	3,486
Dickson, J. R. ..	Kingston, Montreal, and London.	3,450

Bequests to Medical Charities.—The will of James Stewart Forbes, Esq., late of Chester House, Wimbledon, Surrey, was proved in London, on the 12th ult., under 60,000*l.* personalty. The will is dated in 1868, and testator died May 7 last. Upon the decease of his sister, he leaves the following charitable bequests—namely, to the Brompton Hospital for Consumption and the Diseases of the Chest, the Middlesex Hospital, London University College Hospital, St. Mary's Hospital, the Asylum for Idiots (Earlswood), each 5,000*l.*; and to the Hospital for Children, Great Ormond street, London, 1,000*l.*

NOTICES TO CORRESPONDENTS.

TO OUR SUBSCRIBERS.—Gentlemen who have not paid their subscription for last year are respectfully reminded of the omission. The Publishers would also be much pleased to receive arrears of subscriptions due for several years previously, which, in *too many instances*, remain unpaid, notwithstanding frequent applications for settlement.

☞ NOTICE.—Subscribers are respectfully reminded that payment by P.O.O., or crossed cheque, is the most convenient and safest mode of remittance. Stamps are unfortunately too easily disposable by dishonest persons.

All valid receipts are given upon printed forms. Subscribers and advertisers are particularly cautioned against making any payments without the production of such a receipt. Cheques or P.O.O. should be made payable in England, to A. A. Tindall; in Ireland, to A. H. Jacob, M.D.; in Scotland, to Maclachlan and Stewart.

MEDICUS.—Declined, with thanks.
DR. SMITH.—The subject shall have our earliest consideration.

THE HEALTH OF SCARBOROUGH.

To the Editor of "The Medical Press and Circular."

SIR,—Having had several applications from distant friends, as to the existence of small-pox in Scarborough at present, a prevalent report having got into circulation to that effect at a distance, I am happy to assure you that, so far as my own observations have extended, and from the testimony of other Medical men, who visit almost every part of the town daily, that the report is without any foundation whatever, and that Scarborough was never more healthy than at present.

I am, Sir, yours, &c.,
Falsgrave, Aug. 12, 1871. THOS. T. PEIRSON, M.D.

The following communications are in type, and will appear, if possible, in our next:—

W. E. Teevan, B.A., F.R.C.S., "Case of Retention of Urine from Impassable Stricture, treated by Filiform Bougies."

G. Smith Chartres, M.A., M.D., "Syphilitic Iritis attacking both Eyes in succession, treated principally by Oil of Turpentine and Blisters."

Dr. Francis M. Luther, "Case of Progressive Locomotor Ataxy."

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Two Pamphlets, by Robert H. Collyer, M.D., "On Anæsthetic History."

Chemical Tables for the Use of Students. By A. Collinette, M.R.C.S. Guernsey.

Animal Physiology. By E. D. Mapother, M.D. London: Longman and Co.

The American Journal of the Mental Sciences. British Journal of Dental Science. Science Gossip. The Practitioner. New York Medical Gazette. Boston Medical Journal. Le Mouvement Médicale. Detroit Review of Medicine.

VACANCIES.

University of Durham. Medical Tutor. Salary £120 per annum.
Chester Infirmary. Visiting Surgeon. Salary £80 with board and residence.
Bradford Infirmary. Physician. Honorary.
Coventry Dispensary. Surgeon. Remuneration averages about £180.
Norwich Hospital. House-Surgeon. Salary £100, with board.
St. Giles and St. George's Parishes, London. Medical Officer. Salary £150 per annum, with residence and washing.

APPOINTMENTS.

ALLEN, M., Resident Accoucheur at St. Bartholomew's Hospital.
BARR, Dr. J. W., Resident Medical Officer to the Bury Dispensary.
BOURNE, M. W., M.D., Resident House-Surgeon and Apothecary to the Royal Orthopædic Hospital.
BURMAN, J. W., M.D., Assistant Medical Officer to the West Riding Lunatic Asylum.
CAYLEY, W., M.D., Physician to the London Fever Hospital.
COOKE, T, F.R.C.S.E., Assistant-Surgeon to the Westminster Hospital.
HILL, T. W., M.R.C.S., House-Surgeon to the West London Hospital.
MAGRATH, J., Assistant Resident Medical Officer to the Leeds Dispensary.
MEADOWS, A., M.D., M.R.C.P., Lecturer on Midwifery and the Diseases of Women and Children at St. Mary's Hospital Medical College.
PEARSE, G. E. L., F.R.C.S.E., Surgeon to the Westminster Hospital.
POPE, H. C., House-Surgeon to the Seamen's Hospital, Greenwich.
POWELL, R. D., M.D., M.R.C.P.L., Lecturer on Materia Medica at the Charing-cross Hospital Medical College.
SPEDDING, Dr. B. H., Medical Officer to the Belfast Dispensary.
THOROWGOOD, J. C., M.D., a Physician to the West London Hospital.

Births.

MARSHALL.—On the 1st inst., at High street, Chard, Somerset, the wife of T. Harrison Marshall, M.R.C.S. Eng., L.S.A., of a daughter.

Marriages.

MAUNSELL—FOSBERY.—On the 27th of April, at Hokitika, N.Z., Henry Widenham Maunsell, M.B., B.A., Surgeon-Superintendent of the Hokitika Hospital, to Mary Augusta, fifth daughter of Frank Fosbery, Esq., late of Curragh Bridge, co. Limerick, Ireland.

PALMER—BARBOR.—On the 8th inst., at the Parish Church, Cheltenham, T. W. Gascoigne, of Cheltenham, to Clara Harriette, daughter of Major George Alexander Barbor, late of the 8th Bengal Light Cavalry.

Deaths.

ASPRAY.—On the 2nd inst., Charles Aspray, Surgeon, of Newton road, Bayswater, aged 66.

BRADY.—On the 12th ult., at Geneva, Switzerland, Thos. Clark Brady, M.R.C.S., formerly Surgeon 1st Batt. 8th Regiment.

GREEN.—On the 3rd inst., Edwin Septimus Green, L.R.C.P. Edin., L.R.C.S. Edin., of Settle, Yorkshire, aged 27.

GRYLLS.—On the 1st of July, at Coconada, India, W. R. Grylls, M.D. Civil Surgeon.

GOWLAND.—On the 28th ult., John E. Gowland, M.D., M.R.C.P.L., of Great James street, Bedford-row, aged 41.

THORNLEY.—On the 5th inst., Robert Samuel Thornley, M.R.C.S.E., L.S.A., of Long-street, Devizes, aged 48.

WHITE.—On the 29th of June, at Perampore, Moorshedabad, suddenly, of cholera, John White, M.D., Surgeon-Major.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 23, 1871.

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By LOMBE ATTHILL, M.D. Dub.,

Fellow and Examiner in Midwifery King and Queen's College of Physicians; Obstetric Physician to the Adelaide Hospital, Dublin.

LECTURE IX.

Ovarian cystic disease—Pathology of—Unilocular, Multilocular, and Dermoid Varieties—Symptoms of—Diagnosis of.

AS THE operation of ovariotomy has been twice performed in our wards within a comparatively recent period, one of the patients being still in hospital, I do not think it likely that I shall have a better opportunity than the present for drawing your attention to the subject of ovarian disease. The affections to which these organs are liable have till within the last few years, been looked upon as almost incurable, but now, as you are all aware, the extirpation of one, or both, of them when in a state of disease is performed with great frequency, and although its results are most uncertain, and though patients doubtless die from the effects of it, who might otherwise live for years, still the number of women whom the operation has restored to perfect health is so great that it will most probably hold its ground, or possibly even increase in public favour.

The affection to which I shall first direct your attention is that known as cystic disease of the ovary, by which term is understood the development of a cyst or sac, or of several cysts, within the ovary, which are filled with a fluid or semi-fluid substance produced in their interior. The development of cysts in the ovary is of very frequent occurrence. They are met with of all size, from that of a pea to that of a large sac capable of containing many gallons of fluid. Pathologists now agree that the ovarian cyst is in the first instance the mere dilatation of a Grafiaan vesicle, this question having been virtually settled by the discovery by Rokitansky of an ovule within one of these diseased cysts. As the cyst grows all trace of its origin is lost, and the sac thus formed becoming distended with fluid gives origin to the simplest form of ovarian dropsy to which from there being but one cyst present, the term "unilocular" is applied. But very generally more than one cyst is developed, several of the Graafian vesicles becoming simultaneously affected. In the early stages we may have a cluster of small cysts, none of them perhaps larger than a currant; then after a time one or two of these seem to take on a condition of active life, and to become rapidly developed, swelling and increasing till they attain a large size, while the others remain stationary or increase slowly. To this aggregation of the cysts the term "multilocular" is applied; the multilocular tumour is much more frequently seen than the unilocular. The contents of these cysts vary in as great a degree as do their appearance. The unilocular generally contains a light, straw coloured fluid, very like serum in chemical qualities. Sometimes however it is turbid and ropy, and occasionally seems to contain blood. In the multilocular the contents of the cysts even in the same ovary vary much; in some they are similar to that just described; in others they consist of a thick gelatinous-looking mass, which is sometimes black and tenacious. Again, the walls of contiguous cysts containing fluids essentially different may be absorbed under the influence of pressure, and the contents becoming commingled we have then a fluid partly thick and tenacious partly aqueous. But in addition to this growth by the amalgamation of contiguous cysts, there is yet another and very important process by which these cysts increase, that is by the development within the parent cyst of numerous other cysts. These, according to Dr. Hodgkin, whose observations have been confirmed by Mr. Paget, may be either sessile or pedunculated, and may cluster in warty-looking masses on the inner surface of the sac. Thus by the growth of the older cyst and the rapid for-

mation of the new, the ovarian tumour sometimes enlarges with an alarming rapidity, and then the disease generally proves fatal in a very brief space of time. But ovarian tumours are seldom made up of these fluid-containing cysts alone. We nearly invariably find also a considerable amount of so-called solid matter present; this solid matter is produced at the same time as the cyst; sometimes it is small in quantity, sometimes in bulk it exceeds that of the fluid containing the cyst, and it may form a tumour of enormous magnitude.

These partly cystic, partly solid tumours to which the term "compound" is usually attached are probably the most common form of ovarian disease. In them solid matter exists under various forms, one which has been described by Mr. Spencer Wells as being identical in structure with the adenoid growths found in connection with the mammary gland has been called by him *Adenoma* of the ovary. Another remarkable one was long looked upon as malignant, a view now proved to be erroneous, it is termed *Alveolar*, and is likened by Dr. Farre to a sponge, the cells of which are filled with a jelly-like substance. Other varieties of solid material are also met with in these cases of compound ovarian tumours, but it would be impossible for me to enter with any degree of minuteness into these pathological details, for I desire in these lectures to confine myself as strictly as possible to the clinical aspect of the diseases of which I treat, and therefore must refer you to the writings of Paget and Farre, or to the admirable systematic works of Graily Hewitt, West, and others, for further information on the points which I feel compelled to omit.

There is however one other variety of ovarian cyst which I must notice briefly, namely, that which contains hair, plates of bone, fat, and in which even rudimentary teeth have been found, with or without any fluid being present. These tumours seldom attain any large size, and may remain indolent for years; on the other hand, they sometimes inflame, suppurate, and finally may cause death. These *dermoid* cysts, as they are termed, are a puzzle to pathologists; the fact that they sometimes are found in very young children negatives the idea of their being the product of conception, while equally it is difficult to admit, as some have suggested, that they may be the imperfect development of an ovum which has since been impregnated, but in truth this matter is as yet a complete mystery.

Having thus given you a brief outline of the pathology of ovarian tumours, I shall next call your attention to the consideration of what is of even greater importance to the practical physician, namely, their diagnosis, a matter often of the greatest difficulty, and an error in which may entail the most serious consequences, jeopardising and even sacrificing life itself. The general symptoms which usher in ovarian disease are very vague and uncertain. The patient may and indeed probably does complain of a considerable amount of discomfort in the ovarian region before being conscious of any actual ailment, but as a rule the first thing which attracts her attention is the discovery of a tumour or at least a fulness in one side of the abdomen which gradually increases in size. But often even when it has reached this size the patient does not pay any attention to her state or seek medical aid. The patient at present in hospital under Dr. Walsh's care, as well as that recently operated on by Dr. Barton, are examples of ovarian tumours following this course—the former, a married woman, aged thirty-five, tells you that about two years ago, while in the enjoyment of perfect health she perceived a tumour about the size of an orange to exist in the left side of the abdomen, that it was painless, only causing a kind of uncomfortable feel, and was so moveable that she could push it quite from one side to the other of the abdomen without difficulty. This tumour slowly increased in size, and after the lapse of four or five months began to cause her a good deal of distress. She also suffered constantly from a dull aching pain in the side, which occasionally became so severe that she had to apply poultices and mustard blisters with the view of obtaining relief. Till about six months ago she was able to move the tumour, but since that date it has become quite fixed. Menstruation has always been regular, both as to the time of its appearance and the quantity of the discharge; latterly the appearance of the flow has brought her a certain amount of relief. The history of Dr. Barton's case was in many respects similar. She was of nearly the same age as the other patient, being thirty-six; was married and had given birth to two children, the youngest being eight years old. About two years ago she also noticed a small globular tumour in the left side, which has ever since steadily enlarged. These two examples of ovarian disease which are strikingly alike in their general outline are typical of a large class of cases. But sometimes the tumour escapes observation till the size which the abdomen has attained attracts the patient's attention; this is specially likely if the disease occur simultaneously with pregnancy. Mr. Spencer Wells records several examples of this.

In addition to the symptoms enumerated there are often various others present referable to pressure on the neighbouring viscera, such as irritation of the bladder, or interference with defecation; but these are always vague, and for the purpose of diagnosis valueless. More definite and more important are the paroxysmal attacks of pain from which the patient not unfrequently suffers. These may be due to the tension of some of the folds of the peritoneum, but they are far more frequently caused by transitory attacks of local peritonitis, and as a result we often find intimate adhesions formed with the surrounding structures, especially with the omentum, and these adhesions add greatly to the difficulty, as well as to the risk, of operations undertaken for the extirpation of these tumours. In the vast majority of cases however the disease has advanced to a stage in which either a well-defined tumour or distinct fluctuation, or both, exists in the abdomen before we are called on to give a diagnosis as to the nature of the disease from which the patient suffers. This was so with both the cases recently in this Hospital—in both large tumours and evident fluctuation existed for a long time prior to their seeking medical aid.

When this stage has been reached the general health nearly invariably suffers to a greater or less degree. In the patient at present in hospital, and on whose case I am specially commenting, it was merely to the extent of loss of flesh, while in the other there was great emaciation, accompanied by dyspnœa, the result of the size of the tumour also loss of appetite and a long train of secondary symptoms. Menstruation may continue to be normally performed, this was so in the patient whose case we are considering, but in many it becomes irregular as the disease progresses, or is altogether suppressed. When this occurs the patient, if she be married, naturally attributes the increased size of the abdomen to pregnancy, and even in unmarried women, as occurred in the well-known case of a lady of rank, the unjust suspicion of pregnancy and its attendant disgrace has been attached to the sufferer, an injustice which the exercise of but a moderate amount of skill should have prevented.

The leading features of a case of ovarian cystic disease then are these: we have a tumour of variable size, the gradual growth of which has generally been traced by the patient. The surface in the case of the unilocular tumour is smooth and even, while in the multilocular the separate cysts impart a lobulated irregular feel to the hand passed over the abdomen. Fluctuation is generally distinct in the former and can be felt everywhere over the surface. In the latter this is only the case here and there, or it may be detected in but one situation, while in them we can also nearly invariably make out at some point a firm hard mass, indicative of the existence of solid matter. The whole of the anterior surface of the abdomen is, in the case of either form of ovarian disease, dull on percussion, the intestines being forced back behind the tumour. A vaginal examination which should in all cases be made, will prove the uterus to be of its natural size and shape, but in many cases that organ

is displaced, being drawn upwards and anteflected, but this is far from being invariably so. The conditions or affections with which cystic disease may be confounded are numerous. Extra-uterine fœtation, ascites especially if complicated with the existence of an enlarged spleen, tumours of the omentum and cancerous tumours in various situations are liable to be mistaken for ovarian disease, but this has specially been the case with regard to fibro-cystic disease of the uterus. Of twenty-three cases recorded by Mr. Clay, in which ovariotomy had been attempted but in which the operation was abandoned in consequence of the disease proving not to be ovarian, twelve were uterine in two no trace of a tumour whatever could be found, while the enlargement of the abdomen from the presence of an ovarian tumour, when menstruation is absent may easily give rise to the idea of pregnancy. It seems hardly possible that an impregnated uterus could be mistaken for an ovarian tumour, yet this mistake has been made, and in order to guard against the recurrence of a similar error you should invariably seek for the usual symptoms and signs of pregnancy, some or all of which will be sure to be present in a more or less marked form. A careful vaginal examination will prove the uterus itself and not the ovary to be the seat of the enlargement. This is one of those cases in which the practice of ballottment may possibly be useful; you must however always bear in mind that pregnancy is not incompatible with the existence of disease of at least one ovary. The diagnosis between ascites and ovarian dropsy is not in general different. It is with the simple unilocular form that the question is most likely to arise. The history of the case often aids us materially in forming our opinion, for the patient is frequently able to tell you that the swelling commenced at one side by the gradual enlargement of a small tumour, which continued to increase till it extended across the abdomen, a history which would be incompatible with the idea of ascites, in ovarian dropsy also there is almost invariably dulness on percussion over the whole front of the abdomen.

The very reverse of this occurs in ascites, for in that disease the intestines are almost invariably in contact with the anterior abdominal wall, and consequently percussion there yields a resonant sound, fluctuation too is most clearly felt laterally in the lumbar regions in ascites, that being the point at which it is likely to be wanting in the case of "Ovarian Dropsy."

I cannot however go further into these details, much less would it be possible, even if it were desirable for me to enter on the consideration of the differential diagnosis between ovarian cystic disease, and that of all the other affections with which it may possibly be confounded, and I must content myself with having laid before you the destinctive features of the former. Your other clinical teachers will explain to you those of the others, and you must for yourself weigh the relative value to be assigned to each symptom when called upon to decide as to the nature of the affection from which the patient suffers. But it is essential before passing from the subject of diagnosis that I should point out to you the principle distinctive feature which exists between ovarian disease and fibro-cystic degeneration of the uterus; first, because both diseases are strictly within the limits assigned to the obstetric surgeon; and secondly, because the latter is that which is specially liable to be mistaken for the former, and indeed so closely simulates it, as to mislead the most careful observer.

I have in a previous lecture given you an outline of the leading features of fibro-cystic disease of the uterus, and I think I shall best aid you now by throwing these into contrast with those of ovarian disease, so as to present them to you in a kind of tabular view, premising however that there is not one of the symptoms enumerated which is not liable to great variation, and that therefore the most extreme caution must be exercised in forming an opinion based on them. I should also add that I am now speaking only with reference to tumours of considerable size, and which extend entirely or very nearly across the whole abdomen.

Ovarian Cystic Disease	*Uterine Fibroid and Cystic degeneration.*
May occur at any age, but probably more frequent before the age of thirty-six than after it. Of 281 cases recorded by Mr. Clay, and of which the ages were known, 168 were under thirty-six, sixty-eight of these were aged between seventeen and twenty-five years.	Rarely met with in early life, of twenty-three cases recorded by Mr. Clay in which the operation was abandoned in consequence of the disease being extra ovarian, thirty-four was the age of the youngest patient.
Previous history often throws light on the diagnosis, a tumour being frequently felt at one side, and which has gradually extended across the abdomen.	Such a history unlikely to occur, growth usually more central.
Growth of tumour comparatively rapid.	Growth comparatively slow.
Menstruation sometimes normal, but frequently irregular, and as the disease progresses is liable to be suppressed profuse menstruation of rare occurrence.	Menstruation normal, if tumour be sub-peritoneal likely to be profuse, if in substance or interior of uterus.
Uterus of its normal size frequently drawn upwards, so as to be difficult to reach and anteflected and moveable unless bound down by adhesions.	Uterus elongated, if tumour be in substance or interior. Sound often passing for a considerable distance into its cavity, when tumour is detected, sound moves with it.
Tumour becomes softer as it increases in size.	Time not likely to alter consistence of tumour.
Urine voided without difficulty.	Difficulty in passing water occasionally experienced from pressure on bladder and urethra.
Generally health always suffers more or less sometimes to a great degree.	General health does not suffer unless menorrhagia be present.

If care be taken to weigh each of the distinctive features here enumerated, the risk of making a serious error in diagnosis will be greatly lessened, above all let me impress on you the necessity of your using the uterine sound.

It affords us the most important aid in forming our diagnosis. In the great majority of cases of large fibrous growths from the uterus, whether solid or fibro-cystic, the uterus is either embedded in or so firmly attached to the tumour that it cannot be moved independent of it, a point which can easily be ascertained by inserting the finger into the rectum and keeping it there, while the sound previously passed into the uterus is rotated gently, and again the sound should be held steadily, while an assistant endeavours with both hands to rotate the tumour itself, a manipulation which often enables us to decide whether the uterus be attached to the tumour or not.

Still even here error is possible, for if a fibrous tumour spring from the uterus by a moderately long pedicle, or even by one as short as that shown in Plate VI., we may

be able to move the uterus to such an extent as to the conclusion that it was free, and on the other hand it is possible that in a case of ovarian disease the uterus might be so bound down by adhesions as to be immoveable.

An abdominal tumour had been discovered five years ago, which during the last six months had increased rapidly. On admission into hospital a large tumour was felt which evidently contained no cyst large enough to warrant tapping, but which did not fell so hard as a fibroid tumour of the uterus, no vascular murmur was audible, and it appeared to move quite independently of a uterus of normal size. When the tumour was exposed it proved not to be ovarian, it sprang from upper part of the posterior surface of the fundus uteri short pedicle. The tumour was removed and was found to weigh thirty-four ounces, and was seventeen inches in diameter, the fact of the tumour growing from almost the very fundus of the uterus doubtless permitted that organ to have a greater amount of mobility than is usually met with in such cases, and when I add that the operator was Mr. Spencer Wells, you will agree with me that no means were omitted by that distinguished surgeon for arriving at a correct opinion as to the nature of the tumour.

CATECHU AND OPIUM AS AN ASTRINGENT IN GLEET.

By R. Locke Johnson,
Visiting Physician to the Infirmary for Consumption and Diseases of the Chest, Margaret street, Cavendish square.

In March last a City gentleman, whose daily avocations are of so arduous a nature as to require his personal attention for more hours than are generally considered advisable for such persons as desire to keep a healthy mind in a healthy body, consulted me for a pulmonary affection, by which he had been seized for the first time. The affection yielded to ordinary treatment, and, at my earnest solicitation and persuasion—for patients, when they assume even a moiety of former vigour, as a rule do not feel disposed to adopt, *per saltum*, medical advice—arranged his affairs in such a manner as to enable him to take in the country a month's holiday—a luxury to which he was quite unaccustomed. My patient has had no reason to regret his month of idleness, in so far as relates to the complaint, for which relaxation from business was advised; but, during his sojourn in a fashionable watering-place, he contracted—by "inadvertence," he states—a gonorrhœa of no mean character. He tells me that this gonorrhœa was extremely difficult to be got under, and since its decline, nearly three months past, he had been afflicted with a troublesome gleet, on which neither injections nor medicines administered by the mouth exercised any influence.

Examination of the urethra revealed to me the usual semi-viscid discharge, which I was informed exercise, excitement, or stimulants of any kind influenced very much. There was no trace of inflammation at the orifice or along the line of the urethral passage; but, my patient said, he felt occasionally, about a thumb's breadth from the orifice, a small elevation which he considered influenced the discharge and subsided with it. There was neither pain nor heat experienced during or after micturition, and he suffered merely from the inconvenience experienced in ordinary cases of gleet.

I prescribed for him an astringent injection, composed of tinct. opii, ʒj, tinct. catechu, ʒjss., and misturae acaciæ ʒij, to be used twice daily.

The discharge ceased after the second application of the foregoing, and has not re-appeared, and I note the case as one of a series of simple but persistent gleet similarly treated by me.

Hospital Reports.

Case of Fracture of the Base of the Skull; Paralysis of Abducens; Recovery.

(Under the care of Henry Hadlow, Royal Naval Hospital, Yokohama.)

[This case has been communicated by the Director-General of the Medical Department of the Royal Navy to a Contemporary.]

J. C——, able seaman, of H.M.S. *Rinaldo*, on October 26th, 1870, fell from the fore-topmast cross-trees into the fore-top, cannoning against a man in his descent, falling obliquely on the right side of his head. He was picked up unconscious, with blood flowing profusely from the ears, and was at once brought to the Naval Hospital. When received the coma was found not complete; he could be aroused if loudly spoken to; the pupils were dilated, sluggish, but not insensitive to light, and blood was flowing freely from the ears. This flow of blood, and afterwards of blood mixed with yellowish fluid, continued for three days, and ceased on October 29th. On November 2nd he was found to present slight but sufficiently marked internal squint of the left eye. No other cerebral symptom. The squint increased daily. On the 21st of November, the report is, "Looking at an indefinite far point directly before him, there is inversion to the extent of an English line. He cannot evert the eye beyond the centre point or o of the strabismometer; there is lateral diplopia except when looking to the extreme right, and asthenopia.

After this date he began to improve. On December the 14th the inversion had diminished to half a line. He had acquired the power of abduction to the extent of nearly two lines. The sight of the eye was good. He could read No. 20 Jaeger at twenty-two feet, and accommodation was unimpaired, $=\frac{1}{3}$; diplopia continued, except when looking considerably to the right of the middle line. He improved slowly but steadily. A month after the last date, images of objects immediately in front of him were coincident, and he had power of eversion to the extent of more than two lines.

On the 18th of February, abduction could be effected completely, and the only want of parallelism between the optic axes was about twenty degrees to the left of the direct centre. On the 8th of March he was quite well, the optic axes coincident at all angles, and with perfect binocular vision when tested with the stereoscope.

In Holmes's "System of Surgery," two cases of paralysis of the sixth nerve alone, following fracture of the skull, are given. One terminated fatally, and the other was operated on for the resulting squint without any good result. A case of complete recovery following this accident appears worthy of being placed on record.

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

FORTY-FIRST MEETING, HELD AT EDINBURGH.

ILLEGITIMACY.

Mr. Seton read three papers on the following subjects:—"On certain cases of Questioned Legitimacy under the operation of the Scottish Registration Act;" "The Illegitimacy of Banffshire;" and "The Expediency of recording Still Births." The first paper referred to the subject of adulterine bastardy. It touched upon the conflict between the legal presumption in favour of a child born in wedlock being the lawful issue of the spouses and the mother's conviction of its illegitimacy. The course to be followed in the registration of such cases

was pointed out. The second paper gave elaborate details regarding the illegitimacy of Banffshire during the four years ending 1861, and embraced a supplementary appendix relative to the four years ending 1869. Amongst other things, it was mentioned that, with a few rare exceptions, the county of Banff has always exhibited the largest percentage of illegitimacy—viz., about 16 per cent., the ratio for Scotland generally being between 9 and 10 per cent; that very considerable differences exist in the different parishes, the maximum rate being upwards of 25 per cent., and the minimum as low as 6 or 7 per cent.; that as a rule the seaboard parishes have a lower percentage of illegitimacy than the inland ones; that neither the excess of females over males, nor the comparative number of houses and windowed rooms (as ascertained at the Census) afford very satisfactory solution of these differences; and that with regard to the county generally the comparative paucity of marriages may perhaps have something to do with the larger amount of illegitimacy. The paper also contained particulars relative to the occupation of the mothers of illegitimate children, the number of cases in which the paternity was acknowledged at registration or found by decree of court, and the number of children legitimated by the subsequent marriage of their parents. The third paper mentioned that, while still-births are recorded in France and some other Continental countries, they are not registered either in England or Scotland. It was stated that the still-births in Glasgow during the three years subsequent to 1849 were estimated by the late Dr. Strang to have amounted to one in twelve, or upwards of 8 per cent. In France the percentage amounts to between 4 and 4½ per cent., and in Paris to about 7½ per cent. The ordinary proportion among legitimate children is from 1 in 18 to 1 in 20 of all births, and among illegitimate children three times greater. More males are still-born than females—viz., 140 to 100. Reference was made to the difficulty of defining the terms "still birth" and "viability," to the supposed prejudices against the registration of still births; and the desirableness of their being recorded on the ground of public policy and in the interests of medical science was adverted to. The paper concluded with a recommendation that the experiment of such a registration should be tried in Scotland, and some practical suggestions were given as to the mode in which it ought to be carried out.

Sir John Bowring took occasion to refer to foundling hospitals as preventitives of infanticides. He said he had lived in a country where little respect was paid for human life—in which children were bought and sold like cattle in the market place, mothers selling their children for a few pence. It was difficult to dispose of females on account of there being such a large number; and he knew of an eminent man in China who had written a book in which he maintained that it was the duty of mothers to destroy their infant daughters rather than allow them to grow up to a life of profligacy and misery. He had seen ponds filled with children; and in some of the cities he saw pillars with holes in them, and the inscription—"The receptacle for toothless children." Now, notwithstanding these things, there were large hospitals for foundling children. As far as his observations went, the destruction of life was much greater where these hospitals existed. The sacred feeling by which the mother was bound to take care of her child was destroyed by legislative provisions and public opinion. They had one of those institutions in London, and the inhabitants were very proud of it; but he believed that to a very great extent that foundling hospital was filled by the unhappy consequences of vice and profligacy. He hoped Mr. Seton would consider that branch of the question, and bring the subject before the Medical Association. (Hear, hear.)

Mr. A. E. Macknight said the system of giving relief to women with illegitimate children had exercised a demoralising effect on the country, and he hoped the plan which formerly obtained in Scotland would again be adopted—namely, to cause the mother or her friends to support the child when the father could not be found.

Mr. Valentine was of opinion that illegitimacy in Scotland was on the decrease, and not on the increase. It was the greater prominence which the modern system of statistics gave to the evil which made people think it was on the increase. If they read the old records of kirk-sessions, they would find that this evil was diminishing in the country.

Mr. J. Jack said he came from Aberdeenshire, and it was his opinion that illegitimacy had greatly increased within the past fifty years. He feared that the unenviable prominence of Banffshire in this respect was the result of the neglect of the moral training of the young. In the schools carried on under the "Dick Bequest" in that quarter of the country, the scholars received a strictly literary education, without any religious teaching, and he believed this operated prejudicially on the morals of the pupils.

CHILDREN HOSPITALS.

Dr. William Stephenson read a paper "On the Scientific Aspect of Children Hospitals." He said that the Edinburgh Sick Children's Hospital was established eleven years ago to provide for the reception and medical treatment of the children of the poor during sickness, and to promote the advancement of medical science, with reference to the diseases of childhood, and to provide for the more efficient instruction of students in this essential department of medical knowledge. At present it contained 74 beds—32 for ordinary patients and 42 for fever cases. Children hospitals, he said, were needed for scientific requirements, and to arrive at any important clinical results they had to group together large numbers of cases, such as could only be done in hospitals of considerable size. It was recommended that students should be made to study the diseases of children before receiving their diplomas, and reference was made to the advantages of such an institution for training nurses.

Lord Neaves said there could be no doubt of the importance of the Children's hospital to the medical school; but he said that such an institution would have a prejudicial effect on society if parents were to be allowed to take their children there whenever they were ill with measles or whooping cough. In the administration of these hospitals, they must take care that in relieving special cases they did not give encouragement to improvidence.

Dr. David Murray said he believed that the outdoor department of the Edinburgh Hospital for Sick Children did a great deal of mischief. Parents brought their children labouring under dangerous diseases to the hospital, where they were collected in groups, and the effect was to spread the diseases.

THE WELLINGTON REFORMATORY.

Sheriff Cleghorn read a paper "On the Wellington Reformatory," in which, among other things, particulars were given regarding the industrial training the boys received.

In the discussion which followed, several gentlemen spoke of the advantages of industrial training.

The section adjourned at three o'clock.

MUSCULAR ANOMALIES ON THE DARWINIAN THEORY OF THE ORIGIN OF SPECIES.

Professor Macalister read a communication on "Thef Bearing of Muscular Anomalies on the Darwinian Theory o the Origin of Species." He said that three arguments from anatomy are usually brought forward in support of the evolution theory of the origin of man. The first of these is derived from embryology, the second from rudimentary structures, and the third from anomalies. The object of this paper is to endeavour to determine the precise value of the last of these arguments. This may be stated thus—It is the experience of anatomists that structures are variable; that in scarcely two subjects are parts similar to each other, and often very great varieties are noticed. As these varieties simulate the normal arrangements in lower animals, it is inferred by some that they are evidences of a genetic affinity. The first point to determine is—Do the anomalies of parts in man resemble the normal structure of lower animals? The evidences in determination of this point were drawn by the author from the muscular system, and he classified muscular anomalies according to the relation to lower animals. The first class consists of these separate muscles which are normal in lower animals, and only merely present in man; such are the muscles known as occiput, scapular, peroneous, quints, levator claviculæ, &c. The second class consists of those separate muscles which exist as anomalies in man, but do not exist as normal in lower animals, such as the sixteen abnormal laryngeal muscles described by different authors. The third class consists of such muscles as are distinctive of man, and which are sometimes anomalously absent in him, and still more rarely some of the peculiarly human muscles are present as anomalies in lower families. The fourth class consists of muscles common to man and other animals, but which normally are differently arranged in both. In man such muscles are often found arrranged according to lower animal types, and this class contains by far the largest number of anomalies. How to account for these anomalies has long been a subject of dispute. There are two hypotheses which seem competent to account for them. One large series, like the second class,

is accounted for on functional grounds, but this hypothesis is incompetent to explain the occurrence of all, as some anomalies are sources of weakness, and absolutely destroy function. That function is a factor, however, seems plain, from three considerations—(1), The muscles which have a great variety of function have a wide range of variation ; (2), muscles which have no function, like those of the whale's paddle, are very valuable ; (3), those muscles which have single definite functions vary very little. The second hypothesis is that of reversion—that such anomalies are produced by the tendency to revert to some earlier structural condition of some further stage of parental condition.

Mr. Bogg said the question was—What was the intention or aim of these anomalies ? The answer of Professor Macalister is, that they are either most complex or of primary forms. He thought there was another answer, and though it might seem extraordinary, he hoped they would allow him to regard man as a microcosm—as a little universe, having in his mind as well as his body the characteristics of the law of creation, and having these anomalies retained in his structure to indicate that he is evolved not from the lower animals, but that the Creator evolved the lower animals from Himself, and that as he could not create any animal which had no connection with the Person who produced it, they could not exist without having their own structure in the present state as types of those which exist in God, and consequently of man, who is the image of God. (Applause).

Professor Macalister said he preferred to adhere to a negative rather than the positive side of the argument—that is, he tried to reduce the evidence as much as possible, that without a hypothesis of evolution they could not explain these anomalies. He therefore thought they were shut up at present to the evolution hypothesis ; and the proper way to pursue this investigation further would be to tabulate all the muscular anomalies in man, and do the same in regard to the lower animals, and compare the two so as to consider whether the grouping of anomalies in man was the same as in the lower animals. He had drawn out such a table regarding man, and would leave it to some one better qualified than he was to make out a similar table regarding the lower animals.

The President said the section was not only very grateful for his interesting paper, but for presenting them with an example of how such a subject ought to be treated, and how the collection of anatomic facts was to be brought to bear on the hypotheses on this subject.

VENTILATION AND VITALITY.

Mr. J. D. Morrison submitted the following paper "On a New System of Warming and Ventilation" :—At the meeting of the British Association at Exeter, Professor Archer very kindly read for me a paper descriptive of my system of ventilation applied to dwelling-houses. To-day I intend to call your attention to other applications most intimately connected with sanitary science. In carrying out my system, I have had forced on my conviction the very close relationship between ventilation and vitality, which form the subject of this paper. That the relation may more clearly appear, I shall, with your kind permission, read to you, from page 219 of the Association's Transactions of 1869, the short outline of my system by the editor :—"The main features of this novel system of warming and ventilating consist in so circulating pure fresh air (through a warming chamber) into the room, and of foul air (through the fire) into the chimney, that all local currents are resolved into one, which, describing an unbroken circuit, forms an upper warmer current from the fire to the opposite wall, and an under colder current (under the floor) from the wall back again to the fire, when, after supporting combustion, the products escape up the chimney. The vacuum thus produced by the warmer current through the chimney, creates the now colder current from the atmosphere, which, passing through the heating-chamber, supports the respiration of any number of individuals." From this extract you will readily perceive that, imitative of nature, I produce, by mechanical means, an artificial trade-wind. Commingled with this air in motion, I propose to carry, in a circuit and by a current, the conditions of life to plants and animals—firstly, by an outward current from any centre to any circumference, to carry the conditions of life to them ; and, secondly, by the veins of the returning current of the circuit, to remove from them their exhalations. For several years I have had in contemplation the carrying out of such a system, in exact imitation of the currents of the atmosphere and the circulation of the blood ; and reflecting over the fact that one grain of musk has been known to perfume a room for thirty-six years without sensibly losing weight, it occurred to me to take advantage of this extreme divisibility of matter in nature, and, by copying her in other respects, to carry by artificial appliances all such substances as by solution in spirit, water, or other simple mediums can be so divided, and consequently evaporable into any current of air passing over them. Acting on this thought, to carry by a current of purified air any amount of required heat, moisture, or medicine to the lower animals, and from them their exhalations, I submitted at the last meeting of the Highland and Agricultural Society of Scotland my proposal to the test of the judges, and had the satisfaction of being by them awarded the society's medal. Encouraged by this mark of approval of my efforts, I have built an addition to my house, so that one room, in particular, may be placed at the service of the medical profession to test, by actual experiments on climate, the power of pure, fresh air, chemically-pure water, heat, light and exercise on the human system. Through this room a general current of air passes and commingles, consisting of a purified and warmed current across the entire floor, rising to meet a descending cooler and purified current from the entire ceiling ; these, having intermingled, support respiration, and then pass, by a ventilating shaft, to be burned in the fire. After thus supporting combustion the products pass into the chimney. Into this general current I can at will diffuse, by a branch circulation, a second current, which, having passed through a solution of any medicine, joins the main current, and is now inhaled as perfumes are from flowers.

THE THIRTY-NINTH ANNUAL MEETING

OF THE

BRITISH MEDICAL ASSOCIATION,

Held at Plymouth, August 8th, 9th, 10th, and 11th, 1871.

President: John Whipple, Esq., F.R.C.S.

ABSTRACTS OF PAPERS READ IN THE SEVERAL SECTIONS.

Dr. John Murray read a paper on

CHOLERA : ITS DIFFUSION, PROPHYLAXIS, SYMPTOMS, AND TREATMENT,

in which he said his opinions are supported by a very great majority of the medical officers now in India, as shown in a recent report submitted by him to the Indian Government, in which the opinions of 505 medical officers are carefully tabulated.

In no malady, he said, are there more marked and characteristic symptoms than in cholera ; but the symptoms, which are only found in one stage, are so dissimilar to those induced by the poison in an earlier stage or mild attack, that the connection has by many been overlooked.

The earliest symptoms that can be recognised are those of *malaise*, viz., depression of spirits, want of appetite, torpidity of the bowels, and desire for stimulants. That this *malaise* is caused by the presence of the poison of cholera is an opinion strengthened by the fact that, during an epidemic attack, when this feeling exists, the action of a purgative—especially salts—will almost always be followed by the other symptoms of cholera, and the circumstance of the frequent occurrence in men who have left the infected locality in apparent health and have been attacked within one or two days.

To the symptoms of *malaise* succeed *diarrhœa*, nausea, and vomiting ; the urine is scanty ; the stools light-coloured, then colourless, like rice-water, with occasional cramps, heart-burn, and slight headache. The countenance is dark and the eyeballs congested. This is followed by *collapse*, great prostration of strength, burning in the epigastrium, congee or rice-water vomiting and purging, with cramps and suppression of urine ; cold clammy perspiration, feeble pulse and cold breath, broken voice and shrunk and livid face. When reaction takes place, the burning pain in the epigastrium disappears, the restlessness subsides, the stools become coloured, urine is

ecreted, warmth returns to the palms of the hands, the colour improves, the pulse becomes stronger, and sleep ensues.

In many instances the disease does not progress beyond the stage of *malaise* or *diarrhœa*. The poison appears to be digested or eliminated by the *vis medicatrix naturæ* through the natural functions of the system—hence the great importance of supporting these, and avoiding their being overtaxed, exhausted, or depressed.

Cholera is a specific disease, caused by the presence of a specific poison in the system; it multiplies or is reproduced; it must be vital and amenable to the ordinary laws which regulate other specific poisons, modified by the peculiar structures of the body which are chiefly affected. It must enter the body through some of the ordinary channels. Before health can be restored, it must be eliminated either in a vital state or after being decomposed or digested.

The poison leaves the body through the same channels by which it enters; viz., the bowels, the lungs, and the skin. Its presence in the discharges from these organs is recognisable in most instances by the smell—a mawkish, sickening odour, well known to those who have seen much of the disease. In the earlier stages the poison appears to be destroyed, or digested, without exciting any active symptoms, and this is the safest way of nature getting rid of it. The first active symptom is diarrhœa; and here we can be useful, as the system during this stage is amenable to remedies.

All experience of the course of the disease teaches us that it rages with the greatest intensity, and proves most fatal where people are collected in great numbers—where there is crowding and filth, defective ventilation and impure water; and that it is aggravated by want and bad food.

Sanitation is of the greatest importance in the precautionary treatment of this epidemic, in ameliorating the virulence of the attack, restraining its dissemination, or warding it off entirely.

There is another point of no less importance in the precautionary treatment, on which the profession was not in former years so unanimous: the contagious nature of the disease, meaning thereby the transmissibility, directly or indirectly, of the specific poison from a sick to a healthy person. In India there were only five hundred and five medical officers who stated that it is not communicable. There is a slight divergence of opinion regarding the channel through which the communication takes place, and the changes undergone by the poison after leaving the diseased person, but none as to a diseased person being a source of danger if admitted into a healthy locality.

There has been a great diminution of mortality from epidemic cholera in India, particularly amongst the European troops, and in the gaols, since precautionary measures founded on these indications have been carried out. In many cases, cantonments and prisons have remained free from attack whilst the disease has raged amongst the population of the surrounding districts, and the mortality has been materially diminished in most of the stations where it did break out; still, in several stations and gaols where the sanitary arrangements have been carried out by most efficient officers, there have been very severe and fatal outbreaks of the disease, particularly in the cantonments of Peshawur, Kohat, Allahabad, and Gwalior, and in the Central Prison at Agra, which has long been celebrated for the completeness of its sanitary arrangements.

The removal of troops or prisoners is a simple process in India. The supply of tents and means of carriage is ample, and the surrounding country open. In small villages the inhabitants desert their homes and live in the open air; and many who have the means leave the large towns. The precautionary arrangements in towns have been limited to the construction of special cholera hospitals and the general distribution of medicines. People have generally a great aversion to leaving their homes and entering a cholera hospital; but these hospitals were generally filled with travellers and poor people. The free use of disinfectants applied to the evacuations has been employed with marked advantage.

I do not wish it to be inferred that I think it as communicable as many other diseases, or that there is *very* great danger in attending on the sick, especially in Great Britain, where decomposition is comparatively less rapid than in India. I have attended thousands of cases, and only contracted the disease three times, which yielded readily to early treatment. The exemption of hospital attendants, where prompt treatment is available, is remarkable; and the number of relatives and friends who attend in private houses and escape, or only have very slight indisposition, is generally observed.

In the stage of *malaise* the poison is thrown off without any violent or very prominent symptoms by the natural functions of the system. Our task here is to support the strength, avoid indigestible food and depressing causes. The only medicine that I have found useful in this stage is a little quinine every day. The subsequent indications of the treatment are to remove the abnormal symptoms as they appear, of which the most early is *diarrhœa*. The first indication is to check this and restore the case to the stage of *malaise*, then remove the cause and restore the natural secretions. Irritating or indigestible food in the bowels is the most frequent cause of diarrhœa; and should this not previously have been discharged in the evacuations it should be removed and a recurrence of the looseness guarded against, as I have always found it the most powerful exciting cause of collapse. I have found this best carried out by a combination of opium with carminatives in the form of a cholera pill, composed of one grain of opium, two of black pepper, and three of assafœtida. It appears to check the looseness and stimulate the secretions. This pill does no harm if needlessly administered. It should be repeated should the looseness continue. It will cure most cases, and in all restrain the symptoms until regular medical advice can be procured. This is a most important point in the use of this simple remedy. It may be distributed to every house and be available in a few minutes, whereas the delay of a few hours may allow the disease to advance beyond control. I know no better remedy for this stage. These pills have been distributed in tens of thousands in the towns and villages of India with most satisfactory results. Some surgeons prefer red to black pepper, and others add camphor to the opium and assafœtida.

In collapse, our power is limited by the circumstance that the vital organs are insensible to the ordinary action of medicines. Experience shows that opium, astringents, and alcohol, lie inert in the collapsed stomach, though these are the ordinary remedies for pain, looseness, and debility. It is also my experience that the free use of these remedies at this stage causes death, either by preventing reaction, or by causing local complications should reaction appear.

There is another cause of death which is not generally understood, but which it is in the power of all sufferers or attendants on the sick to check or to prevent. I allude to the extreme danger of assuming the erect posture, or even of sitting up in bed, during collapse, or the earlier stage of reaction. I have seen myself, and I have heard of many cases, where fatal syncope instantly followed sitting up in bed or rising to go to stool.

The first sign of reaction is coincident with the appearance of bile in the evacuations. The dilution of the irritating contents of the bowels and the restoration of the watery particles of the blood are indicated and best fulfilled by frequent small quantities of cold water, to which a little soda or carbonate of ammonia may be added with advantage. In protracted cases I have seen decided benefit from the use of Liebig's extract of meat, made fresh and given frequently. I have also seen most marked benefit from the exhibition of hot saline enemata given after each motion. In some instances it has acted like magic, the symptoms subsiding after one injection, but in many others they have been powerless. I have thought that the artificial supply of Nature's own remedies in the stage of *malaise*, the secretion of which is suspended by the action of the poison as the disease advances to collapse, might be useful, and the results in a few cases in which they were used previous to my departure for India were highly satisfactory; seven out of nine having recovered, and the two fatal cases having been pulseless and dying before the remedies were used: these remedies were gastric juice and bile, in the form of acidulated pepsine, fifteen grains, and inspissated bile fifteen grains, given alternately every hour. The dose of bile was followed by vomiting; but bile soon appeared in the evacuations, and mild reaction set in gradually. Shampooing with warm turpentine liniments gives relief to the cramps, and mustard poultices on the epigastrium restrain the vomiting. I think I have used a little quinine with advantage when Nature made an effort at reaction.

The practice is generally condemned in India. Calomel I have found inert in collapse, both in large and small doses, and consider that the benefit attributed by many to its use arises from its being employed instead of spirits or strong remedies. There is danger of its being accumulated in large

quantities when reaction takes place. Sulphuric acid and acetic acid are less dangerous; but I have not seen decided benefit from their use. I have not found advantage from ammonia, except when added in small quantities to the cold water. I found, in 1833, the transfusion of saline fluids into the veins caused most hopeful reaction; but it was only temporary, and this is the general result of numerous trials made by other medical officers in India. Brandy I consider dangerous in proportion to the quantity given in the stage of collapse, and opium as decidedly poisonous in this stage. Chloroform, though it may give temporary relief, tends to induce dangerous head symptoms on reaction. Astringents are not beneficial. Purgatives are dangerous in the earlier stages, and not useful in collapse; they are generally condemned in India. Heat has been extensively tried by warm baths, but the fatigue entailed is dangerous. It has been tried in the form of hot-air baths, but the result has not been encouraging.

When reaction takes place, rest and careful nursing will complete the cure where collapse has not lasted long; but in protracted cases, in addition to these remedies, medical treatment may be required for low fever, uræmia, or local complications, regulated by the ordinary rules.

Dr. Wilson Fox read a paper on

TREATMENT OF HYPERPYREXIA, AS ILLUSTRATED IN ACUTE RHEUMATISM, BY THE EXTERNAL APPLICATION OF COLD.

He said cases of acute rheumatism in which, after a course of variable severity, the temperature suddenly rises from 103° or 104° to 107°, 108°, or 109°, have usually proved fatal within a very short time after the latter temperature (109°) has been attained. In the majority, indeed, of published instances this has been the case within one or two hours; and Wunderlich regards this terminal rise as "proagonic," or as one of the phenomena of death—a view still further borne out by the fact that a further elevation is often continued for one or two hours after life has apparently ceased.

He published last year a case in which, by means of repeated immersions in the cold bath, life was protracted for nearly thirty-six hours after the patient's temperature, while suffering from acute rheumatism, had reached 109°, death finally taking place by exhaustion at a temperature of 104·4°. This case had been complicated by a large bleeding, practised before the bath was employed, in the hope of thereby producing a reduction of temperature, when this had reached 109°, and when the patient was violently delirious. Venesection to more than twenty ounces had no effect whatever in checking this rise; and the hope was expressed that cases of this nature, treated by the cold bath and without venesection, might yet show a favourable termination, and this hope, has been realised in two cases. The patients, a man and a woman, have completely recovered under this treatment, after rapidly attaining a temperature, in one case, of 110°, and, in the other, of 107·3°. Both were first attacks of the disease; and, indeed, this ordinarily fatal mode of termination appears to be more common under these circumstances.

The cases were detailed.

Dr. Wm. Roberts (of Manchester) read a paper "On Intemperance as a cause of Chronic Bright's Disease." The author said that the generally received opinion that the abuse of alcoholic liquors is a frequent cause of Bright's disease has been called in question by Dr. Dickinson, in an elaborate argument in his recent work on "Albuminuria;" and the scope of the paper was to examine the evidence on which Dr. Dickinson had relied in coming to an opposite conclusion. Dr. Roberts endeavoured to show that the pathological facts adduced by Dr. Dickinson were either untrustworthy or that they had been incorrectly interpreted. As to the argument drawn from the reports of the Registrar-General, Dr. Roberts admitted as Dr. Dickinson had stated, that the districts which yielded the largest returns of deaths from intemperance did not return an excessive proportion of deaths from Bright's disease; but exactly the same result was obtained when the same statistics were applied to the mortality from cirrhosis of the liver—a disease which is notoriously and chiefly the product of intemperance.

Dr. E. J. Tilt read a paper "On Hysteria and its Various Interpretations," in which he spoke of hysteria as the product of an indispensable predisposition to emotion on the part of the brain, and some determining cause. The conclusions were—(1) that to be efficient leaders of the profession and teachers in our public schools, hospital men should be thoroughly acquainted with diseases of women; (2) that whenever it is a question of hysteria, the state of menstruation should be carefully ascertained, and the sexual organs accurately examined when they present signs of disease; (3) that the best way to disperse the cloud that still obscures our knowledge of hysteria, catalepsy, and epilepsy, is to study the pathology of the ganglionic nervous system.

Dr. Cornelius B. Fox read a paper "On the Estimation of Atmospheric Ozone by means of Aspirators and Acids." Having pointed out the great importance of estimating correctly the amount of ozone present in the air, if we would ascertain with certainty whether or not an excess or deficiency of this allotropic modification of oxygen is in any way connected with disease. He proceeded to comment on the chaotic and inexplicable condition in which all ozone records are involved. The mode of estimating ozone which has been hitherto generally adopted appears to be liable to the following sources of error:—I. Impurity of chemicals employed. II. Impurity of paper employed. III. Ozonometers faulty in construction. IV. Formation of the iodate of potash. V. Bleaching and fading of the coloured tests. (1) From formation of the iodate of potash; (2) from presence of *true* antozone in the air; (3) from volatilisation of the iodine set free, in consequence of (*a*) a rapid current of air, (*b*) an excess of moisture in the air, (*c*) a high temperature. VI. Changes in the force of the wind. Brodie and others consider Schonbein's antozone to be a myth, while some German savants have recently proved that it is simply the binoxide of hydrogen. Dr. Cornelius Fox believes in the existence of an antithetical state of the air, and describes both the atmospheric conditions under which it occurs, and its effect. This principle he names *true* antozone, to distinguish it from Schonbein's antozone, with which it has hitherto been erroneously identified. The various errors above enumerated, of which the formation of the iodate of potash is one of the greatest, are easily obviated. This colourless salt, into which much of the iodine set free by the ozone is often converted, he decomposed by the application to the tests of tartaric acid in the form of spray, so that the whole of the metalloid may be estimated. The error arising from the changes in the force of the wind is also avoided by the use of aspirators, by means of which a certain amount of air is made to pass over the tests at a certain velocity.

Mr. De Berdt Hovell read a paper "On the Different Therapeutic Indications of Rheumatism and Neuralgia, together with some Remarks on Rheumatism as a sequela to Diphtheria." He said that both rheumatism and neuralgia are conditions of ill-health attendant on low or depressed nerve-power; both are highly susceptible of pain. In rheumatism the first object is to eliminate the lactic and other allied acids from the blood, and to reduce the excess of fibrine; in neuralgia, on the other hand, to supply the deficiencies of the blood, adopting the opinion of Dr. Bence Jones, that the absence of quino-iodine is the cause of malarious neuralgia. Similar treatment is called for in the neuralgia of exhausted nerve-power, in that of old age, and from organic disease. Both diseases are liable to aggravation from intestinal irritation, and neuralgia from carious teeth and other forms of diseased bone. In both diseases the susceptible condition of the nervous system calls for relief by some form of narcotic, &c. Acute rheumatism has frequently been observed to follow diphtheria, in which case it is important to ascertain that the urine is free from albumen before adopting the blistering treatment of Dr. Herbert Davies. Assuming that there is excess of fibrine in the blood in diphtheria as well as in rheumatism, cantharides has been found to check elimination by the kidneys, and so to aggravate the symptoms, especially the cardiac complications. In this class of case iodine and the iodide of potassium are specially advocated.

Mr. Christopher Heath read a paper "On the Treatment of Stone in the Female Bladder," illustrated by three cases which had occurred in his own practice. The first case was in a patient, æt. thirty-two, who was subjected to lithotrity, a stone weighing four drachms, composed of phosphates, with a nucleus of oxalate of lime, being removed in five sittings with complete success. The second case was in a married woman, aged forty-nine, in whom a large stone was readily felt per vaginam. Vaginal lithotomy was performed, and a stone of an ounce and a half, and measuring two inches by an inch and a half, was readily removed, the wound being closed immediately with six silver sutures passed through the entire thickness of both vaginal and vesical wall. The patient made a

rapid and complete recovery, without the formation of any fistulous opening. The third case was that of a child, æt. eleven, in whom the urethra was rapidly dilated, and a small stone extracted, when there was found to be a much larger mass fixed to the bladder, which was removed with difficulty after being partly broken up, the whole mass weighing nine drachms. The child had incontinence for a few weeks after the operation, but eventually recovered complete control over the bladder. Mr. Heath briefly contrasted the three proceedings, maintaining that rapid dilatation of the urethra within certain limits was a perfectly harmless and most useful practice. He advocated lithotrity for moderate-sized stones in the adult, but for large stones preferred vaginal lithotomy, with immediate closure of the wound, a proceeding which experience had proved to be remarkably successful.

Mr. G. Southam, F.R.C.S. (of Manchester), read a paper "On Excision of the Tongue." He referred to the difficulty which surgeons frequently experienced in excising the entire organ, or even a large portion of it, for this affection. The safest mode of removal is that by the écraseur, but this instrument frequently fails to effect the purpose in consequence of the shape of the tongue, and the peculiar arrangement of the muscles, causing the chain of the écraseur to slip towards the diseased portion, in which it often becomes embedded before the operation is completed. Some cancerous deposit is therefore left, and, though it may not be in sufficient quantity to interfere with the healing of the wound, usually leads to an early return of the affection. To remedy this defect in the operation, Mr. Southam has had constructed a pair of forceps with a moveable hinge, which completely grasps the tongue at its root, and confines the action of the écraseur to the part where it is first applied. A case was described in which, with this instrument, and without making an opening in the floor of the mouth to pass the chain through, the tongue, of which the body was affected with cancer, was excised beyond the foramen cæcum and circumvallate papillæ, these structures being included in the separated portion.

Dr. Protheroe Smith read a paper on "Supplemental Mechanical Force during Parturition, regulated by a Dynamometer." After some allusion to the physiology of labour, and to the agents of force exercised in parturition—viz., that of the voluntary and involuntary muscles—the author spoke of the injurious consequences when the normal balance of these powers was disturbed, specially marking the distinction between the capabilities of the uterus and of the trunkal muscles, to obviate which, as well as to subsidise the power at fault, he advocates the judicious employment of artificial force, according to certain rules, by means of his "obstetric pelvic band," which was described and exhibited. The peculiarity of this instrument is, that it forms, with the pelvis itself, as it were, a solid basis, which, by virtue of its immobility, allows the accoucheur easily to employ the required aid to assist and expedite expulsion, and so, by following the natural movements, manifestly to shorten the period of labour and to lessen its risks. This is regulated by a dynamometer, described and illustrated by a drawing. It is so constructed as to measure and record accurately the force employed, imitating the normal throes when wanting, especially by interrupted efforts like those constituting "the compound character" of such pains. In demonstration of this, Dr. Protheroe Smith narrated a case of labour in which such means were employed, with the result. In this, each pain, as well as the amount and duration of every artificial effort, is recorded, and some valuable calculations and observations were appended from the pen of Prof. Haughton, of Dublin, from which it appears that the force used in parturition is much greater than is generally supposed by obstetricians.

Mr. S. M. Bradley, F.R.C.S. (of Manchester), read a paper "On the Unity of the Syphilitic Poison. Mr. Bradley commenced by showing that in order to demonstrate the unity of the syphilitic poison, it was necessary to produce a soft sore upon a virgin subject, by direct inoculation from a hard infecting sore; to produce, in other words, a sore indefinitely capable of auto-inoculation, but never followed by constitutional symptoms, from a sore which was (very generally) incapable of auto-inoculation, and which was followed by constitutional taint. He went on to say he had made numerous experiments to ascertain whether this interchange did or did not ever occur, and with the results which are now made public. His subjects were monkeys, kittens, and guinea-pigs; the virus he employed was obtained from cases of syphilis met with in private practice, in the Lock Hospital, and in the venereal wards of the Manchester and Chorlton Workhouses. He obtained the matter for inoculation by scraping the surface of the sore prior to cicatrisation, with either a piece of glass or an ivory vaccination point. The great majority of the experiments gave negative results. In two instances, however (one in a guinea-pig, and one in a kitten), the inoculation was followed after the interval of two or three weeks by local thickening at the site of puncture, and later by the outbreak of constitutional symptoms. The guinea-pig died within a month from the commencement of thickening, with disorganisation of one eye, and extensive ulceration about the mouth and soft palate; in the kitten killed at the end of the eighth week were found gummata in the kidney and liver. Omitting failures, and the two cases of syphilis mentioned above, he obtained three successful results, the details of which were given. In these experiments, the initial lesion was never irritated by any application; Mr. Bradley merely used the secretion obtainable from the surface of the untreated sore. When the sore was irritated by savine, it was comparatively easy to procure abundant and as a rule, readily inoculable pus. He never succeeded in obtaining positive results with matter taken from a phagedænic sore, or with scraping the surface of one which was entirely void of all secretion. Mr. Bradley proceeded to draw a parallel between the two forms of syphilis and the evolution of the vegetable parasites, or epiphytes; alluding to the fact that all the fungi infecting the human subject are interchangeable, and mutually producible, and yet, as a clinical fact, it was well known that this interchange took place but very rarely,—it seemed probable to him, indeed, that the same causes which operated in this low region of the vegetable kingdom (*i.e.*, differences in the soil and in the age, &c., of the seed) were also the efficient causes in determining the character of the syphilitic sore, although we were not yet in a position to decide the precise force which each of these causes possesses.

Dr. Morell Mackenzie read a paper entitled "Growths in the Larynx: the Comparative Advantages of Laryngoscopic Treatment, and Direct Incision into the Larynx." He stated that the relative advantages of these two methods must be considered in relation (1) to the quickness of cure, (2) completeness of removal and probability of recurrence, (3) danger to life, and (4) restoration of voice. From an experience of 100 cases treated, a month was estimated to be the average duration of laryngoscopic treatment. External treatment, on the other hand, required only a fortnight. As regards the second question, complete removal was able to be effected in 97 per cent. of the cases which underwent the full course of laryngoscopic treatment, and recurrence took place in about 7 per cent. In 28 cases of direct incision, collected from all sources, 10 died in a short time) and in the remaining 18 the growth was incompletely removed in 3 cases, and recurrence took place in 3 cases, or, in other words, in 20 per cent. As regards danger to life, no death occurred in the laryngoscopic cases, whereas, of the 28 treated by external operation, 3 immediately terminated fatally, 6 died at the end of a few months, and 1 from an independent disease. With reference to restoration of function, perfect voice was regained in 77 per cent. of those who underwent laryngoscopic treatment, and a more or less serviceable voice was restored in 16 per cent. Of the eighteen patients who survived direct incision more than a few months, only 9* completely recovered their voice, 4 had persistent hoarseness, and 6 permanent aphonia. Consideration of the above statistics establishes the permanent value of laryngoscopic methods of treatment, and justifies one in saying that extra-laryngeal treatment ought never to be adopted unless there be danger to life from suffocation or dysphagia.

Dr. Davy read a paper on "Jenner and his Teachings." It is designed to prove, from the early writings of Jenner, that we, of this day, have failed to practise vaccination after the manner, or rather in the light, of the first great teacher of the art; that we have ignored the preliminaries to which he attached very much importance; that Jenner doubted the virtue of the vaccine lymph after even five gradations, after its passage through but five persons or children successively, and that he thought it prudent after only five gradations, to seek other and fresh lymph from the cow or heifer.

Dr. J. H. Aveling read a paper "On the value of Arsenic in Menorrhagia and Leucorrhœa." He believes that this

* These cases are tabulated in the Thyrotomy table in the author's "Essay on Growths in the Larynx." In this table, however, the result of Case 27 is entered as "not stated," but since the publication of the volume Dr. S. Cohen has informed the author that the result was "complete restoration of voice."

remedy has not received from the profession the attention it deserves. Dr. Henry Hunt used it successfully in uterine disorders, and published his experience in 1838. Dr. Aveling has employed it in cases of menorrhagia for twelve years with great advantage. Besides improving nutrition, respiration, and secretion, he finds it to have a powerful decongestive action upon all mucous membranes. He administers small doses of arsenic either in solution or in granules, and continues them for weeks or months, as the necessities of the case may require. He believes the forms of menorrhagia and leucorrhœa most amenable to the arsenic treatment are those which have their origin in a hyperæmic condition of the uterus, which state the remedy cures by acting as a tonic and stimulant upon the vaso-motor nerves, causing the capillaries to contract and expel the superabundant blood.

Dr. Alfred Meadows read a paper "On the Treatment of Fibroid Tumours of the Uterus," in which he combated the notion that these growths can be in any way diminished in size, still less cured, by any known therapeutical agent. He advocated more frequent resort to surgical treatment, expressing his belief that much more might be done in many of these cases than has been hitherto. Even in the sub-peritoneal variety he thought that, in cases where much distress exists, abdominal section ought to be resorted to more frequently; while in the interstitial and submucous forms, it ought to be the rule in practice always to endeavour to assist Nature in her method of cure—viz., by expulsion. For this purpose three objects should be kept steadily in view. 1st. That all obstruction should be removed by freely dividing the cervix in several directions. 2nd. That the tumour should be separated from its attachments, not necessarily all at once, but by successive stages. 3rd. That as far as possible continuous uterine action should be maintained by the exhibition of ergot and other oxytoxic agents.

Dr. Clifford Allbutt read a paper on "The Lesions of Enteric Fever as an Occasional Cause of Permanent Injury to Nutrition," in which he drew attention to the convalescence from enteric fever, which is well known to be often so tedious; and he raised the question whether the specific lesions of that disease, affecting as they do the instruments of absorption, might not sometimes be the cause of permanent marasmus. In enteric fever the local mischief falls not only upon the patches of Peyer in the ileum, but spreads itself throughout the network of the mesentery. If a rat be fed upon tallow candles and then killed, the presence of the fat in great quantities in the mesenteric network and glands shows how active is that system in taking up this element of nutrition. Any disease, therefore, which interferes with this system, like enteric fever within it, or chronic peritonitis outside it, would have its visible effect in hindering the absorption of fat and in preventing the laying on of adipose tissue. These considerations occurred to the author in consequence of his advice being sought in several cases of marasmus, pure and simple, without local disease, without fever, and without adequate loss of appetite. In all of these a severe attack of enteric fever had preceded the marasmus. The patients, who were almost denuded of all adipose tissue, had, previous to the attack of enteria, been in good health. The only explanation which he could give of these cases was, that the fever had acted upon the fat-collecting system in the way already pointed out

Dr. Wynn Williams read a paper "On the Treatment of Cancer of the Neck of the Uterus and Allied Structures by the Injection and Application of Bromine." He stated that the eight cases published in the last volume of the Obstetrical Transactions still continued well. And gave the history and successful treatment of a case of medullary carcinoma of the uterus in the state of disintegration and ulceration by this method. He also gave the particulars of a case of epithelioma of the lower lip which had been previously removed by operation. On its return two injections of bromine, caused the entire and, so far, permanent removal of the disease.

Dr. Braxton Hicks read a paper "On a Rare Form of Hæmorrhage." After quoting the remarks of Dr. Blundell on a form of concealed hæmorrhage, caused by the falling down of the membrane, and consequently the retention of blood within the uterus, he brought forward three cases in which, the membranes remaining attached all round the lower portion of the uterus, and blood being effused between the upper part of the uterus and the membranes and margin of placenta, the membranes and a portion of the placenta were inverted so as ultimately to be driven through the os into the vagina some distance, imitating the bag of membranes in a twin-case after the birth of the first child. The uterus in the meantime became distended with blood, and serious symptoms arose without any sign externally. The treatment was pointed out, and some short remarks made on the mode of expulsion of the placenta.

Dr. Braxton Hicks also described four cases of Acute and two of Chronic Inversion of the Uterus, following each case by remarks on the causation, prevention, and treatment. He showed some apparatus he had devised for the restoration of chronic inversion, consisting first of India-rubber pessaries, and then of an apparatus to keep up constant pressure on the fundus, a simple kind of which he had found successful.

Dr. Barnes exhibited an enlarged drawing, taken from a specimen recently put up at St. Thomas's Hospital, which showed, with an accuracy probably unique, the anatomical characters and relations of Hypertrophic Elongation of the Cervix Uteri. The entire length of the uterus was seven inches. The two lips of the os uteri were much hypertrophied, somewhat everted, and formed a large mass external to the vulva. The whole vagina was everted to clothe the protruded mass. The retro-uterine pouch of the perineum was extended so as to be outside the vulva. The value of the preparation was great, as giving a typical illustration of a not uncommon affection, the relation of all the parts being accurately preserved.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 23, 1871.

FOREIGN DECORATIONS.

We learn that the Foreign Office is about to *re-examine* the regulations having reference to the acceptance of foreign decorations by British subjects, with the ostensible object of permitting those of our countrymen, and especially members of the Medical Profession, who distinguished themselves during the late Franco-German war, to receive and wear decorations conferred upon them by the respective governments of the belligerents. Considering the important *rôle* which ambulances under the convention of Geneva played in that war, and are certain to play in future European wars, it is both politic and just on the part of our Government to encourage all Englishmen who, with due authority, follow armies in the field and give help and succour to the wounded, often,

as must necessarily be the case, at much risk and danger to their own lives and limbs; but in regard to surgeons actually in the British Army, who have been, or may be similarly employed, it seems to us that the regulations as they stand are not only amply sufficient, but that under them, there are several Medical officers now in possession of foreign *orders* received for services performed in the Crimea.

Let us examine this matter for a little. The regulations respecting Foreign Orders are precisely word for word the same to-day as they were in August, 1856. According to the *Gazette*, dated Whitehall, 2nd of that month:—"The Queen has been pleased to grant to the undermentioned officers and men, Her Majesty's royal license and permission, that they may accept and wear the insignia of the several classes of the Imperial Order of the Legion of Honour attached to their respective names, which His Majesty, the Emperor of the French, hath been pleased to confer upon them as a mark of His Imperial Majesty's approbation of their distinguished service before the enemy during the late war, and that they may enjoy all the rights and privileges thereunto belonging." Then follow a long list of officers of the navy, the army, and marines; Medical officers being enumerated with those of the "*combatant*" branches, according to their relative rank. On that occasion five Medical officers of the royal navy and fourteen of the army, obtained permission to accept and wear the Cross of the Legion of Honour, for "*distinguished service*" before the enemy; the names of the recipients being chronicled for reference at pages 183 to 191 of the "Army List," for September of that year. We desire to be particular in regard to this point, as surely the same kind of services by army surgeons, which in 1856 were considered *distinguished* for the purposes of meriting the distinction of the Legion of Honour, must be so still in 1871. On the one occasion as on the other, professional service to and in the interest of the wounded is clearly what is meant, and, if we read the regulations attentively, it becomes equally clear that their terms are not restricted to one particular kind of service to the exclusion of all others; but that, inasmuch, as all branches of an army are concerned in bringing about a general result, so the regulations as then *acted* upon, and still in force, embrace all. Thus among the recipients belonging to the navy and marines, we find the names of "executive" officers, as also we do those of masters, secretaries, medical officers, engineers, paymasters, warrant officers, non-commissioned officers, and privates; among those of the army there are, besides *combatants*, officers of the medical and commissariat departments, besides non-commissioned officers, and not a few private soldiers.

How then comes it, that the two surgeons of the British Army, whose names have of late been somewhat prominently brought forward in connection with ambulances during the Prussian siege of Paris, are considered by the Foreign Office as being outside the regulations referred to? We can only look upon it as the result of wilful or inadvertent misconception. It is true that neither were Deputy Inspector-General Gordon, C.B., nor Surgeon-Major Wyatt sent from this country for the purpose of attending the wounded of the belligerents; but, on the contrary, that they were dispatched by the War Office in the capacity of commissioners to the French Army, for the purpose of reporting upon the arrangements made or the disposal of the wounded as well as for their individual treatment. The chances of war led to their being among the besieged in Paris, and their own tenacity of purpose induced them to remain at their posts, to take the risks of doing so in the absence of orders to depart, rather than exercise that *discretion* which led other British officials to quit the besieged city before the real difficulties and dangers of the siege began. But our commissioners, very properly we think, instead of simply remaining as indifferent spectators among the besieged, endeavoured, and as it now appears successfully to afford what help was in their power; they accordingly joined some of the ambulances, and on the occasion of the great sorties and battles, gave active assistance to the wounded on the field, being for these services rewarded with the Cross of the Legion of Honour. Surely when we bear in mind that those services were rendered throughout one hundred and thirty days, the last twenty-one under continued bombardment; and that the battles at which they were present in the performance of their merciful task—namely, Malmaison, Champigny, Bourget, and Montretout, were among the most severely contested and deadly of all that were fought in the war, it cannot be denied that their services were literally and undeniably before the enemy as well as on the field.

CHOLERA.

THE protest we last week made against the distribution of official documents to some papers, and the withholding of them from others, has received an important justification in the notices issued in reference to cholera!

Of course we are glad to see precautions urged upon the public, and have, therefore, witnessed with pleasure the publicity accorded to the Privy Council's injunctions. We repeat, however, our statement that the medical journals should be supplied with copies of all official documents relating to public health or sanitation, not one medical journal but all; and, we repeat our question, whether it is with the knowledge of "the Lords of Her Majesty's most Honourable Privy Council," that one journal is supplied with early copies of the Blue Books and other documents of the Medical Department, while another is not supplied at all?

Having, again, put our question—in a still more prominent position—we wait the reply, and pass on to notice the precautions against cholera urged by the Department. As a few imported cases are sure to occur, it is encouraging to the local authorities of our ports to be assured that they are not likely to spread where proper sanitary arrangements exist. In order to enable such local authorities to best defend themselves, a sketch of the mode in which the invasion usually takes place is appended, which opens with the assurance—very agreeable to the general public and fully supported by other communications in our journal—that the disease is but slightly contagious. The fourth section of the paper before us reads thus;

4. Happily for mankind cholera is so little contagious, in the sense in which small-pox and scarlatina are commonly called contagious, that, if reasonable care be taken where it is present, there is scarcely any risk that the disease will spread to persons who nurse and otherwise closely attend upon the sick. But cholera has a certain peculiar infectiveness of its own, which, where local conditions assist, can operate with terrible force, and at considerable distances from the sick. It is characteristic of cholera, not only of the disease in its developed and

alarming form, but equally of the slightest diarrhœa which the epidemic influence can cause, that all matters which the patient discharges from his stomach and bowels are infective, and that, if they be left without disinfection after they are discharged, their infectiveness during some days gradually grows stronger and stronger. Probably, under ordinary circumstances, the patient has no power of infecting other persons except by means of these discharges; nor any power of infecting even by them, except in so far as particles of them are enabled to taint the food, water, or air which people consume. Thus, when a case of cholera is imported into any place, the disease is not likely to spread, unless in proportion as it finds, locally open to it, certain facilities for spreading by indirect infection. In order righly to appreciate what these facilities must be, the following considerations have to be borne in mind :—First, that any choleraic discharge cast without previous thorough disinfection into any cesspool or drain, or other depository or conduit of filth, infects the excremental matters with which it there mingles, and probably to some extent the effluvia which those matters evolve; secondly, that the effective power of choleraic discharges attaches to whatever bedding, clothing, towels, and like things have been imbued with them, and renders these things, if not thoroughly disinfected, as capable of spreading the disease in places to which they are sent (for washing or other purposes) as, in like circumstances, the cholera patient himself would be; thirdly, that if by leakage or soakage from cesspools or drains, or through reckless casting out of slops and wash-water, any taint, however small, of the infective material gets access to wells or other sources of drinking water, it imparts to enormous volumes of water the power of propagating the disease. When due regard is had to these possibilities of indirect infection, there will be no difficulty in understanding that even a single case of cholera, perhaps of the slightest degree, and, perhaps, quite unsuspected in its neighbourhood may, *if local circumstances co-operate*, exert a terribly infective power on considerable masses of population.

Obvious as are the precautions that follow from these facts, it is admitted that we cannot be sure that they are always taken. We cannot enforce universal disinfection where cases occur. Mild cases may be overlooked, their nature not recognised.

Our defence is, therefore, partial, unless we can ensure that cholera-contagium, even if not disinfected, shall not find access to our water or, in any other way, be able to act on the population.

The dangers are discovered in Section 6 :—

6. The dangers which have to be guarded against as favouring the spread of cholera-contagium are particularly two. First, and above all there is the danger of water supplies which are in any (even the slightest) degree tainted by house refuse or other like kinds of filth as where there is outflow, leakage, or filtration from sewers, house drains, privies, cesspools, foul ditches, or the like into streams, springs, wells, or reservoirs from which the supply of water is drawn, or into the soil in which the wells are situate—a danger which may exist on a small scale (but, perhaps, often repeated in the same district) at the pump or dip-well of a private house, or on a large and even vast scale in the source of supply of public waterworks. And, secondly, there is the danger of breathing air which is foul with effluvia from the same sorts of impurity. Information as to the high degree in which these two dangers affect the public health in ordinary times, and as to the special importance which attaches to them at times when any diarrhœal infection is likely to be introduced, has now for so many years been before the public, that the improved systems of refuse-removal and water supply by which the dangers are permanently obviated for large populations, and also the minor structural improvements by which separate households are secured against the dangers, ought long ago to have come into universal use. So far, however, as this wiser course has not been adopted, temporary security must, as far as practicable, be sought in measures of a palliative kind. (*a*) Immediate and searching examination of sources of water supply should be made in all cases where the source is in any degree open to the suspicion of impurity, and the water both from private and public sources should be examined. Where pollution is discovered, everything practicable should be done to prevent the pollution from continuing, or, if this object cannot be attained, to prevent the water from being drunk. (*b*) Simultaneously, there should be immediate thorough removal of every sort of house-refuse and other filth which has accumulated in neglected places; future accumulations of the same sort should be prevented; attention should be given to all defects of house-drains and sinks through which offensive smells are let into houses; thorough washing and lime-washing of uncleanly premises, especially of such as are densely occupied, should be practised again and again. (*c*) Disinfection should be very freely and very frequently employed in and round about houses, wherever there are receptacles or conduits of filth, wherever there is filth-sodden porous earth, wherever anything else, in or under or about the house tends to make the atmosphere foul. In the absence of permanent safeguards no approach to security can be got without incessant cleansings and disinfections, or without extreme and constant vigilance against every possible contamination of drinking water. (For detailed advice on disinfection, see the Office Memorandum on that subject.)

The Memorandum then refers to the responsible authorities in each case, and shows that as they are elected by the ratepayers, these are able to enforce their will. It is then wisely added that expense incurred for the purpose of protecting a district from the invasion of cholera, can in no case be wasted, as the very conditions that enable cholera to spread, in the absence of that disease, give rise to others.

It is to be hoped this lesson will be taken to heart by local constituencies. The present panic about cholera will then be the means of diminishing many other diseases.

The precautions taken in all directions will, it may be hoped, abate the violence if they do not prevent the occurrence of the threatened epidemic. We deprecate strongly any alarming statements, though it is useless to disguise our dangers. Dr. Edmunds says his case was of the true Asiatic type, and Dr. Buchanan recommended the destruction of the bedding. Similar alarming statements have been made in other divisions. We continue our narrative of the progress of the disease.

From the beginning of the year, as we have shown, it has prevailed at St. Petersburg. In the middle of June the epidemic broke out in other parts of Russia, chiefly in the Governments of Wilna, Riazan, Tambov, Pskov, Olonetz, and Novgorod. Later, becoming more severe at Moscow, it made its appearance in some of the central Governments, and became more virulent in the Governments of Tambov, Jeroslav, Vladimir, and Wilna. Still later Nijni-Novgorod, Livonia, Vologda, Kostroma, Kasan, Tver, Tula, Smolensk, Mobilev, and Saratov, and in the Governments on the Vistula, especially in that of Souwalki, were invaded. Physicians, surgeons, and medical students have been sent to the Governments of Tambov, Jaroslav, Novgorod, Vladimir, and Olonetz to assist in the treatment of cholera patients. At present, with the exception of Moscow and some districts in the Government of Tambov, particularly in those of Borisoglebsk and Kirsanov, and in some districts of the

Government of Vladimir, the epidemic has already considerably diminished in intensity, but fears are entertained of a revival, especially at Nijni. Later advices state that in the Russian Province of Suwalki cholera is on the decrease. From the 20th to the 27th of July there were 238 fresh cases. The whole number of cases that had occurred was 443, and of the persons attacked 83 had died, while 190 had recovered.

PERSIA.

The *Levant Herald* of the 9th inst. states that on the Saturday preceding a telegram had been received by the Galata Board of Health, from Tabreez, reporting the rapid spread of cholera in that city. The deaths from the epidemic had averaged 200 a day, and the inhabitants were flying in thousands towards Corumiah and Khoi. It is also said that famine is very severe in those districts. Cholera has broken out at Lingah, and the mail steamers have not been calling there. It prevails at Bahrein, on the Arab littoral, and in the Turkish camp at Khatif.

GERMANY.

According to the official register, the deaths by cholera for the week ending the 11th inst., at Königsberg, numbered 44, 15 being children under eleven years of age. The disease is generally attributable to want of food and of cleanliness. Hardly any of the middle or upper classes have been attacked. On Saturday week 40 persons were attacked there by cholera, 19 deaths occurring from the epidemic on the same day; on Sunday 38 were seized, and 16 died. At Neufahrwassen some cases of cholera had occurred on board ship on the 14th, and at Königsberg 62 cases, and there were 22 deaths.

Notes on Current Topics.

Examination Reform at the Irish College of Surgeons.

THE Council of the Royal College of Surgeons in Ireland have at length, we learn, finally adopted the scheme of Education and Examination which they laid before the Fellows last June, and which we published *in extenso* in our issue of May 31.

The Sessional Examinations essential for the granting of the Letters Testimonial are to be three in number, instead of two, as at present, and must be passed by the candidate within the following periods :—

(*a.*) The Primary Examination, at any examination after the termination of the Second Summer Session.

(*b.*) The Secondary, at any examination after the termination of the Third Summer Session.

(*c.*) The Pass or Practical Examination, at any examination after the termination of the Fourth Summer Session.

Each examination will occupy two days, of which the first is to be devoted, in the Primary and Secondary Examinations, to the writing of answers to printed questions; and in the Pass Examination, to clinical examination and operative surgery; and in the second day, in all cases, to *viva voce*.

For the written examination four hours are to be allowed to candidates on the first day,—two in the forenoon and two in the afternoon; but candidates may retire from the hall when they shall have completed their answers, and handed their papers to the Examiner.

The *Viva Voce* Examinations commence on the day following the written examinations, and are continued from day to day until all candidates have been examined. Each candidate is examined for a quarter of an hour by each of the four examiners.

The Sessional Examinations commence on the second Tuesday in April and July, and the first Tuesday in December. The Primary and Secondary written examinations take place on the first day; and the *Viva Voce* Examination first of the Primary and afterwards of the Secondary class, are continued from day to day in the alphabetical order of candidates' names.

The candidates are to assemble in one of the rooms of the College, having been previously informed of the hour at which they are to attend by means of a note forwarded to their addresses through the post, and that at the conclusion of the examination the result is communicated to them in the same manner.

For the Primary Examination : The subjects for this examination are—

a. Anatomy (bones, muscles, ligaments, chest, abdomen, urinary and genital organs).
b. Physiology of digestion and of absorption.
c. Chemistry (chemistry and physics, as applied to pharmacy and medicine).
d. Materia Medica and Medical Botany (not including prescriptions or pharmacy).
e. Principles of Surgery (inflammation and its consequences).

For this examination the candidate is required to produce the following certificates :—

(*a*) Practical Anatomy, with demonstrations and dissections, two winter sessions; (*b*) Physiology, one course; (*c*) Theoretical Chemistry, one course; (*d*) Practical Chemistry, one course; (*e*) Materia Medica, one course; (*f*) Botany, one course; (*g*) Surgery, one course; (*h*) Eighteen months' hospital attendance.

Secondary Examination : The subjects for this examination are—

a. Anatomy (regional and surgical).
b. Physiology and Histology.
c. Surgery, general and theoretical.
d. Medicine, practical.

The description of anatomical specimens, and of microscopic histological preparations form part of the written examination.

Also the candidate is required to produce the following certificates, in addition to those required for the Primary Examination :—

(*a*) Physiology, two courses; (*b*) Practical Anatomy, one course; (*c*) Surgery, one course; (*d*) Practice of Medicine, one course; (*e*) Medical Jurisprudence, one course; (*f*) Nine month's Hospital attendance.

Final or Pass Examination : The subjects of this examination are—

a. Clinical Examination.
b. Surgical Operations.
c. Surgical Appliances.
d. Prescriptions.
e. Medical Jurisprudence.

Clinical Examinations.

The forenoon of the first day of the Pass Examination is devoted to Clinical Examination, and the afternoon to Operative Surgery.

The candidates attend at the College half an hour before

the time fixed for the Clinical Examination, and that a certain number of candidates, previously selected by lot to attend each hospital, are then informed as to the hospital at which they are to be examined, and proceed thither at once to meet their examiner.

On the afternoon of the same day the examinations in Operative Surgery and Surgical Appliances take place, and that not less than two operations and three surgical appliances form the subjects of examination for each candidate.

The second day of the Pass Examinations is devoted to the writing of prescriptions and to medical jurisprudence; and each candidate is examined for one hour.

Midwifery Examination.

An examination in Midwifery is held at the same time as the Pass Examination; the passing of which shall, however, not be compulsory on candidates for Letters Testimonial. Any candidate presenting himself for examination in that subject shall, if passed, receive the Midwifery Diploma without extra fee.

The candidate is required to produce the following certificates, in addition to those required for his two previous examinations:—(*a*) Midwifery, one course; (*b*) Surgery, one course.

Marks to be Given.

The maximum number of marks which it shall be possible for any candidate to receive at any examination shall be fixed at 40; he shall not be allowed to pass unless his aggregate marks amount to 25; that no examiner shall give a higher number than 10.

Fees to be paid by the Candidate in respect of each Examination.

1. That each registered pupil shall be admitted to the Primary Examinations on payment of a fee of £5 5s.

2. That the fees for the Second and Final Examination shall be £5 5s. *each*, and that a fee of £5 5s. shall be paid, in addition, previous to the Final Examination for the Diploma.

3. Any rejected candidate seeking re-examination shall pay an additional fee for such examination of £2 2s.

4. That no fee shall be charged for the Midwifery Diploma to any candidate who may pass in Midwifery at his Final Examination, or the next following periodical examination.

We are informed, and receive the information with much regret, that the Council have decided to leave this much needed reform of the admittedly defective examination system to the option of the student. Examinations under the old system will still be continued, and the improved and more liberal method will not be obligatory upon any student, except those who commence their studies henceforth. This compromise is so obviously impracticable and undesirable that we are assured it must fall to the ground in a few months, and the reformed examination be substituted in all cases for the present inefficient test.

Dr. Polecк calls attention, in the *Polytechnisches Journal von Dingler* for May, to a peculiar change which takes place in flour kept in casks. The gluten of the flour loses its capability of being converted into a good dough, and acquires a peculiar musty smell. The cause of this is referred to the absence of air: therefore the remedy is obvious.

Dirt, Poverty, and Drunkenness amongst the Working Classes.

In an interview of the Commissioners who conducted the recent inquiry into the mortality of Liverpool with the Land and House Owners' Association, some of the members of the association expressed an opinion that the habits of the people were much dirtier than before 1847. At that time the cleanly poor insisted on a dirty person removing from a court, and the owners were obliged to compel them to leave for fear of losing their other tenants; but now that sense of cleanliness seemed lost even by the English, who were formerly very clean. This increasing dirtiness was attributed, to a great extent, to increasing poverty and intemperance; but, in addition to these, other causes were assigned. The epidemic of relapsing fever probably led to the enforced cleaning of the houses; but, in spite of this enforced cleanliness, nothing could exceed the dirt of the people, and the fetid condition of the atmosphere at night. How human beings could tolerate such a state of things would be incredible if they did not know the deadening influence of custom. With regard to the people and furniture of these houses, the Commissioners were not at all prepared either for the wretched appearance of the people or for the aspect of poverty disclosed. They could not have believed that in any town in this country that they could have gone into room after room, and house after house, and have found in so many cases literally almost nothing but the bare walls, a heap of straw covered by dirty rags, and possibly the remains of a broken chair or table. In some houses there were no cooking utensils of any kind, or only an old saucepan. Another point was that many people seemed to have no change of clothes. Inquiry from some people extracted the fact that they occasionally washed their hands and faces at the tap, but they seldom remove their clothes. The inquiry of the Commissioners led them to the conclusion that intemperance played a very large part in bringing about the poverty—with all its attendant evils—that existed. After giving instances with which they had met of constant employment and good wages associated with utter poverty, the Commissioners state that instances of this kind so frequently occur in all the poor districts of Liverpool that they questioned whether 20 per cent. of the labouring class in these streets were leading lives of ordinary restraint and decency.

Effect of the Weather on Infant Mortality.

The Registrar-General's Report gives some interesting facts on this subject:—

"The weather during the second quarter of this year was unreasonably cold, and the continuance of north-east wind was unusually long even for an English spring; indeed it may be said to have prevailed throughout the entire quarter, except between the 12th and 29th of April. Excepting that of 1860, last June was the coldest on record since 1821. Of the total deaths in England and Wales last quarter, 22 per cent. were of infants under one year of age, and 23 per cent. of persons aged 60 years and upwards, leaving 55 per cent. as the proportion of children and adults aged between one and 60 years. The 7,000 deaths from small-pox, which is only to slight extent fatal among persons aged 60 years and upwards, somewhat disturbs these proportions, and especially makes the proportion of deaths of elderly persons to appear smaller during last quarter than was actually the case. In the 17 largest English towns, of the total deaths

registered in the three months ending June, 23 per cent. were of infants under one year of age, while the proportion of deaths of persons aged 60 years and upwards was only 17 per cent. ; the low percentage of deaths of elderly persons in great measure was due to the excess of deaths of children and adults from small-pox. In the several towns the proportion of deaths of persons aged 60 years and upwards ranged from 12 and 13 per cent. in Salford and Sunderland to 27 and 29 in Nottingham and Norwich. To each hundred births registered in these 17 large towns last quarter an average of 16 deaths of infants under one year of age was registered. Infant mortality, measured in this manner, ranged in the several towns from 11 and 12 in Nottingham and Wolverhampton to 20·9 and 22·7 in Newcastle and Liverpool."

Physiological Experimentation.

A committee consisting of ten individuals having been appointed at the last meeting of the British Association, held at Liverpool, to consider the subject of physiological experimentation, in accordance with a resolution of the General Committee, the following report was draw up and signed by seven members of the committee :—

"1. No experiment which can be performed under the influence of an anæsthetic ought to be done without it. 2. No painful experiment is justifiable for the mere purpose of illustrating a law or fact already demonstrated. In other words, experimentation without the employment of anæsthetics is not a fitting exhibition for teaching purposes. 3. Whenever, for the investigation of new truth, it is necessary to make a painful experiment, every effort should be made to ensure success in order that the suffering inflicted may not be wasted. For this reason no painful experiment ought to be performed by an unskilled person with insufficient instruments and assistance, or in places not suitable for the purpose—that is to say, anywhere except in physiological and pathological laboratories under proper regulations. 4. In the scientific preparation for veterinary practice, operations ought not to be performed upon living animals for the mere purpose of obtaning greater operative dexterity. Signed by M. A. Thomson, Oxford ; John H. Balfour and Arthur Gamgee, Edinburgh ; G. M. Humphrey, Cambridge ; William Flower, Royal College of Surgeons, London ; J. B. Sanderson, London ; George Rolleston, secretary, Oxford."

Gelatine as a Vehicle for Powerful Medicines.

Dr. T. Huseman (*Centralblatt Med. Wiss.*, No. 157) gives an account of the method of Prof. A. Almen, of Upsala, for the adminstration of medicines by means of the gelatinæ medicatæ in lamellis. This method which has been extensively used in Sweden, renders the administration of powerful medicines easy and exact. Glue (6 grammes) is dissolved in warm water (230-260 cent.) and then the medicine added. The solution is poured upon a plate of glass to solidify and dry. Tho stiffened mass, of the thickness of paper, is divided into squares, each of which contains a certain dose. A slight addition of glycerine serves to make the otherwise brittle gelatinæ tough, and flexible as paper. Too much glycerine makes the gelatinæ soft and too readily moist. With insoluble drugs it is necessary, that the medicine be added to the solution of glue in a thick emulsion ; gum-acacia is to be preferred to gum-tragacanth. The gelatinæ must not be placed dry upon the tongue, but moistened and swallowed with a gulp of water. The chief drugs thus used by Prof. Almen are : Gelatinæ morphii acetici, tartarized antimony, acetate of lead, sulphate of copper, extract. opii, opii levantici, extract. belladonnæ, extract. colocynth comp., hydrarg. chlorat. mitis, pulv. rad. ipecac., infusion ipecac., pulv. fol. digitalis, infusion digitalis, camphoræ. The gelatinæ atropini and physostigmatis, for local application to the eye, have proved useful, but the gelatinæ sinapis and cantharidum for external application to the skin have not yet been thoroughly tried.

The Treatment of the Itch.

Upon the suggestion of Froehlich, Dr. A. Monti experimented upon the action of copaiba-balsam on the itch of children. The freshly-captured itch insect dies in from two to three hours when placed in copaiba-balsam. The balsam produces on the skin redness and a sensation of burning ; after half an hour these symptoms pass away and with them the troublesome itching. After three or four inunctions, spread over one or two days, the efflorescence of the skin grows pale. Scabies nodosa, without eczema, is the most readily healed—the balsam has no influence upon eczema or upon pustules. The balsam of copaiba is cheaper than that of Peru, it does not stain the linen, and says Monti, has a more pleasant smell (! !) The treatment lasts from two to twelve days. Carbolic acid, in solution (one to two drachms to one pound of water) or in the form of salve, ℥j. to ℥iv. unguent simpl. was also tried. In scabies pustularis, poultices are used instead of the initiatory washing or baths. The redness and burning of the skin caused by the carbolic acid soon pass off. Six to nine inunctions, in the space of two to four days are required ; if eczema is present the treatment lasts longer. This method is much to be recommended for children.—In the *Centralblatt f. d. Med. Wiss*, for April, 1871.

Subcutaneous Injection of Stimulating Substances.

In a patient *in articulo mortis* from pneumonia, Dr. Rhode injected, subcutaneously, acid. benzoic. in spir. vini rect. four times in intervals of a quarter of an hour, so that in all 0·5 gramme acid. benzoic were employed. After the second injection an effort of coughing ensued, the pulse increased in strength, and after the lapse of three hours the patient was enabled to take nourishment and wine and he recovered. Dr. Rhode has also employed a combination of camphor and acid. benzoic. in the following form: camphor, 1·0, acid. benzoic., 1·5, spir. vini. rect., 12·0. On account of the intense pain caused by the injection, it is only admissible where the patient is unable to swallow medicines, or when absorption is suspended.

The Anatomy of the Spleen.

The recent investigations of Dr. E. Kyber, on the minute anatomy of the spleen, are detailed in *Archiv. f. Mikros. Anat.* vi., 540-580, from which it appears that Billroth, Kölliker, and others ascribe to the spleen a vascular system which is closed on all sides, while W. Muller asserts that the connection between the capillaries which proceed from the resolution of the arteries occurring in the interior of the Malpighian corpuscles, and the veins, is restored by means of a system of intermediate blood-channels, of hollow spaces, which, without possessing any proper walls, are merely bounded by the cells and fibres of the inter-vascular tissue of the pulp.

Kölliker rejects the latter view, and ranges himself on the side of the first named investigators. The capillary ends of the arteries open directly, terminal or parietal, at

right or acute angles in the commencement of the veins. It is sometimes possible to fill the ends of the arterial vessels with the venous injection material, without the occurrence of extravasation. In injecting the arteries, the material readily passes from the arteries into the veins without the occurrence of a rupture of the walls, but it is not possible thus to fill large veins. The blood moves in the spleen only in closed channels ; any passage of the corpuscular element from them into the tissues is always to be regarded as a pathological occurrence. The study of the so-called diffused amyloid degeneration of the spleen leads to the same conclusion. We can follow step by step the amyloid transformation of the parenchyma of the spleen without gaining a view in any of the stages of degeneration of the intermediate blood-channels described by Muller. This same degeneration of the spleen proves further, beyond any doubt, that the parenchyma of the spleen and the lymphatic sheaths of the vessels are not to be regarded as belonging together (Schweiger, Seidel), but are two distinct tissues (Billroth, Frey), in that each by itself, as in the sago-spleen, or as in the diffused degeneration, is attacked by different and to itself peculiar kinds of amyloid degeneration.

Kölliker effected the injection of the deep lymphatic vessels, that is, those discovered by Tomsa, as penetrating the entire organ, only in the spleen of the horse.

Patent Medicines in the United States.

The *Chemist and Druggist* notices in its last issue an American trade catalogue, which contains over eighty pages, and gives a good idea of how energetically the Americans force this business. In "balsams" there are between forty and fifty proprietary names. No less than fifty-seven lines are devoted to "bitters." Nine kinds of brandies are included.

Apparatus for Dividing Powders.

An American has invented an apparatus for proportioning and dividing powders. The invention consists of a board or plate of any kind or substance best suited for the purpose, having any required number of holes or pockets of uniform size and shape made through or in it, and each hole provided with a moveable bottom or piston arranged for shifting quickly, to vary the depth of the pocket, all the said bottoms or pistons being arranged so as to move equally in relation to the plate or holes therein. In using this instrument the mass of powder is placed on the table, and scraped over the holes so as to fill as many as the number of divisions required. The pistons are then raised to the level with the table, and the powder raised up in separate piles, to be scraped away.

Fraudulent Substitutions.

The *American Journal of Pharmacy* for July says it has been informed that the fraudulent sale of muriate of cinchonia for sulphate of quinia exposed in its column has not ceased, but that, on the contrary, it is being sold quite largely, under the label of Pelletier, Delondre et Levaillant. It also states that sulphate of quinia is being sold for sulphate of morphia, and labelled as the make of Atkinson, of London.

Warnings of Cholera.

The *Pall Mall Gazette* points out that some years ago Dr. Guy, professor of hygiene at King's College, London, drew attention to the fact that an outbreak of cholera was often preceded by the milder epidemic—influenza. The prevalence of the latter malady during the past winter and spring may seem to have been amply accounted for by the exceptional severity of those seasons, but nevertheless it may have its significance and warning. Both epidemics have this in common—that they progress in fatality to a certain point, and then gradually subside. There is certainly no resemblance between the present year and the year 1854, when the last cholera epidemic prevailed. In 1854 the drought was general, and although during the month of July there was much rain, yet the year was altogether a very dry one, and from the commencement of March extraordinarily warm. The progress of the malady when once it reached our shores (for there can be no doubt that it was imported) was very remarkable. Till the middle of July hardly a case was known, but before the end of that month the deaths had risen from five to 133. The disease went on increasing week by week, till, in the eighth week, it reached its maximum mortality of 2,050. It took thirteen weeks to fall again to five.

Fever in Milk.

It seems to have been established beyond reasonable doubt that the recent outbreak of fever in St. Andrews has had its principal origin in the transmission of the disease by milk. The infection was actually spread through the town by the medium of the daily allowance of milk from one particular dairy. The mistress of the dairy had the fever, and milked the cows through part of her indisposition ; then the cow-boy took it, and, not being ill enough or rich enough to lay by, continued at his work the whole time, and went on with his milking with his fevered and peeling hands. The consequence was that in every house to which this milk was sent scarlet fever broke out. The revelation of such a remarkable train of events makes us shudder at the thought of what we may be drinking when we drop rich cream into our tea, or set bowls of new milk before our children, in blind belief that it is the best diet they can have. It seems almost past belief that any woman with the infection of fever upon her could go about her dairy work, or suffer a boy to pursue his duties through all the phases of such a disease as scarlet fever, however mild. But the facts are substantiated by Dr. Bell, and henceforth we must recognise the existence of a more subtle means of poison propagation than we have yet known of.

Health of Foreign Cities.

Of the health of the Continental watering-places no returns appear to be published, but the co-operation of the municipal and other authorities of most of the large cities enables our Registrar-General to report from time to time on their condition of health. He says that this is of infinite value to intending visitors, as at the present time, with small-pox so generally prevalent and a possible visitation of cholera, it is important to be able to refer to reliable figures, instead of depending upon desultory and often exaggerated reports, sometimes spread from interested motives. Unfortunately the interruption in the continuity

of the returns from Paris and Berlin caused by the late war did not cease until after April, and we are unable to present complete quarterly returns for either of those cities. Paris has in the past six weeks presented a remarkably clean bill of health, while Berlin has been suffering from epidemics of small-pox and diarrhœa. Brussels also suffered from small-pox during the quarter, and showed an annual death-rate from this disease equal to 7 per 1,000.

The epidemic of small-pox in Holland showed signs of decline in June, but in the first five months of this year in the principal towns of South Holland, 728, 988, 1,218, 1,209, and 958 (in all 5,101 deaths) were respectively referred to this disease. Among the towns which suffered most severely were Rotterdam, The Hague, Leyden, Delft and Delftshaven, Charlois, Kralingen, and Waddinsveen.

In New York the death-rate during last quarter was 28 per 1,000, and in Bombay only 20 ; small-pox was prevalent in both these cities, and was fatal to the extent respectively of 1 and 3 per 1,000 annually of the population.

Weekly returns are now received from both Rome and Florence, and, if the series be unbroken, a summary will appear in the next Quarterly Return. No returns have recently been received from Vienna, but it is to be hoped that they will soon be resumed ; and also that before long St. Petersburg will take its place among the other principal Continental cities by furnishing similar contributions to international vital statistics.

Health of Sea-side Towns.

Just now few subjects are of more importance than this, and it is a matter of congratulation to find that in the mortality returns, as at this season of the year people leave towns in search of health, a special report is supplied of the state of the forty-seven principal English watering-places, which it is gratifying to find are unusually healthy. They are divided into two classes—thirty-eight on the pleasantest parts of the sea-side, and nine inland ; and the report says :

"Many English people naturally resort to foreign countries to pass their holidays for various valid reasons ; but neither they nor any others in search of health can find healthier places than in England. Germany has her Rhine, great as the river of a small continent can be, but without the grandeur, variety, and freshness of the sea encircling the English coast ; here the green grass and foliage can fairly compete not only with the dry, hot, dusty air of Continental towns, but with the choicest resorts of the country. The proprietors of the English watering-places have much to learn from Continental rivals ; and so, perhaps, have the English visitors, who, by opener and easier manners in their intercourse with each other, would add greatly to their own cheerfulness, enjoyment, and health.

"The salubrity of the English watering-places admits, too, of improvement ; but all the sanitary arrangements contrast favourably with the inconveniencies and insalubrities abroad, which are likely to be tested by the coming epidemic.

"With regard to the copious drinking of the various waters which still survives under the auspices of German doctors, it has apparently, like blood-letting, lost favour in England ; but those who still have faith in the miraculous influences of solutions of the various salts, gases, and sulphur need lack no indulgence in English inland watering-places.

"In Table X. will be found figures showing the recent death-rates from all causes, and also from the seven principal zymotic diseases, in each of the largest sea-side and inland watering-places on the coast of England and Wales during the quarter ending the 30th of June last. The forty-seven places with which this table deals contained, on the 3rd of April last, a population of rather more than a million of persons, among which the death-rate during last quarter was only 18 per 1,000. The rate in the several places ranged from 12 in Folkestone, and 13 in Weston-super-Mare, to 25 in Aberystwith, and 28 in Weymouth. Worthing, Sidmouth, Llandudno, Malvern, Lowestoft, and Margate were most conspicuous for their freedom from deaths of a zymotic character, while the highest death-rate from these diseases was shown in Tunbridge Wells, New Brighton, and Weymouth. In Tunbridge Wells 14 deaths from scarlet fever and five from small-pox were reported ; in New Brighton (Lancashire) five from scarlet fever, four from small-pox, and three from measles ; in Weymouth small-pox was severely epidemic, and caused 39 deaths."

Exercise in High Temperatures.

Some curious facts are related in the report of the Coal Committee. In some cases men have carried on their work in a temperature of 180 deg. Fahr., but this heat was much of it due to radiation. This may be a source of considerable error, for, in one experiment, a thermometer suspended in a stoke-hole, and exposed to the radiation from the boilers, indicated a temperature of 105 deg. ; while another thermometer in the same position but carefully screened from the radiant heat, stood at only 78 deg. Men who work in stoke-holes and glass-houses have ready access to the external air, and avail themselves of numerous intervals in their labour to cool themselves. One Medical witness, who had spent a great part of his life in tropical climates, stated that he had experienced a temperature of 125 deg. Fahr. in the shade, and that this great heat was rendered endurable by the dryness of the atmosphere ; on the other hand, he had felt a damp atmosphere almost intolerable at the comparatively low temperature of 86 deg. Hearing of mining work being executed in a Cornish mine where the air was heated by a hot spring to a temperature alleged to amount to 117 deg., and was also by the same cause saturated with moisture, the Committee requested Dr. Sanderson to visit this mine, and he found the highest temperature to exist at the extremity of an excavation forming a short *cul de sac*, where a stream of water entered at a temperature of 114½ deg. At a distance of a yard from the end of this *cul de sac* the thermometer indicated a temperature of 103 deg. ; but at a distance of only ten feet there was access to air, where the thermometer stood at 81 deg. He was told that the temperature of the air occasionally reached 123 deg. The miners remained in their workings six hours out of the twenty-four. Four men were employed at a time, of whom two were always at rest in the cool air, and the other two were not always at work. The total duration of each man's work was less than three hours in the twenty-four. No miner remained more than fifteen minutes in the heat at one time. The condition of each miner on retreating into cool air is described as one of complete exhaustion ; but by allowing cool water to pour over his body the distress and exhaustion quickly passed off. Dr. Sanderson came to the conclusion that the occupation in question was not necessarily inconsistent with the enjoyment of vigorous health ; but he found that there were many men who, after trying

the work, were compelled to desist on account of the distress and exhaustion which was produced. It is Dr. Sanderson's opinion that labour is not practicable in moist air of a temperature equal to that of the blood—namely, 98 deg., excepting for very short intervals ; and this conclusion is in harmony with the other Medical evidence. The question of maximum temperature under which work could be carried on in a coal mine hinges in a great measure on the hygrometric condition of the air. The depth at which the temperature of the air would under present conditions become equal to the heat of the blood would be about 3,420 feet ; but the Committee looking to possible expedients, which the future may elicit for reducing the temperature, considered it might fairly be assumed that a depth of at least 4,000 feet might be reached.

Pauperism.

ACCORDING to the Registrar-General's report the average number of paupers relieved on the last day of each week in each of the last three winter quarters was as follows :—

	In-door.	Out-door.
Quarter ending 30th June, 1869 ...	145,094	816,260
" " 1870 ...	144,226	825,337
" " 1871 ...	140,338	805,519

The extreme depression of temperature which prevailed at the end of the past year and during January of the present year, after yielding to spring-like warmth, again became low, and the weather was relatively colder in June than in the former months of the year.

During the three months the average temperature was 1·6° below that of the past thirty years.

Rare Medical Eloquence.

IN a paper read before the Tennessee State Medical Society, by Dr. C. C. Abernathy, the *New York Medical Report* finds the following grandiloquent tribute to blood-letting :—

"I regard the almost general abandonment of the lancet as a great public calamity. I believe that untold numbers of precious lives have been lost for want of timely and judicious blood-letting, and myriads more are doomed to fill premature graves, unless we retrace our steps, and start anew in the right direction. In my humble opinion, it were well that we imitate the example of Armstrong, Eberle, Chapman, Stokes, Physic, Wood, and other great lights of the profession, in doing homage to this time-honoured and reliable remedy—a remedy which, crowned with laurels of triumph on thousands of hotly-contested fields, is still destined (I fondly trust) to march proudly, confidently forward in her glorious mission of restoration, bearing in her regal train countless votaries—mothers, who burn incense upon her altars in commemoration of precious little ones rescued by her benign influence ; husbands, who sing anthems of praise in her honour, while they fondly embrace the sharers of their joys and sorrows, and signalise them as trophies, which she has promptly restored to health and beauty ; while matron and maiden, old and young, all vie in doing her such honour as none save the meritorious and truthful deserve. Beholding disease, in her protean forms, attacking, with relentless fury the citadel of life, she speaks, and, like Joshua of old, is obeyed—she cries, 'Peace, be still,' and the troubled waters are quieted."

Public Health.

THE Registrar-General's last return shows a considerable increase in the number of deaths, there having been 1,568, and only 1,382 in the previous week. The increase is not due to any particular disease or epidemic. Thus there are, as compared with the previous week, 9 more deaths from small-pox, 10 from measles, 6 from scarlet fever, 16 from whooping cough, 6 from typhoid fever, and 74 (chiefly infantile) from diarrhœa. The deaths from English cholera are fewer than in the previous week. The annual rates of mortality in the following places, per 1,000 of the population, were :—Wolverhampton, 9 ; Dublin, 16 ; Hull, 17 ; Portsmouth, 19 ; Bristol and Birmingham, 20 ; Norwich, Edinburgh, and Bradford, 21 ; London, 25 ; Nottingham, 26 ; Leicester, 29 ; Liverpool, 30 ; Salford, 31 ; Glasgow, 32 ; Sheffield, 33 ; Manchester, 34 ; Newcastle-on-Tyne, 39 ; and Sunderland, 51.

Leprosy.

A LETTER from Valencia in the *Esperanza* of Madrid, says :—"Leprosy has just made its reappearance at Rafelcofer. The Governor of the Province has given orders to the sub-delegate of the Board of Health in the district of Gandia, in which that village is situated, to make a report on the origin of this frightful disease."

The Cholera in Russia.

THE *Standard's* correspondent writing from St. Petersburg, August 4, says :—

"It is nearly a year since the cholera appeared here, and, after giving us a long respite during the winter, it has again broken out with renewed intensity. The measures adopted by the sanitary commisssion of St. Petersburg have rendered the epidemic comparatively harmless in the capital, but the filthy state of some of the provincial towns has favoured its progress in the country, and many of the reports from the interior show a heavy mortality in proportion to the population. The following is the latest St. Petersburg bulletin :—Cases remaining, 476, new cases, 33, deaths, 18. From the first appearance of the cholera on the 29th of August, 1870, there have been in St. Petersburg, 6,817 cases, and 2,797 deaths. In Moscow and its environs the epidemic is of a very malignant character, and in some remote villages, where medical assistance is difficult to obtain, it has committed fearful ravages."

Adulteration.

A CIRCULAR on the above subject has been issued by the Anti-Adulteration Association, Limited. The Association's objects are to enforce and amend the laws on the subject, the enforcement to be carried out by appointing analysts throughout the country, and by the prosecution of wholesale distributors of adulterated articles. The offices are at 6 John street, Adelphi, where prospectuses may be procured.

Solvent Properties of Anhydrous Liquid Ammonia.

PROFESSOR SEELY, writing to the American *Journal of Applied Chemistry*, claims to have made the discovery that anhydrous liquid ammonia has a solvent power upon certain metals, and he has actually succeeded in obtaining a solution of sodium in this liquid. The solution presents all the physical characteristics of a true solution. On evaporation the sodium is gradually restored to the metallic state in the same continuous manner in which the solution has been effected. The colour of the solution is a very intense blue.

Poison "by Misadventure."

One of those insignificant little errors to avoid which the Members of the Pharmaceutical Society think it a great hardship to be asked to arrange their poison cupboards has just occurred at Salcombe, near Sidmouth. A poor gentleman named Wall got a drachm of solution of morphia in his mixture instead of a scruple.

The druggists shrug their shoulders and say, "*Humanum est errare*—what a bother you make about an occasional little mistake."

We say it is just because chemists are mortal that they should be compelled to protect the public against mortal aptitude to error whether they like it or not.

A New Reason for Economy of Medicine.

The Islington Guardians, through their chairman, disapprove of tinctures being ordered by their doctors and supplied to their dispensaries, on the ground that they lead to habits of intemperance.

Palmgrena.

A preparation just being introduced in the American market, and recommended to cure consumption in all its stages. Here it is :—

Palmstarch	1	part
Sugar	9	„
Chestnutmeal	1	„
Burnt and Ground Coffee ...	¾	„
Powdered Cacao... ...	1¼	„
Ricemeal (flour)... ...	1	„
Arrowroot	1	„

—*American Medical Gazette.*

M. Thiers has appointed Mr. O'Scanlan, the director of the Irish Ambulance during the war, to be a Chevalier of the Legion of Honour. The principal persons connected with that ambulance will also receive decorations.

The Sanitary Committee of the Vestry of St. Mary, Islington, will meet on Sept. 18 to consider the applications from legally-qualified Medical Practitioners desirous of filling the office of Medical Officer of Health and Analyst for the parish, at a salary of £250 per annum.

We learn from the list published in the *British Medical Journal* that four members of the Profession from Ireland attended the recent meeting at Plymouth. We also observe that when at the Annual Dinner the healths of the Irish and Scotch members was proposed—no one but a Mr. Leicester responded.

The Paris Academy of Science has discovered that the chloride contained in salt water is the essential element for sea fish and the poisonous agent towards fresh-water fish. M. de Bert removed these chlorides from sea-water and found that river fish lived in it, and salt-water animals died. Does this rule apply to all fish? We have ourselves kept the common sticklebacks of our ponds for three days in the same sea aquarium as actiniæ, and when then expelled for their ferocity, they were as lively as ever.

An apology appears in the columns of a medical contemporary from James Dore Blake, of Taunton, practising as a Doctor of Homœopathic Medicine by virtue of a Degree in Medicine granted to me by the Pennsylvanian College of Homœopathic Medicine in Philadelphia, for having, contrary to and in breach of the Lunacy Acts, unlawfully signed a certificate for the admission of a lunatic into a house licensed for the reception of lunatics, I not being a Physician, Surgeon, or Apothecary registered under the Medical Act.

An election to the Office of Fourth Physician in the Queen's Hospital, Birmingham will take place on Friday, September 8th, 1871. Candidates for this office must be graduates in medicine of an University. The election will be made by a Special Committee of Governors, 100 in number; and the appointment of this Special Committee will take place on Friday, August 25.

The duties of the Fourth Physician are as follows :—

"He shall have four beds for the reception of in-patients, and two days in the week to see out-patients."

"He shall set apart one hour weekly during the Session for instruction in percussion and auscultation, the use of the thermometer, laryngoscope, ophthalmoscope, and microscope, and the examination of the urine.

At the Summer Assizes at Croydon, on August 12, an action for negligence was brought against a medical practitioner who has been established upwards of twenty years in Southwark. It was said that a working woman called at his shop and asked an assistant for "*Rochelle salts*," but he said she asked for some other salts, and he gave her carbonate of potass (charging her one penny), of which she took a spoonful in water, and it caused her violent vomiting and great pain. Soon afterwards an attorney's clerk called upon the doctor for compensation, and he, in order to avoid the vexation of an action, offered to pay £40 or £50, but in vain. After a long trial the learned Baron summed up the case. If, he said, the assistant had understood the woman as asking for Rochelle salts, and had given her the carbonate for it, or if he had not taken care to ascertain what it was she wanted, the defendant would be liable, but if he gave her what she asked for, then as she did not ask for directions about its use (though it would have been better to have given them) the defendant was not liable. Even, however, though the jury found for the plaintiff there would remain the question of damages, as to which the learned judge observed there were many circumstances which required consideration. The case must be looked at as a whole, and there was strong evidence of undoubted witnesses that the woman had sustained no real injury at all. Moreover, there was great reason to suspect that it was the attorney's clerk rather than the woman who was interested in the action. The jury, after a brief consultation, gave a verdict for the plaintiff for one farthing.

Death from Wearing False Teeth.—On Wednesday an elderly man applied for a bed at a lodging-house in Charles street, Drury lane. In the morning he was found in the back yard insensible and in a dying state. He was conveyed to St. Giles's Workhouse and examined by Dr. Carr, but life was extinct. On opening his mouth a set of false teeth was discovered out of its proper position, which it is supposed interfered with his breathing and caused his death. No documents have been found on the deceased to lead to his identity.

Correspondence.

DR. MADDEN'S EDITION OF THE DUBLIN PRACTICE OF MIDWIFERY—THE DUTIES OF VAGINAL BAPTISM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—May I kindly request you to give insertion to a few sentences in reference to your "moral critique," or review on the book called the "Dublin Midwifery Practice." That book was never a voluminous work on the art or practice of midwifery, but a mere handbook for a student. While a student, I long thought the short forceps, as then used, were often found *too thick* or clumsy in the blades. Since I entered into midwifery practice, I have attended many cases where the smallest point of the finger would be *painfully hurt* in being brought into contact with the head and the maternal structures in cases, where, from accidental causes, the labour had been prolonged, *i.e.*, converted into difficult labour, by the unnatural extension of the time without delivery by the natural way. In some of those the child was found dead, but had been pronounced by the mother to have been alive within a few hours; in one case, within half an hour, and in this case the woman suddenly took convulsions, which, being relieved by the exhibition of "chloroform vapour," on examination a few minutes after, I found the fœtal heart's tick, no longer audible, but only the "bruit placental." As I always, when I suspect, for clear reasons there is danger to the infant's life, give private baptism as a conditional rite if the child be alive; since if it be dead, that condition is *ipso facto* prohibited, in the former case the weightier responsibility rests on the medical attendant, for in the latter it matters little, *cæteris paribus* how the woman is delivered. The safest and easiest manner the best. But in this state also the medical practitioner may have neglected the plain duty of lay baptism, and if so he has no remedy left him. It is well to baptize the foot or hand, water can be applied to the head with tow, or sponge, or what is the best the nozzle of a syringe can, with the index and middle finger of the left hand, be applied to the head (in utero, or in transitu), while the operator holds the instrument in the right hand. In this way a good stream of water can be directly applied to the infant's head. Just at the time of the occurrence of the cases alluded to, I read with great delight the lectures of Dr. Madden on the subject, these lectures having been published in the MEDICAL PRESS AND CIRCULAR in 1868 or 1869, as delivered by Dr. Madden, in the Rotunda Hospital. I believed the short forceps introduced by Dr. Madden are of great "bona fide" value, for these reasons, the want observed in certain cases as I refer to, of an instrument with less clumsy blades than either Drs. Churchill's or Beatty's, is well supplied, the blades are somewhat larger in consequence of the fenestra, so that the force applied is more extended, and therefore less subject to cause injury than the old forceps. I have often used the forceps both of Drs. Churchill and Beatty, often seen them used too much and too long from the effects that followed, yet far from disparaging their strength or utility as mechanical agents, I should use them if I had no others, but while I am provided with those of more modern skill, and better design for these very troublesome cases of midwifery, where I say the point of the finger is painfully pinched—and where the time has gone too far before delivery, where there exists no real hope of overlapping (any longer) of the fœtal sutures, and where the child is alive, "where the patient is growing" weaker hour by hour, I must respectfully bear testimony to the increased facilities afforded in Dr. More Madden's forceps (as manufactured by Mr. Whyte, Dublin). It matters to me very little by what name those forceps are called, so long as they afford any help against "craniotomy" which can never be referrible to any case unless where distinct signs are present, that the infant is dead—one surgeon of eminence told me, "I should not like to have a number of those little things after me for eternity, I avoid all such interference with Divine Law." But not to speculate beyond the grave, it is quite certain we should have neither Doctors Churchill, nor Beatty, or Madden, had the cephalotribe been "dug" into their heads, which inductively proves to me, what little things come to. I once was called on to attend a Jew's child, I found it labouring under infantile hernia, that individual wished me to send it to eternity with a "dose of some drug." I looked upon the person in a sense opposed to the "Decalogue," and said, if he were to ask me twice, I should apply to have him brought before the criminal law courts. This letter has already become prolix. I shall only add as a reader, my opinion of your review on Dr. Madden's edition of the Dublin practice is entirely without merit and less intelligence. I give you my reasons for saying so. 1st. Because you approved of the book as formerly edited. 2nd. That such a book is fit in every respect to impart any practical knowledge to a student passing his examination on the subject of the "Forceps." Now the book as it stands is just the same as before, but it has been improved, therefore you seem unjust to Dr. Madden and the entire profession in your marvellous and silly review.

I have the honour to remain faithfully,

JOHN O'REILLY, L.R.C.S., L.K.Q.C.P.,
Medical Officer, Nobber, Co. Meath.

August 5th, 1871.

ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.

THE Treasurer of the above Society begs to acknowledge the following contributions received from Dr. Erskine, Hon. Sec. and Treasurer to the Newry Branch :—

Dr. Vesey, Rostrevor . . .	£1	1	0
Dr. Gray, Moorvale	1	0	0
Dr. McBride, Forkhill . . .	0	10	0
Dr. McBride, Newry . . .	0	10	0
Total	£3	1	0

Parliamentary Intelligence.

FOREIGN DECORATIONS.

IN the House of Commons on Thursday last, Mr. EYKYN asked the noble Lord the Under Secretary of State for Foreign Affairs to state the circumstances under which Dr. Gordon was refused permission to wear the orders which were given to him by the authorities of France for the services which he rendered during the siege of Paris, and why a distinguished officer of the Coldstream Guards had been permitted to wear his.

Lord ENFIELD said that the services of Dr. Gordon in Paris in the early part of the last winter were permitted under the immediate sanction and knowledge of the Secretary of State for War, and therefore, according to the rules and regulations, he would be allowed to wear them, but no application for him to do so had been made by the French authorities to Her Majesty's government. The house would allow him to correct a misapprehension into which he fell on Friday last with regard to the services of Dr. Gordon and Surgeon-Major Wyatt, and the benevolent and humane exertions of the ladies and gentleman who acted under the Geneva convention, that they rendered those services on their own account, and that they were not required to report to Her Majesty's government. He had since found he made a mistake, and that Surgeon-Major Wyatt and Dr. Gordon did apply to the Secretary of State for War, and that they acted under his immediate knowledge and sanction, and that Her Majesty's government entertained a high sense of the valuable services performed by them in Paris.

REPORTED CASE OF CHOLERA IN LONDON.

MR. DENMAN asked the Vice-President of the Council in the House of Commons on Tuesday, whether his attention had been called to a letter signed by Dr. Edmunds, and published in a newspaper that morning, stating that he had been called in to attend a typical case of Asiatic cholera.

MR. W. E. FORSTER, in reply, said:—I am informed by the medical officers of the Privy Council, that immediately on seeing this letter Dr. Buchanan was sent from the office to examine the case, and make a report,

I am very glad to say, from that report, that there is reason to believe it was not a case of Asiatic cholera, although there were symptoms at first that might have excited suspicion that such was the case. The patient seems to be a respectable artisan, employed in some works, and also a school teacher, and was taken ill last night on returning from a school treat. Certainly when Dr. Edmunds was called in this morning the patient had a bad attack of cholera, and was in a state that might naturally have excited suspicion that the attack was Asiatic in its character, though there is now reason to suppose that it was not so; at any rate, the patient is now much better. I rather regret that Dr. Edmunds did not wait a few hours before writing to *The Times*, because if he had so waited I do not think he would have thought it necessary to write a letter causing needless alarm. But whether he was right or not in doing this, there is one matter to which I should wish to call the attention of medical gentlemen throughout the metropolis and the kingdom generally. Dr. Edmunds appears to have contented himself with sending this letter to *The Times* instead of communicating with the sanitary authorities of Marylebone, which, undoubtedly, it was his clear duty to do. If medical gentlemen entertain any suspicion of such cases in their own neighbourhood, they should immediately send to the sanitary authorities, whose duty is to take all proper measures for disinfection.

ARMY MEDICAL REPORTS.

On Friday evening Lord Elcho asked the Secretary for War if he would lay on the table a copy of the report of the two medical officers who were sent to the late war on behalf of Her Majesty, and who, he understood, had made very important recommendations with regard to the treatment of the sick and the best sanitary arrangements to be adopted in the field.

Mr. Cardwell declined to comply with the request of the noble lord, reminding him that it was undesirable to produce the reports of officers who had been sent to report on foreign armies.

Medical News.

Gig Accident.—A sad accident has occurred at Godney Hall, near Wisbech. Dr. Crowden, a medical man, accompanied by Mrs. Crowden, was driving along the road at the top of Southean Bank, when the horse took fright at the squeaking of a pig, and dashing down the embankment, overturned the gig and threw out the occupants. Dr. Crowden had his collar-bone broken, and his wife, besides being severely bruised and shaken, had both ankles broken. One leg has been amputated five inches above the ankle, and hopes are now entertained of her recovery.

Donations, Bequests, etc.—"C. D. W." has given another £1,000 to the Hospital for Sick Children, Great Ormond street. Miss Elizabeth Kingston, of Harpenden, Herts, bequeathed £500 Three per cent. Consols each to the Asylum for Idiots, Redhill; the British Home for Incurables, Clapham rise; and the Infirmary, Hemel Hempstead. Mr. Humphrey Nicholls has given £100 to the Clinical Hospital, Park place, Cheetham hill; and the Ardwick and Ancoats Dispensary, Manchester. Mr. Benjamin Chandler bequeathed £100 to the General Hospital, Birmingham. Mr. John Thomas Murphy bequeathed £200 to the City of Dublin Hospital. Lady Staples has given £50 towards the funds of the Idiot Institution at Lucan.

Health of the Queen.—The Queen accomplished the journey to Balmoral without any unusual suffering, but the next day was so unwell as to be unable to leave her own apartments, and join the family circle. Her Majesty's visit to the Duke and Duchess of Argyll, has been indefinitely postponed.

NOTICES TO CORRESPONDENTS.

To our Subscribers.—Gentlemen who have not paid their subscription for last year are respectfully reminded of the omission. The Publishers would also be much pleased to receive arrears of subscriptions due for several years previously, which, in *too many instances*, remain unpaid, notwithstanding frequent applications for settlement.

☞ Notice.—Subscribers are respectfully reminded that payment by P.O.O., or crossed cheque, is the most convenient and safest mode of remittance. Stamps are unfortunately too easily disposable by dishonest persons.

All valid receipts are given upon printed forms. Subscribers and advertisers are particularly cautioned against making any payments without the production of such a receipt. Cheques or P.O.O. should be made payable in England, to A. A. Tindall: in Ireland, to A. H. Jacob, M.D.; in Scotland, to Maclachlan and Stewart.

Tontine.—We believe the Alexandra Palace has been erected with all modern improvements in public buildings. The views from the terraces and the interior of the building are said to resemble those of the Malvern or Surrey Hills. The railway facilities will give to the inhabitants of the Metropolis access to one of the finest and best recreation grounds in Europe. Investors are covered by insurance of 20s. for every 21s., so that no risk is incurred, and the profits every year are cumulative in advantages.

Dr. M.—The Report of the Contagious Diseases Commission has already been published. It is expected the evidence will shortly appear.

Sanitas hits the nail on the head in reference to dustbins and disease. In a note to a contemporary "Sanitas" says—The nuisance could be at once done away with if householders would prohibit the practice by lazy servants of making the dustbin a receptacle for all kinds of decaying matter and other rubbish. If nothing but cinder-ash were permitted to be thrown in the dust-bin there would be no "nuisance" at all! Cabbage-stalks, potato-peelings, fish-bones, and all such useless articles, could be burnt. These regulations should be enforced by the authorities, who should institute a house-to-house inspection and levy a fine in all cases of neglect; if this plan were carried out we should hear no more of the dust-bin as a fever-nest and a propagator of cholera, which it now is.

PASS LIST SUPERSEDED.

A local paper contains the following:—On the 2nd inst., Dr. Fothergill (member of the Royal College of Surgeons of England, and Licentiate of Midwifery of Edinburgh), Hesket-new-Market, after undergoing the necessary examinations, received the license of the Royal College of Physicians of Edinburgh to practise as a physician.

The following communications are in type, and will appear, if possible, in our next:—

W. E. Teevan, B.A., F.R.C.S., "Case of Retention of Urine from Impassable Stricture, treated by Filiform Bougies."

G. Smith Chartres, M.A., M.D., "Syphilitic Iritis attacking both Eyes in succession, treated principally by Oil of Turpentine and Blisters."

Dr. Francis M. Luther, "Case of Progressive Locomotor Ataxy."

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

A Manual of the Laws Affecting Medical Men. By R. G. Glinn, Barrister-at-Law. London: J. and A. Churchill.

Our Eyes, and How to Take Care of Them. By H. W. Williams, M.D. London: Tegg and Co.

West Riding Lunatic Asylum Medical Reports. Vol. I. London: J. and A. Churchill.

Professional Grievances. By W. Ogle, M.A., M.D., Derby.

Report of the Metropolitan Board of Works. Prospectuses of St. Bartholomew's, and the London Hospital Medical Schools.

APPOINTMENTS.

Evans, G. H., M.D., Resident Assistant-Physician at St. Thomas's Hospital.

Garrington, A. M., M.D., M.R.C.S.E., Surgeon to Portsmouth Gaol.

Gibson, C. H., L.R.C.P.Ed., L.R.C.S.Ed., M.R.C.S.E, Assistant Medical Officer for the Idiot Branch of the Warwick County Lunatic Asylum.

Gray, A. R., M.D., M.R.C.S.E., Assistant Medical Officer at the Broadmoor Criminal Lunatic Asylum.

Law, W. T., M.R.C.S.E., Resident Physician to the Royal Infirmary, Edinburgh.

Lawrie, E., M.B., M.R.C.S.E., Resident Medical Officer at the General Hospital and Dispensary for Sick Children, Manchester, vice J. Moffat, M.D., L.R.C.S.Ed., resigned.

Lowne, B. T., M.R.C.S.E., Lecturer on Physiology at the Middlesex Hospital Medical College.

Moore, Dr. E., Honorary Medical Officer to the Preston and County of Lancaster Royal Infirmary, vice Dr. Malling, deceased.

Newton, R. C., M.R.C.S.E., Visiting Surgeon for the Out-patient Department of the Newcastle-on-Lyne Lying-in Hospital.

North, J. C., M.B., C.M., House-Surgeon to the Brecknock Infirmary, vice J. T. Jones, M.B., M.R.C.S.E, promoted to Physician.

Partridge, J. H., M.R.C.S.E, Surgeon to the Essex and Colchester Hospital.

Rouse, J., F.R.C.S.E., Hon. Consulting Surgeon to the Royal Asylum of St. Anne's Society.

Smith, W. R., L.R.C.P.Ed., L.R.C.S.Ed., House-Surgeon to the Huddersfield Infirmary, vice Booth, resigned.

Walker, S., M.R.C.S.E., Surgeon to the North Riding Infirmary, Middlesbro'-on-Tees, vice J. Ellerton, M.D., resigned.

Whitehead, A., M.R.C.S.E., Resident Medical Officer at the Birmingham and Midland Free Hospital for Sick Children, vice A. S. Underhill, M.B., C.M., resigned.

WILSON, H. O., M.R.C.S.E., Hon. Medical Officer to the Wirral Hospital and Dispensary for Sick Children, Birkenhead, vice Dr. W. Forbes, resigned.
WRIGHT, Mr. F. W., Assistant Resident Medical Officer at the General Infirmary, Leeds.

Deaths.

A'BECKETT.—On the 23rd of May, at Sydney, New South Wales, Arthur M. a'Beckett, aged 58.
BERNARD.—On the 10th inst., Ralph M. Bernard, F.R.C.S.E., of Clifton, Bristol.
KENDALL.—On the 15th inst., at King's Lynn, Thos. M. Kendall, F.R.C.S., L.S.A., aged 51. No Cards. Friends will please accept this intimation.
NEWBOLD.—On the 7th inst., Ambrose Newbold, L.K.Q.C.P.I., M.R.C.S.E., of Carnew, Co. Wicklow, aged 44.
SYNNOT.—On the 9th inst., at Lisnascia, Co. Down, Robert Synnot, M.D., late of Royal-avenue, King's-road, Chelsea, aged 52.
THOMAS.—On the 1st of June, Dr. David John Thomas, of Melbourne, Victoria.

Advertisements.

ST. THOMAS'S HOSPITAL.

THE MEDICAL SESSION for 1871 and 1872, will commence at the NEW HOSPITAL on the Albert Embankment, Westminster Bridge, S.E., on MONDAY, the 2nd OCTOBER, 1871, on which occasion an INAUGURAL ADDRESS will be delivered by Mr LE GROS CLARK, at Two o'clock, after which the DISTRIBUTION OF PRIZES will be made by SIR FRANCIS HICKS, Treasurer.

Gentlemen entering have the option of paying £40 for the first year, a similar sum for the second, £20 for the third, and £10 for each succeeding year; or, by paying £105, at once of becoming perpetual Students.

PRIZES & APPOINTMENTS FOR THE SESSION.

First Year's Students. WINTER PRIZES—£20, £15, and £10. SUMMER PRIZES—£15, £10, and £5.

THE WM. TITE SCHOLARSHIP, founded by Sir WM. TITE, C.B., M.P., F.R.S, the proceeds of £1,000 Consols, tenable for three years, is awarded every third year.

Second Year's Students. WINTER PRIZES—£20, £15, and £10. SUMMER PRIZES—£15, £10. £5. The DRESSERSHIPS, and the CLINICAL and OBSTETRIC CLERKSHIPS.

Third Year's Students. WINTER PRIZES—£20, £15, and £10. MR. GEORGE VAUGHAN'S CHESELDEN MEDAL. THE TREASURER'S GOLD MEDAL. THE GRAINGER TESTIMONIAL PRIZE. THE TWO HOUSE PHYSICIANSHIPS. THE TWO HOUSE SURGEONCIES. THE RESIDENT ACCOUCHEURSHIPS. TWO MEDICAL REGISTRARSHIPS, at a Salary of £40 each, or one at £80, are awarded to 3rd and 4th years' Students, according to merit.

MEDICAL OFFICERS.

Honorary Consulting Physicians.—Dr. Barker and Dr. J. Risden Bennett. Dr. Peacock, Dr. Bristowe, Dr. Clapton, Dr. Murchison, Dr. Barnes, Mr. Le Gros Clark, Mr. Simon, Mr. Sydney Jones, Mr. Croft, Mr. Liebreich, Dr. Stone, Dr. Ord, Dr. John Harley, Dr. Payne, Dr. Gervis, Mr. MacCormac, Mr. Francis Mason, Mr. Hy. Arnott.

Medicine.—Dr. Peacock and Dr. Murchison. *Surgery.*—Mr. Le Gros Clark and Mr. Sydney Jones. *General Pathology.*—Dr. Bristowe. *Physiology and Practical Physiology.*—Dr. Ord and Dr. John Harley. *Descriptive Anatomy.*—Mr. Francis Mason and Mr. W. W. Wagstaffe. *Anatomy in the Dissecting Room.*—Anatomical Lectures—Mr. Rainey and Mr. Wm. Anderson. *Chemistry and Practical Chemistry.*—Dr. A. J. Bernays. *Midwifery.*—Dr. Barnes. *Practical and Manipulative Surgery.*—Mr. Croft and Mr. MacCormac. *Physics and Natural Philosophy.*—Dr. Stone. *Materia Medica.*—Dr. Clapton. *Forensic Medicine and Hygiene.*—Dr. Stone and Dr. Gervis. *Comparative Anatomy.*—Mr. C. Stewart. *Ophthalmic Surgery.*—Mr. Liebreich. *Botany.*—Dr. Wale Hicks. *Dental Surgery.*—Mr. J. W. Elliott. *Demonstrations Morbid Anatomy.*—Dr. Payne. *Mental Diseases.*—Dr. Wm. Rhys Williams. *Geographical Distribution of Diseases in England and Wales.*—Mr. A. Haviland.

R. G. WHITFIELD, Medical Secretary.
T. B. PEACOCK, M.D., DEAN.

For entrance or Prospectuses, and for information relating to Prizes and all other matters, apply to Mr. WHITFIELD, Medical Secretary, The Manor House, St. Thomas's Hospital, Newington, Surrey, S.E.

THE MIDLAND RETREAT

(Near Maryborough, on the Great Southern and Western Railway,)

FOR the RECEPTION and TREATMENT of the INSANE, and of persons suffering from a disturbed state of the Nervous System, under the direction of DR. JACOB, Physician to the Maryborough District Lunatic Asylum (260 patients), Surgeon to the Queen's Co. Infirmary, &c.

THE ESTABLISHMENT consists of separate and commodious residences for the reception of Ladies and Gentlemen. Each situated on extensive grounds, with large, well-enclosed gardens. They are handsome, well-furnished country residences, where the patients enjoy the comforts and indulgences of a private house. Restraint is not, under any circumstances practised, and the closest attention is paid to the medical treatment and general health of the patients.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL.

The WINTER SESSION will commence on MONDAY, 2nd OCTOBER, with an Introductory Address by Dr. John Clarke, at 2 p.m., in the Hospital.

Consulting-Physicians—Dr. Wilson, Dr. Bence Jones, Dr. Pitman
Physicians—Dr. Fuller, Dr. Barclay, Dr. John Ogle, Dr. Wadham
Assistant-Physicians—Dr. Dickinson, Dr. William Ogle.
Physician-Accoucheur—Dr. John Clarke.
Consulting-Surgeons—Mr. Cæsar Hawkins, Mr. Cutler, Mr. Tatum.
Surgeons—Mr. Hewett, Mr. Pollock, Mr. Henry Lee, Mr. Holmes.
Assistant-Surgeons—Mr. Rouse, Mr. Pick.
Ophthalmic Surgeon—Mr. Brudenell Carter.
Orthopædic Surgeon—Mr. Brodhurst.

A Maternity Department and Departments for Ophthalmic and Dental Surgery are arranged in connexion with the Hospital School.

LECTURERS.

Descriptive and Surgical Anatomy—Mr. Rouse.
Physiology and General Anatomy—Dr. Wm. Ogle.
Physiological Histology—Dr. Cavafy.
Chemistry—Dr. Noad, F.R.S.
Physiological Chemistry—
Medicine—Dr. Barclay.
Psychological Medicine—Dr. Blandford.
Surgery—Mr. Holmes.
Ophthalmic Surgery—Mr. Brudenell Carter.
Orthopædic Surgery—Mr. Brodhurst.
Operative Surgery—Mr. Pick.
Pathology and Morbid Anatomy—Dr. Dickinson.
Midwifery—Dr. John Clarke.
Materia Medica—Dr. Dickinson.
Forensic Medicine—Dr. Wadham.
Dental Surgery—Mr. Vasey.
Botany—Mr. Child, F.L.S.
Comparative Anatomy—Dr. Cavafy.

Clinical Lectures by the Physicians and Surgeons every week.

A Medical Tutor is appointed to superintend the studies of the Pupils, and hold periodical examinations.

On payment of one hundred guineas at entrance, a Pupil becomes perpetual to the Hospital Practice and all the Lectures.

Compounders pay forty guineas on admission, forty guineas for the second year, and ten guineas for each subsequent year, until their payments shall have reached one hundred and ten guineas, when they become Perpetual Pupils.

Gentlemen may enter separately to Medical or Surgical Practice, or to any single course of Lectures.

Dental Pupils are admitted on payment of £45.

Special Demonstrations of Skin Diseases and Lectures on Public Health will form part of the course of Lectures on the Practice of Medicine; and Students will be required also to attend the separate courses of Lectures on Pathology and on Psychological Medicine.

In connexion with the Lectures on Surgery, Demonstrations will be given on the Use of the Laryngoscope. A separate course of Lectures on Diseases of the Eye, with Demonstrations of the use of the Ophthalmoscope, will be given, as well as Lectures on Orthopædic Surgery, with Illustrations of Deformities and their Treatment. Attendance on each of these courses will be required of Surgical Pupils.

In the Maternity Department, special Clinical Instruction will be given on Diseases peculiar to Women, and Practical Instruction in Vaccination to those who require certificates of proficiency.

The Appointments of House-Physician and House-Surgeon, which are held for twelve months, are filled up half-yearly from among the Senior Students, according to merit. These Officers now receive their Board and Lodging free, and no payment is made for the Appointment.

Clinical Clerks and Dressers are also Appointed without payment, and provision is made that each Student should have the opportunity of holding these offices during his attendance.

The offices of Obstetric Assistance, Curator of the Museum, Medical and Surgical Registrars, and Demonstrator of Anatomy, with salaries of from £50 to £100 attached to each, are held out for competition annually. The William Brown Exhibition of £40 per annum, tenable for three years, is bestowed after a competitive examination. Clinical Prizes are offered annually by Sir Benjamin Brodie, Dr. Acland, and by the Treasurer of the Hospital. Sir Charles Clarke's "Good Conduct" Prize, the Thompson Medal, and the Johnson Memorial Prize are also to be competed for each year. A general examination of all the Students is held at the end of the Summer Session, and Prizes and Certificates of General Proficiency are given to the most deserving.

Further information may be obtained from Dr. Barclay, the Treasurer, or Dr. Wadham, the Dean of the Medical School, and from any of the Lecturers and Medical Officers of the Hospital.

WESTMORELAND LOCK HOSPITAL.

The BOARD OF GOVERNORS of this Hospital, will, at their Meeting on SATURDAY, the 26th inst., at the hour of One o'clock P.M., proceed to elect a Gentleman, duly qualified to act as

RESIDENT APOTHECARY AND ACCOUCHEUR to the Institution. Salary Seventy-five pounds per annum, with Furnished Apartments, fuel and light, but without any other emoluments or fees whatever.

Applications, enclosing Diplomas and Testimonials, to be addressed to "The Chairman of the Board of Governors," and deposited in the Registrar's Letter-box, on or before Friday evening, 25th inst., and the Candidates are expected to attend before the Board at One o'clock on the following day.

By Order,

JAMES WILSON HUGHES, Registrar.

Board-room, Townsend street, Dublin.
12th August, 1871.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 30, 1871.

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CLINICAL LECTURES

ON THE

DISEASES PECULIAR TO WOMEN.

By LOMBE ATTHILL, M.D. Dub.,

Fellow and Examiner in Midwifery King and Queen's College of Physicians; Obstetric Physician to the Adelaide Hospital, Dublin.

LECTURE X.

Ovarian Disease continued—Effect of on duration of life—Ovariotomy—Statistics of—Tapping of Cyst—Injection of Cyst—Congestion and Inflammation of Ovary.

WE will now assume that after having carefully weighed all the symptoms, you have made up your mind that the case you have been called to see is one of ovarian disease; it still however remains for you to consider what its probable course will be, for on this point hinges your future treatment. The most reliable data from which we can form an estimate as to the probable duration of life in the cases of cystic disease of the ovary, are those supplied from the tables of Mr. Stafford Lee. Of 123 cases tabulated by him, nearly a third died within a year, and rather more than one half within two years, from the date at which the first reliable symptoms of the disease were noticed, a duration hardly longer than that of cancer, while but seventeen lived for nine years or upwards, of these seventeen one survived for fifty years. From these tables we may fairly assume that the duration of life in cases of the disease under consideration is unlikely on an average to exceed three or four years. As a rule you may consider that the chance of life being prolonged is in an inverse ratio to the rapidity of the growth of the tumour, for if this be rapid, the patient will speedily be worn out and die, exhausted no less by the effects of the disease, than by the distress caused by the size of the tumour itself, even should no inter-current attack carry her off after a brief illness.

The simple unilocular form seldom becomes dangerous to life, till the tumour by its great size interferes with respiration and by its pressure impedes the abdominal viscera in the due performance of their functions. When this stage is reached if with the view of relieving the patient's sufferings we have recourse to tapping, we may actually accelerate the fatal termination of the case. The drain on the system caused by the refilling of the sac, increasing the previously existing exhaustion.

The rupture of a cyst is another possible cause of death, this seems to be more likely to happen in the multilocular than in the unilocular tumour, but it certainly is not of very frequent occurrence, in all these cases there is a great proneness to inflammation of the abdominal and even thoracic viscera, and an attack which would in others be of no importance, becomes when supervening in the patient suffering from ovarian dropsy, a very serious matter, and therefore not a few die of disease not directly connected with the original malady, but which is not the less on that account chargable with the result.

The certain and speedy death which in the great majority of cases awaits the sufferer from ovarian disease, has decided surgeons to attempt its cure by the extirpation of the diseased organ, the question then, which in each case has to be decided is, will the patient if left alone, have a fair chance of being one of the fortunate twelve who, out of every 100 may be expected to live for ten years or upwards, or one of the eighty-eight who if not operated on must in a third of that time be consigned to their graves. In deciding on this momentous question we should never for one moment lose sight of the fact that there are but two possible terminations to operations for the extirpation of ovarian tumours, the one being perfect recovery, the other speedy death.

The most important element in the calculation undoubtedly is the rapidity with which the tumour is in

creasing in size, for if this be rapid the case must soon terminate fatally. Thus in Dr. Barton's case the circumference of the abdomen increased four and a half inches in one month, this patient we may say with almost positive certainty, would have died under any circumstances in a very brief period, and therefore the operation was called for, but if the increase be very slow, we should hesitate before sanctioning it. Again the state of the patient's health will materially influence your judgment, if it be good, and *that she* seems to suffer only from the ordinary effects caused by the presence of a large tumour in the abdomen, she will be in the most favourable state for the operation. I am convinced that the state of health frequently accounts for the results which follow its performance. The two cases I am specially calling your attention to exemplify this, neither were unhealthy women, but the one was in a weakly condition and looked delicate, while the other was in very good general health, she as you have just had an opportunity of seeing made a most excellent recovery, while in the former peritonitis supervened and rapidly proved fatal; a difference in result which can only be accounted for by the supposition that the state of this patient's health predisposed to the occurrence of inflammation. The unfavourable termination in this case influenced me in advising that the operation should be performed at once on the other, and that it should not be deferred till the increasing size of the tumour rendered it more urgent, for I believed that the chances of her recovery were greater now than they would be by-and-by when the progress of the disease must have more or less undermined her health. An opinion which I am happy to say the result has verified. If the patient be suffering from any other organic disease, ovariotomy is hardly justifiable, it would however be impossible to lay down an exact rule on this point. The presence of firm and extensive adhesions greatly increase the risk of an unfavourable result; indeed when the adhesions between the surface of the tumour and the surrounding parts are very intimate the operation nearly invariably terminating fatally, but the diagnosis of adhesions is very difficult, I may almost say impossible to make. By grasping the integuments over the most prominent parts of the tumour and raising them up, and by endeavouring by careful manipulation to make them glide over its surface, a fair estimate may be formed as to whether they exist anteriorly or not, but we have no means of ascertaining what may be the condition of the tumour posteriorly, we are therefore necessarily to a great degree in ignorance on this point. The obscure or repeated occurrence of attacks of sharp pain are however of importance, if the patient has not suffered much, extensive adhesions are not likely to be met with, but if paroxysms of pain have been frequently experienced, we may with confidence anticipate that adhesions exist.

The simpler the tumour is, the greater chance there exists of a favourable termination, and the greater amount of solid material the less hopeful is the case, you may take it as an established rule that the further the tumour departs from the true cystic type the more unfavourable the prognosis becomes. I am always unwilling to sanction the operation of ovariotomy where the tumour is evidently nearly altogether solid.

But even under the most favourable circumstances the mortality in cases of ovariotomy is great; in the tables of results appended to the edition of Kiwisch's work "On Diseases of the Ovaries," translated by Mr. Clay, of Birmingham, himself a successful operator, the results of 537 cases are recorded, 212 as successful, and 183 as terminating fatally, which may be considered as implying that fifty-three per cent. recovered and forty-seven per cent. died; but in the large number 142 cases the operation had to be abandoned, either from the adhesions being too intimate to permit of the tumour being removed, from the disease being discovered to be extra ovarian, or from partial excision only having been effected. Of these fifty-five died, and this number must, in order to make the estimate as nearly as possible accurate, be added to the 183 fatal cases already mentioned. We are then to deduct from the 537 recorded cases eighty-seven in which the operation was commenced but not carried out, but who nevertheless survived, this leaves 450 to be accounted for, of these 212 were perfectly successful, 238 terminated fatally, showing that nearly fifty-five per cent. of the cases operated on terminated fatally.

But though I quote these statistics and have analysed them for you, you must not accept them as being a fair index of the results of the operation at the present time for the mortality has steadily decreased during the ten years which have elapsed since these tables were published. The errors in diagnosis are now comparatively few, cases unsuitable for operation are rejected, while it is becoming rare to hear of the operation having to be abandoned. Still making every allowance for improved diagnosis, and for greater care in the selection of cases, I do not think we can hope to raise the percentage of recoveries permanently above sixty-five per cent. I am aware that a higher estimate than this of the success of the operation is made by others. Thus Dr. Graily Hewitt states that the recoveries are now from sixty-five to seventy-five per cent.* perhaps this may be true if errors in diagnosis be omitted, but this I consider it would be wrong to do. I am far from wishing to discourage the operation in suitable cases, and am strongly of opinion that if greater discrimination in selection be used, if the operation be performed earlier and in patients free from symptoms of other diseases, that the results will be still more favourable, nor do I wish to overlook the fact that even if only sixty per cent. of our operations prove successful, we restore to health more than fifty women out of each 100 cases, who would have died in about three years, and this after allowing for the full proportion, who if not treated at all would have lived for a comparatively long period.

I have hitherto spoken only of excision of the diseased ovary an operation which though long known has only been extensively practised within the last few years; but tapping the cyst has been frequently performed both as a palliative measure and also as the first step towards a radical cure. With the former view it is practised whenever the distension of the abdomen is so great as to interfere with respiration. Under such circumstances it is always justifiable, but it is often productive of but very temporary relief, and sometimes only aggravates the patient's condition, for if the cyst falls rapidly again as it generally does, the secretion of such a large quantity of fluid further weakens the already debilitated patient, and moreover tapping is sometimes followed by the rapid growth of other cysts, which seem to have lain indolent previously, their development having been apparently retarded by the pressure exercised on them by the fluid. Inflammation too may supervene and terminate fatally, and lastly bleeding of an alarming character has been known to occur occasioned by the trocar wounding a large vessel. This may take place either into the cyst or into the abdominal cavity, but even where no accident occurs alarming prostration and vomiting have followed on the

* Since this Lecture was delivered, Mr. Spencer Wells read before the Royal Medical and Chirurgical Society, a paper giving the particulars of his fourth series of one hundred cases of ovariotomy. Of 100 cases in which the operation was completed, seventy-eight recovered, twenty-two died, and thirteen other cases in which the operation was commenced but not completed, or exploratory incisions only made, seven recovered, six died. He shows that the mortality after ovariotomy is in his practice steadily diminishing, of his first 100 cases, thirty-four died, of his second 100, twenty-eight died, of his third 100, twenty-three died, of his fourth 100, twenty-two died, in his private practice he has of late lost but fourteen per cent. This is indeed as it was termed by Dr. West "a splendid success," still I cannot but feel that no small portion of this success is due not only to the dexterity of the operator, but to the skill which he has exhibited in selecting suitable, and rejecting unsuitable cases, a dexterity and skill which all cannot hope to attain, and I fear that the average of all the operations undertaken in Great Britain, will still show a considerably higher mortality than that here recorded

evacuation of the cyst and in not a few cases has fatal peritonitis ensued, so that the operation simple as it is, is not free from danger. According to Kiwisch of 130 cases of tapping twenty-two died in a few hours or days, twenty-five more died within six months, and he concludes by stating his conviction that all these 130 patients had their lives shortened by the operation.

There have been cases no doubt recorded in which after tapping the cyst has shrivelled up and a permanent cure resulted, but they have been of such very rare occurrence as to hold out little inducement to us to follow the practice, and indeed I am not inclined to advise you to perform the operation of tapping except when compelled to do so as a palliative measure.

Dr. West advises that the operation of ovariotomy should not be performed till the cyst has been tapped. I cannot however concur with him on this point, but I admit that when the cyst is emptied and during the process of refilling its relations to the surrounding parts can be more readily made out, and also that the presence or absence of adhesions may perhaps be ascertained. Tapping also informs us whether the contents of the cyst be viscid or aqueous, whether the tumour be unilocular or multilocular, and may perhaps enable us to decide what amount of solid matter is present. In obscure cases therefore, it is sometimes advisable to tap for the purpose of aiding us in forming our diagnosis.

When for any reason you decide on tapping an ovarian cyst I recommend you to have your patient in bed, and to let her lie on her right side the abdomen being brought well over the edge of the bed. It is advisable to have a bandage round the patient as is usual in tapping for ascites, which is gradually but not unduly tightened as the cyst is emptied. It is better to use a moderately large trocar. Mr. Clay recommends a curved one. It is usual also to have an India-rubber tube attached to the canula as suggested by Mr. Spencer Wells, through which the fluid escapes into a vessel placed to receive it; should however the contents of the sac be viscid this adds to the difficulty of its escape. If the canula becomes plugged it will be necessary to pass a flexible catheter through it for the purpose of clearing the instrument, a matter sometimes of some difficulty. After a cyst has been emptied a moderately tight bandage should be kept round the abdomen and perfect rest enjoined for some days.

Tapping when performed with the view to a radical cure is only preliminary to injecting the cyst with some stimulating fluid — iodine being that usually preferred —the chief objection to the practice being that it is only suitable to cases in which the cyst is single, for if the tumour be multilocular no benefit is likely to follow. The results are under any circumstances very uncertain, sometimes none whatever have followed, while in others the effects were most marked—prostration, vomiting, and inflammatory symptoms—occasionally resulting in a cure of the disease, but sometimes terminating in death. The operation from its uncertain and sometimes fatal results is now seldom performed. I have not had any personal experience of it.

You must have inferred from what I have said that medical treatment is useless in cases of ovarian dropsy excepting so far as the judicious administration of tonics is concerned, and trust none of you will ever be guilty of the folly, to use no harsher expression, of salivating or blistering any patient you may meet with who is suffering from this disease.

I have hitherto spoken only of cystic disease of the ovaries because it is by far the most common as well as most important form of disease to which these organs are liable, but solid tumours of the ovary are also occasionally though very rarely met with. I have never seen an example of this form of disease. Cancer too may attack these glands. I need hardly add that when this occurs the case is beyond the reach of treatment. In addition to these affections which involve change in structure the ovary may be attacked by inflammation, acute inflammation of the gland is very rare, but chronic inflammation or at least congestion is common enough. To this cause we may probably attribute many of the cases of left-side pain so invariably present in women who are suffering from any form of uterine disease. This pain which is aggravated by pressure or by exercise generally shoots down along the inside of the thigh; in severe cases nausea is sometimes complained of, and even vomiting may be present. The left ovary is the one by far the most frequently engaged; why this should be so, I am quite unable to say, but it is a notable fact which probably you have all observed. Menstruation is occasionally affected, sometimes becoming scanty and attended with pain, but on the other hand I am satisfied that a condition of ovarian irritation short of actual inflammation but in which there is probably a certain amount of congestion present, is a not infrequent cause of menorrhagia. If from the occurrence of the symptoms enumerated you come to the conclusion that inflammation or congestion of the ovary exists, you will best relieve that condition by the application of a few leeches over the seat of the pain, by the exhibition of mild cathartics, and of full doses of the bromides of ammonium and potassium, and subsequently by blistering. We had a good example of chronic inflammation of the ovary in a young woman recently in the medical ward whose prominent symptom was vomiting. I shall have to refer to her case again; at present I can only add that after the application of three or four leeches the vomiting which had been persistent for weeks was temporarily checked.

You must not however suppose that every case of pain in the ovarian region is necessarily due to inflammation; in by far the majority of these cases it is merely sympathetic and is kept up by the existence of some uterine ailment.

Subacute inflammation of the ovary is not of itself likely to be serious, but the constant pain which the patient suffers is very wearing, and exposure to cold or other causes may at any time aggravate it and cause serious symptoms to arise from the inflammation extending to the peritoneum and therefore the affection should never be looked upon as being of no importance.

In many cases of left-side pain depending on ovarian congestion, or irritation, I have found great benefit to follow the inunction twice a day over the affected part, of an ointment composed of equal parts of veratria ointment and of the ointment of the iodide of potassium, to which in some cases I add a smaller proportion of the unguentum cantharidis.

CASE OF ATRESIA VAGINÆ, SUCCESSFULLY OPERATED UPON

By Mr. Baker Brown, F.R..C.S. (Exam.)

(Reported by W. R. O'Connor, House Surgeon.)

M. D., when eleven years old came under the care of Dr. Dowsland, of Weaverthorpe, Yorkshire, suffering from pain in the abdomen and back. In a letter received from this gentleman, he states that he found the vagina entirely occluded, and the uterus distended. Dr. Wright, of Malton, who was consulted about the case, made an unsuccessful attempt to relieve the patient by operating per vaginam. She was then sent to Leeds under the care of the late Mr. T. Teale, and he attempted a similar operation, which was again unsuccessful. She then, at thirteen years of age, became the patient of Mr. Baker Brown, and he punctured the uterus per rectum, relief was afforded, and she menstruated for a few months. The opening closed, and Mr. Brown repeated the operation, and menstruation occurred regularly for five months; the opening again became obliterated, and Mr. Brown again operated, this time the bladder was accidentally punctured. A canula was retained in the rectal opening for eleven weeks, after this operation the patient menstruated regu-

larly for seven years through the vesical and rectal openings. Menstruation ceased for some months, during which time the passage became closed, the menses reappeared and escaped per rectum and per vesicam with great pain, they ceased again, and at their next appearance the openings were too firmly closed to allow of their escape. Mr. Brown received her under his care again in March, 1871, and finding on examination of the parts, an increase in the tissues, determined on trying to make an artificial vagina. On March 30th, in presence of Dr. Routh, Dr. Rogers, Dr. Webb, of Cincinnati, and several other medical men, the patient being under chloroform, Mr. Brown dissected up to the uterus between the bladder and rectum, and punctured it with a trochar and canula, the canula was retained for seven days. An Ellis's drainage tube was then substituted, a sea-tangle tent being at the same time introduced and changed every day, the drainage tube was kept in for twelve days, after this sea-tangle tents were used, the vagina being syringed and the tents changed every other day up to the 2nd of June, when several were introduced together, and the passage dilated to a much greater extent. One of Marion Sims' glass tubes for dilating the vagina was now introduced, and has been worn since. She has menstruated twice lately without pain *per vaginam*.

The undersigned gentlemen examined her on the 20th of July, and state the condition in which they found the part. "There is a capacious vagina about three inches long, and about one and a half inches in diameter, lined by mucous membrane, tapering at inner end conically where the uterus is to be felt, but no positive os can be detected, though there must be a fistulous opening to it as she menstruates from it regularly and without pain."

(Signed) C. H. J. Routh.
James Edmunds.
John F. Morse,
of San Francisco.

THE PHARMACEUTICAL CONFERENCE.

President—Mr. W. W. Stoddart.

The Conference was held this year at Edinburgh, during the meeting of the British Association for the Advancement of Science, of which we have given a full report.

The President opened the proceedings with an

Inaugural Address,

in which he passed in review some of the most important announcements of the past year in reference to chemistry and pharmacy.

In the course of the address he said :—

Oxygen, in its ordinary condition, and without the aid of moisture and heat, could not destroy the pestilent gases and organisms that abound in our crowded streets and courts ; but, in its allotropic form, no sooner does it come in contact with the deadly impurities from our lungs and skin, or the emanations arising from our unnatural mode of living, than it immediately attacks the evil by destroying its very constitution, and prevents its poisonous influence on our health and comfort.

Can it be right, therefore, that so many of us should be from day to day in the midst of the various ozone-producing agents and recommending their use, and yet all the while not caring to know the why and wherefore of their friendly reactions ?

Perhaps of all the discoveries which modern chemistry has introduced, the most marvellous are the methods of analysis and synthesis of the organic bases.

Who could have supposed that there was the least relationship between two such dissimilar bodies as cinchona bark and gas tar ; nay, more, that they should give rise to the same substance ? Yet so it seems to be.

When either morphia or codeia is treated with hydrochloric acid under pressure, an entirely new base is produced, called by its discoverer apomorphia ($C_{17}H_{17}NO_2$), and although it only chemically differs from morphia by the abstraction of the elements of water, it has the most opposite properties.

$$\underset{\text{Morphia.}}{C_{17}H_{19}NO_3} - H_2O = \underset{\text{Apomorphia.}}{C_{17}H_{17}NO_2}$$

Apomorphia is remarkable for its powerful emetic qualities and unstable nature. The chloride, which is the salt most commonly used, is white and crystalline. Its freedom from all irritant properties renders it a valuable hypodermic agent. Only one-fifth of a grain by the mouth or one-tenth by subcutaneous injection acts with greater rapidity than any other emetic ; indeed, it is the only one capable of being administered hypodermically.

When codeia is acted upon under pressure by an excess of hydrochloric acid, a new base is separated, which the discoverers, Messrs. Matthiessen and Wright, called chlorocodide ($C_{18}H_{20}NO_2$).

$$\underset{\text{Codeia.}}{C_{18}H_{21}NO_3} + HCl = \underset{\text{Chlorocodide.}}{C_{18}H_{20}NO_2} + H_2O.$$

A further re-action then takes place, and the chlorocodide splits up into methyl chloride and apomorphia.

$$\underset{\text{Chlorocodide.}}{C_{18}H_{20}NO_2} = \underset{\text{Methyl Chloride.}}{CH_3Cl} + \underset{\text{Apormorphia.}}{C_{17}H_{17}NO_2}.$$

So that the curious fact appeared that codeia only differs from morphia by containing one equivalent more of methyl. Although, however, they obtained apomorphia from codeia they were unable to reconvert apomorphia into morphia, and thus form morphia directly from codeia.

Dr. Hugo Schiff, of Florence, has announced that he has succeeded in artificially producing conia, the active principle in *Conium maculatum*. He says that when butyraldehyd is acted upon by alcoholic ammonia, dibutyraldin is formed.

$$\underset{\text{Butyraldehyd.}}{(2\,C_4H_8O)} + NH_3 - H_2O = \underset{\text{Dibutyraldin.}}{C_8H_{17}NO}.$$

By the dry distillation of the latter, conia, among other products, is eliminated, and may at once be recognised by its peculiar odour.

$$\underset{\text{Dibutyraldin.}}{C_8H_{17}NO} = \underset{\text{Conia.}}{C_8H_{15}N} + H_2O.$$

The President alluded to the new cinchona alkaloid discovered by Mr. Howard, the properties of chloral, the anæsthetics, the fluorescence of oil of peppermint, the chemistry of ammonium carbonate, Dr. Attfield's proposal for an improved nomenclature, and to the year's work.

After some business was disposed of, the reading of papers was proceeded with.

Among the papers read were :—"On Oxidation Products of Essential Oil of Orange-peel," by Dr. Wright. "A Report on Chloral," by Mr. Mason. "A paper on Chloral," by Mr. H. Muir. "A paper on *Rhamnus frangula*," by Mr. H. C. Baildon. "The Compound Iron Mixture of the Pharmacopœia," by Mr. A. E. Staples. "Report on the Permanganate of Potassium of Pharmacy," by Professor Allen. "Blistering Flies in Hydrophobia," by Mr. Groves. "The Crystalline Principles in Aloes," by Professor Fluckiger. "Notes on Aloes, with reference chiefly to the Cathartic Qualities of Aloin," by Messrs. T. and H. Smith, Duke street, Edinburgh. "On Linseed and Linseed Meal," by Mr. Thomas Greenish, F.C.S. "The Tincture Press," by Mr. C. A. Staples. "The Wild Rue—*Semen harmalæ*," by Professor Fluckiger ; and "Method of obtaining Distilled Water economically," by Mr. Staples.

Professor Wright then read the following paper :—

New Derivatives from Codeia.

by charles r. a. wright, d.sc.,
Lecturer on Chemistry in St. Mary's Hospital Medical School.

By the action of hydrobromic acid (48 per cent. HBr) on codeia at 100°F., there is produced firstly a base containing the elements of codeia, where OH is replaced by Br ; and by a further action to other bases, one containing one atom

of oxygen less than codeia, the other having the composition of four molecules of codeia coalesced together, one of the 84 hydrogen atoms in the product being replaced by Br.

Codeia	$C_{18}H_{21}NO^3$
Bromocodeide . . .	$C_{18}H_{20}Br\,N\,O_2$
Deoxycodeia . . .	$C_{18}H_{21}NO_2$
Bromotetracodeia . .	$C_{72}H_{83}BrN_4O_{12}$

The last base is almost insoluble in ether, whereby it can be separated from the other two, which are readily soluble in that menstruum.

The further action of hydrobromic acid on the above bodies gives rise to the substitution of H for C H3 in them, the following substances being obtainable by this means :—

Deoxymorphia	$C_{17}H_{19}NO_2$
Bromo-dicodeia-dimorphia .	$C_{70}H_{79}BrN_4O_{12}$
Bromotetramorphia. . . .	$C_{68}H_{75}BrN_4O_{12}$

When treated with strong hydrochloric acid at the ordinary temperature, the bromine in the tetra-bases described above is replaced by chlorine. Thus, the following bodies have been analysed (*i.e.*, their salts) :—

Chlorotetracodeia	$C_{72}H_{83}ClN_4O_{12}$
Chloro-dicodeia-dimorphia .	$C_{70}H_{79}ClN_4O_{12}$
Chlorotetramorphia. . . .	$C_{68}H_{75}ClN_4O_{12}$

The physiological action of the above bodies does not appear to be very marked. Dr. Michael Foster finds that the above bodies produce in cats a peculiar excitement of the nervous system and paralysis of inhibitory fibres of the pneumogastric. Deoxycodeia and deoxymorphia salts produce also convulsions of an epileptic character. In case these properties should ever cause the substances to be used in medicine, probably a pill would be the most convenient form of exhibition as the sparing solubility of their salts in water, and the comparatively large dose requisite, would preclude the use of hypodermic injections.

On treating codeia with hydriodic acid (55 per cent. HI) and a sufficiency of phosphorus, methyl iodide is evolved, and a series of products obtained which much resemble one another in physical character, being amorphous, brittle or tarry bodies. If the action takes place at 100°, 110°–115°, or at higher temperatures up to 130°, the following three substances appear to be produced : —

I. $C_{68}H_{86}I_2N_4O_{12},4HI$	at 100°
II. $C_{68}H_{82}I_2N_4O_{10},4HI$	at 110°–115°
III. $C_{68}H_{82}I_2N_4O\ 6,4HI$	up to 130°

On boiling up with water, these bodies part with the elements of hydriodic acid, and either lose or take up those of water. Thus, the following substances have been procured :—

IV. $C_{68}H_{81}IN_4O_{10},4HI$ . .	from II.
V. $C_{68}H_{80}N_4O_{10},4HI$ . .	from both I and II.
VI. $C_{68}H_{88}N_4O_{10},4HI$ . .	from III.

A similar reaction also appears to take place by precipitating the solutions of I., II., III., with sodium carbonate ; in this way the free bases of the compounds IV. and V. have been obtained from I.

Lastly, on treating with hydriodic acid the compounds IV., V., VI., the elements of hydriodic acid and water are taken up, forming compounds not losing the added water even by long-continued exposure to a temperature of 100°. Thus—

VII. $C_{68}H_{107}I_3N_4O_{22},4HI$.	from both IV. and V.
VIII. $C_{68}H_{89}IN_4O_{10},4HI$.	from VI.

While, on treating I. with hydriodic and phosphorus, the following compound (containing the elements of hydriodic acid and water more than III.) was produced :—

IX. $C_{68}H_{103}I_3N_4O_{16},4HI.$

The physiological action of the foregoing compounds has not yet been examined particularly, but it does not appear to be marked, no ill effects having been observed while working with the bodies. Names have not yet been given to these substances, owing to their complexity.

The codeia used in the experiments briefly described above formed part of a large supply exceeding twenty ounces, most liberally presented for the purpose by the eminent manufacturing chemists, Messrs. Macfarlane, of Edinburgh.

The President said that the subject had been very clearly explained by Professor Wright, and he considered it was a paper well worthy of being read at the Conference.

Mr. Brady said he would like to make one remark about Professor Wright's paper, not that he was going to discuss any point, but as it bore on a little experience he had had, it came with a peculiar force in Edinburgh, which was very much the seat of the morphia manufacture, but it was not so much that as the liberality of the manufacturers of the morphia alkaloids in helping scientific men with materials. Some years ago, when Mr. Deane and himself were making experiments in the morphia alkaloids, in an experimental sense, Messrs. T. and H. Smith and Messrs. Macfarlane assisted them by furnishing materials ; and he could not sit there without testifying to their extreme kindness, not in matters of business only, but also to their interest in scientific research.

Professor Wright said that Mr. Brady had called to his mind what he ought to have mentioned before, though it would be seen that it had not been overlooked in his paper. He most sincerely returned thanks to the Messrs. Macfarlane, not only for a supply of codeia, but many other alkaloids. The codeia given by Messrs. Macfarlane weighed upwards of twenty ounces.

THE THIRTY-NINTH ANNUAL MEETING

OF THE

BRITISH MEDICAL ASSOCIATION,

Held at Plymouth, August 8th, 9th, 10th, and 11th, 1871.

President : John Whipple, Esq., F.R.C.S.

Dr. Julius Althaus read a paper "On Paralysis of the Bladder, and its Treatment by the Constant Galvanic Current." After referring to some important researches on the physiology of micturition lately made by Professor Budge, of Griefswald, he entered into the pathology of paralysis of the bladder. He eliminates from this affection all cases of mere atony of the viscus from over-distension owing to organic obstructions, such as stricture of the urethra and hypertrophied prostate, and other causes ; and likewise all cases of incontinence of the urine which is generally ascribed to paralysis of the sphincter vesicæ. Real paralysis of the bladder is, according to Dr. Althaus, only observed (*a*) when the conduction of nervous influence from the pedunculus cerebri to the bladder is interrupted ; (*b*) when the lower part of the lumbar portion of the spinal cord is diseased ; and (*c*) when the normal excitability of the motor or sentient nerves of the bladder is pathologically altered without any central affection being present ; most cases of this latter class being of the kind termed reflex or inhibitory paralysis. After reviewing the treatment generally adopted for this condition, the author expresses his opinion that, both in efficacy and quickness of action, the constant galvanic current properly applied is superior to all other remedies which are used for this affection. He then describes the best mode of applying the current in such cases, and winds up by relating three cases illustrative of the different varieties of the complaint. One of these was owing to syphilitic disease of the pedunculus cerebri ; another occurred in a hysterical patient ; and the third arose from disease of the lumbar cord. In all these cases the paralysed bladder recovered rapidly under the influence of the constant galvanic current.

Mr. Furneaux Jordan read a paper "On the Extension of Inflammation from the Epididymis to the Urethra." Inflammation of the prostatic urethra from any cause (injuries, operations, foreign bodies, urinary obstructions, or adjacent inflammations), may, he said, extend to the epididymis. It would be an original discovery to find any variety of prostatic inflammation which might not run by continuity along the submucous connective tissue of the vas deferens. He was not aware that anyone had observed the converse of this. He had recently watched a case in which inflammation unmistakably travelled from the epididymis to the urethra. A married man, free from disease and the history of disease, suffered from the effects of a severe blow on the scrotum. On the subsidence of scrotal swelling, the left epididymis was found to be enlarged, painful, and tender. The next day the adjacent

portion of the vas deferens was tender, and swollen to the size of a goose's quill to near the inguinal ring. The following day the swelling of the cord extended into the ring. A few days later a slight urethral discharge appeared, and all the symptoms of a mild urethritis. Mr. Jordan believed any new fact to be of value which would help to explain urethral discharges.

Dr. VICTOR JAGIELSKI read a paper "On Cow's Milk Koumiss." He said that koumiss is a pure animal milk in a state of fermentation. In its composition it combines all the requirements of a wholesome nutrition of the human body; while certain products of the fermentation add to it important therapeutic properties. All animal milks are convertible into koumiss, and the general qualitative composition of the products is the same for all. In all, the act of fermentation sets free the casein, albumen, and butter in a highly attenuated form, and developes alcohol and carbonic and lactic acids, together, according to Morfit, with certain fragrant volatile compounds. Once started, it continues until all the lactose of the milk has been transformed, and this transmutation is more rapid in proportion to the rise in the temperature of the air. Dr. Jagielski distinguishes the three gradations thus formed, according to their respective physiological effects; but though each may have a specific application, the general properties are retained by all. No. 1. This is the freshly made koumiss, with the minimum of the products of fermentation. In three or five days it becomes—No. 2, which is more acidulous than sweet, and so sparkling that it requires to be drawn from the bottle through a tap. In ten to fifteen days it has changed into—No. 3, when the fermentation is more developed than in No. 2, and extends to the maximum with time. Consequently the taste is acid, and the koumiss rushes through the tap as a rich, creamy, foaming liquor. After quoting many distinguished European and American authorities in its favour, the author noted some of the favouable results of his own professional experience with the use of koumiss in cases of constipation, impaired digestion, debility, chronic bronchitis, consumption, diarrhœa, in the adynamic stage of febrile diseases, after confinements, operations, in diabetes, &c. In conclusion he urged a thorough trial of it in both hospital and private practice, believing that, though it is not a specific for any disease, it merits the most serious consideration as a most benign medicinal agent.

Dr. PROTHEROE SMITH read a paper on "A Successful Method of Treating certain Cases of Dysmenorrhœa and Sterility." After giving the pathology of obstructive dysmenorrhœa, with the usual mode of treatment, he called attention to that of dilatation by bougies, suggested by Dr. Mackintosh, and the modification of it by Sir James Simpson, and his operation of incision of the cervix by the hysterotome. Dr. Protheroe Smith's experience having suggested a doubt of the advantage of this practice. To overcome the stricture of the os internum, Dr. P. Smith uses extension force by means of his uterine dilator. And to restore the os tincæ to its natural form, per speculum, he incises it laterally at the commissures of the labia.

Dr. SWAYNE read a paper "On the Treatment of Hæmorrhage arising from the Retention of the Secundines after Abortion." Treating chiefly of abortions in the third, fourth, and fifth months, he pointed out their dangers from special liability to retention of the secundines, and consequent hæmorrhage and septicæmia. Obstetric authorities were divided as to treatment, some favouring an expectant plan, with the use of plugging, ergot, styptics, and disinfectants to obviate hæmorrhage and septicæmia, and others advocating manual interference. He remarked that the plug might sometimes cause an accumulation of blood in the uterine cavity, and showed a pad for preventing this, by making pressure on the fundus uteri. He pointed out the risks of intra-uterine injections, when a large amount of fluid is thrown up with too much force. After remarking that the weight of obstetric evidence in the present day is in favour of manual interference, he stated his concurrence in this view; but that he preferred, instead of using the hand for removing the placenta, to employ an ovum forceps, so modified as to act both as a dilator and an extractor.

Dr. THOS. UNDERHILL read a paper "On the Treatment of certain Cases of Placenta Prævia, and of Post-partum Hæmorrhage." The author was opposed to the maxim so strictly enforced by most authorities, that in cases of "unavoidable" hæmorrhage delivery should not be attempted whilst the patient is in a state of syncope. During that condition the hæmorrhage ceases, the patient is in a state of anæsthesia, and the soft parts are relaxed—these being three desiderata for the safe and speedy performance of podalic version. By waiting until the circulation is re-established, and consciousness restored, there will be most probably a recurrence of the hæmorrhage, and the patient will have the dread of a formidable operation. Cases were given in support of the practice suggested. In the second part of his paper, Dr. Underhill advocated the view that in cases of post-partum hæmorrhage, should syncope supervene, it was more prudent to remain passive for a time than to resort to hasty measures to restore consciousness. He based his argument upon the fact that, during syncope, the circulation being either languid or altogether suspended, coagula would be more likely to form and occlude the patulous orifices of the vessels than when subjected to the artificial impetus.

Mr. LUND (of Manchester) read a paper "On Antisepticity Surgery." It was argued by the author that antisepticity might be brought about by any means through which the excreta of wounds were protected from putrefactive change, and the surfaces on which they rest preserved from contact with the irritating chemical products thus elaborated. In recent wounds the strict observance of antisepticity saves much constitutional distress, tends to keep the tissues from loss of substance by sloughing ulceration, and the patient's strength by needless suppuration. But in healing-wounds it was admitted that greater time will be often required to complete a perfect cicatrix, although this, when formed, will be more pliable and natural than under other modes of treatment. The claims of many antiseptics were considered, but preference was given to carbolic acid in very weak solution, or in that form of composition which Professor Lister has described as his carbolised muslin, a modification of the antiseptic cere-cloth first proposed by Mr. Lund at the meeting of the Association at Leeds in 1869.

Mr. THOMAS LITTLETON read a paper "On the Effects of Submarine Descent of Man, and the Limits to his Capability," containing a comparative consideration of the anatomy of the whale, and an estimate of the probability of man's capability, from a physical point of view, to compete with the whale in diving, as he has successfully with the eagle in balloon ascent.

Dr. MERRYFIELD read a paper "On the Meteorology and Climate of Plymouth." In which he spoke of—1. Distinction between weather and climate. 2. Mean temperature, how found. 3. Hottest and coldest months of the year, time of day of maximum heat, &c. 4. Humidity, as obtained from the hygrometer; uses of wet and dry bulb readings in producing an artificial climate for invalids. 5. Effects of Gulf Stream on S.W. coast. 6. Ranges of temperature. 7. Atmospheric pressure. 8. Prevailing winds. 9. Rainfall; extremes and droughts. 10. Ozone; storms, electrical and atmospheric. 11. Conclusions.

Mr. W. J. SQUARE read a paper "On Loose Cartilages in the Knee-joint, and their removal by Subcutaneous Incision." The first part of the paper contains remarks on the dangers of valvular and direct incision for the removal of loose cartilages from the knee-joint, and a reference to a few cases illustrative of these dangers; next a record of twenty-four consecutive and unselected cases of removal of loose cartilages by subcutaneous incision, without anxiety, let or hindrance; an appeal to the profession to adopt the operation; and lastly, a few remarks on the varieties of loose cartilage, their structure, and origin, illustrated by a series of preparations.

Mr. W. J. SQUARE also read a paper "On the Influence of Nerves in the Repair of Fractures." The paper is founded on a case of simultaneous fracture of the spine, ulna, and femur. The patient survived three weeks. As the fractures were placed under precisely similar circumstances, the difference between the two (femur and ulna) was presumed to be due to the abstraction or otherwise of the influence of nervous centres.

DR. GEORGE JOHNSON read a paper "On Cholera," in which he maintained that during collapse there is impeded circulation through the lungs, caused by contraction of the minute pulmonary arteries; just as in the arrest of circulation which occurs in acute apnœa. He proceeded to assert that: In the treatment of cholera and choleraic diarrhœa, which is, in fact, cholera in a mild form, the main principle to bear in mind is, that the discharges are as essentially curative as is the eruption of small-pox. The discharges are not to be abruptly stopped by opiates. Experience has abundantly proved that this is a pernicious practice. Neither are they to be permitted to accumulate in the alimentary canal. There is one remedy which is almost universally applicable in all forms

and stages of the disease, and that is an abundant supply of cold water to flush the intestinal sewer, and to wash out the poisonous discharges. A copious imbibition of pure cold water will suffice for the cure of most curable cases. Palpation and percussion of the abdomen reveal the fact that there occurs not unfrequently a painful and sometimes a paralysing over-distension of the bowel by rapidly effused morbid secretion. This, if not promptly relieved, may even go to the extent of causing a fatal obstruction. More especially is this likely to happen when the sensibility of the bowel has been deadened by opium. The plan to prevent and to remove this accumulation is to give some quickly acting yet unirritating evacuant dose. For this purpose, castor-oil is, on the whole, better suited than any other remedy. The objection sometimes raised—that all remedies must be useless, because none are absorbed—obviously does nor apply to such a remedy as castor-oil, which, by its merely local action upon the mucous surface, stimulates the bowel to expel its contents. Experience has amply proved the success of the treatment in this and kindred clases of cases. The time to give opium, if at all, is in small doses to soothe the bowel after the expulsion of the poisonous secretions. Opiates are useless, and even dangerous, when the blood is poisoned, or when the bowel contains offensive morbid secretions. Opiates in the early stages of diarrhœa and cholera would be more frequently and decidedly injurious, were it not for the fact that their absorption is prevented by the rapid current of liquid which is being poured from the blood into the alimentary canal; therefore they are quickly expelled, together with the morbid secretions, and they are powerless to arrest the discharges.

Dr. Robert Martin, of Manchester, read a paper intended to show that intemperance is a powerful predisposing cause of cholera. Indigence, overcrowding and filth, are often caused by intemperance, which is, therefore, responsible for outbreaks of disease; but, in addition, Dr. Martin thinks that the poisonous effects of alcoholic liquors directly favour the development of zymotic agents. During the cholera-visitation of 1832, the nurses in the Manchester Cholera Hospital were at first allowed to go home each day at certain intervals. This arrangement gave them the benefit of a certain amount of out-door exercise and change of atmosphere, as well as relieved the tedium of their duties; the mortality, however, amongst them was so great that it was feared that the supply would fail. It was discovered that, with the idea of protecting themselves against the disease, they indulged freely in liquors; they were therefore confined to the hospital, and debarred from obtaining more than a small allowance of alcoholic drink, after which not a single fresh case occurred amongst them. Here we see that, notwithstanding far less favourable hygienic conditions, there was an immunity from cholera attacks when there was a greatly diminished consumption of alcohol. The experience of Dr. French as Medical Officer of Health for Liverpool, was cited in support of this view, and Dr. Martin urged that in taking means for preventing the advent or spread of cholera, the utmost efforts should be used by the authorities for limiting the facilities for procuring intoxicating liquors. When an attack is impending, intemperance ought to be most stringently dealt with. The drunkard is a source of the greatest danger to himself and to the community. The utmost efforts of the authorities, and the most lavish expenditure of funds, may be neutralised by the reckless conduct of a few intemperate persons. Every means ought therefore to be taken in order to prevent drunkenness, and incentives to intemperance should be as far as possible suppressed.

Dr. Aveling read a paper on

THE VALUE OF ARSENIC IN MENORRHAGIA AND LEUCORRHŒA.

Its use in some uterine affections was pointed out by Dr. H. Hunt in 1838, but had not received sufficient attention from gynæcologists. Dr. Aveling had been administering it for twelve years in cases of menorrhagia with marked success. Besides the improvement which it effected upon nutrition, respiration, and secretion, he believed it to possess a powerful decongestive action upon all mucous membranes. In all disorders of the uterus having a hyperæmic origin, he confidently recommended the use of arsenic. He administered small doses either in solution or granules, increasing them from time to time, and continuing them for weeks or months, as the necessities of the case might require.

Dr. J. Hughlings Jackson read a paper on

TUMOUR OF THE MIDDLE LOBE OF THE CEREBELLUM.

This case was observed in the London Hospital by the author and by Mr. Stephen Mackenzie. There was found, on *post-mortem* examination, a tumour of the middle lobe of the cerebellum, which had pressed on the corpora quadrigemina and on the veins of Galen. There was also a small tumour of the right corpus albicans. Much fluid was found in the cerebral ventricles, and the horns of the lateral ventricles were greatly dilated. The chief symptoms during life were—(1) enlargement of the head, (2) double optic neuritis, and (3) reeling gait, followed by permanent rigidity of the legs and paroxysms of convulsions somewhat like those of tetanus. These seizures, the author supposed, furnish some evidence in support of the view that the changes in tetanus are in the cerebellum. The author referred to cases of a like kind, and particularly to one by Dr. Gull and to one by Mr. Warren Tay, in which a like diagnosis had been made.

Dr. J. F. Payne read a paper

ON THE NERVOUS ORIGIN OF CERTAIN CUTANEOUS AFFECTIONS.

Certain affections of the skin were more or less generally acknowledged to be governed in their distribution by the distribution of nervous structures, and were therefore presumably due to some abnormal nervous activity. Among these were more especially noticeable herpes, or herpes zoster, and that peculiar local induration of the skin called morphœa. In a case of each of these complaints, described in the paper, the cutaneous manifestations were associated with affection of the motor part of the nervous apparatus. In a case of herpes in a child, affecting the right lower extremity, and corresponding to the superficial branches of the anterior crural nerve, the appearance of the eruption was preceded for three days by temporary hemiplegia of the same side. The other case was that of a child suffering from hemiplegia, with some permanent contraction and occasional spasmodic movements of both the upper and lower limb, and in whom part of the skin of the face of the same side was affected with local scleroderma or morphœa. The skin of this part was hard and white, neither raised or depressed; and the alteration was thought to be confined to those parts of the integument supplied by the superficial branches of part of the fifth cranial nerve. In both these cases the peripheral nervous affection giving rise to the skin disease appeared to be dependent on some morbid condition—in the one case temporary, in the other chronic, of the nervous centres; and that this explanation might be applicable to other cases.

Dr. Arthur Ransome read a paper on

THE RESPIRATORY MOVEMENTS IN MAN.

The paper recorded observations made with Dr. Burdon Sanderson's stetho-cardiagraph as to the order of movement of the ribs in ordinary and forced breathing in males and females; and also measurements of the movements of different points in the chest wall, made simultaneously in three planes by means of the author's stetho-metrometer constructed for the purpose. From these measurements conclusions were drawn as to the mode in which the several movements were produced, and variations in the extent of movement in different directions were pointed out in the two sexes at different ages, and in different positions. The influence of various muscular power was shown, and the variety produced by different diseases, especially phthisis, pleurisy, and emphysema.

Mr. Charles Steele, F.R.C.S., related a

CASE OF EXCISION OF THE SCAPULA.

Charles Bees, æt. eight, was admitted on April 14th into the Bristol Royal Infirmary, on account of a large swelling upon the right scapula, which had been forming only six weeks, and had enlarged very rapidly during the last fortnight. The tumour covered the whole surface of the scapula except the inferior angle, and encroached over the upper border towards the clavicle; it was firmly adherent to the scapula, most prominent over the spine, and had a highly elastic and, in parts, fluctuating feeling. The child had fallen off in flesh slightly, and looked rather delicate. Mr. Steele made an exploratory incision, and removed a minute portion of the substance, which on microscopic examination showed large, almost square, cells filled with secondary cells. Extirpation of the scapula was decided upon; and, on the 18th, after making a free incision down to the bone through the tumour to confirm diagnosis, Mr. Steele made a free elliptical incision from the upper border to the inferior angle, carefully surrounding the first incision, so as to avoid infiltration. He then slipped the inferior angle of the scapula from under the latissimus dorsi,

divided the muscles attached to the posterior and anterior borders, freed the subscapularis muscle from its surroundings, divided all connections of the clavicle and humerus close to those bones, and, by very delicate dissection, cleared the projections of the tumour from their close proximity to the subclavian vessels, &c., The suprascapular, posterior scapular, and subscapular arteries, and one muscular branch, were secured. The forearm was supported across the chest, and a compress of wool applied over the excavated cavity. The tumour had evidently sprung from the bone ; it covered its dorsum, infiltrated its tissue, formed a large firm projection on the venter, and had stretched the supraspinatus, infraspinatus and subscapularis muscles as a capsule enclosing it. Recovery steadily progressed till the seventh week ; the wound was then nearly healed, the child ate well, had gained in flesh, was able to be up all day and go into the garden and looked well. Two nodules of encephaloid now recurred, and were removed entire, the intercostal muscles being cleaned in doing so. Ten days afterwards, a fresh nodule formed near the spine ; and the granulating surface of the wound became so infiltrated that all hope of further removal had to be abandoned. It was some satisfaction to notice that all recurrence of disease was in the lower part and towards the spine. Mr. Steele remarked that this case showed clearly two points : first, that the operation was well borne by the system, and recovered from ; and, secondly, that even before cicatrisation was complete, a surprising amount of movement existed in the arm. The hand and forearm could be freely used, and the arm drawn well forwards, also extended from the side, and even drawn backwards by the latissimus dorsi muscle. This showed that, had disease not returned, a very useful limb would have resulted.

Dr. Rawdon Macnamara read an interesting paper on

THE TREATMENT OF ANEURISM BY COMPRESSION.

Dr. Macnamara's great object was to exhibit the instruments used by Irish surgeons. He thought that compression by instruments was the best, as it could be placed directly on the artery, and the force regulated. Constant pressure was obtained by instruments ; whereas, if digital compression were relied upon, there must be occasional cessations of pressure by the students. He knew that if the pressure of more than nine pounds were required to stop the pulsation, the patient must be reduced.

Mr. William MacCormac, F.R.C.S., read some

NOTES ON AMBULANCES.

Mr. MacCormac explained that he was called upon to undertake the charge and treatment of upwards of one thousand cases of gunshot wound within the space of twenty-four hours. The operations were chiefly excision of the shoulder and elbow, including the hip and shoulder joints ; and the result showed the impracticability of following the wholesale lessons of that conservative surgery practised in British hospitals. He endorsed the importance of primary rather than secondary amputations, and was sorry that in Plymouth, where Mr. W. P. Swain had earned a high reputation for his work on "Excision of the Knee-joint," he could say nothing in favour of this operation. In gun-shot wounds received in action, it was wholly inapplicable. A very distinguished German surgeon performed it thirty-six times ; thirty-five of the patients died soon, and the thirty-sixth required amputation of the thigh.

Mr. Berkeley Hill described

A NEW STRICTURE-DILATOR.

The instrument was described as operating on the principle of Perrève's, Holt's and Richardson's. The two halves of a split sound, equal when in juxtaposition to the calibre of a No. 2 or No. 3 catheter, could be separated by thrusting between them a segment of a cone fixed to a slender stem, until they occupied a space equal to a No. 12 catheter. The dilation might be carried on to No. 14 or No. 16 of Weiss's scale. The advantages said to be possessed by the instrument were, simplicity and cheapness of construction ; absence of necessity for a central guide ; and diminution of resistance.

Dr. Wm. R. E. Smart, C.B., Inspector-General Royal Navy, read a paper

ON INJURIES OF THE AXILLARY ARTERY OCCURRING IN ARTILLERY PRACTICE.

Three cases of injury of the axillary artery resulting in gangrene, caused by violent throwing back of the upper extremity when explosions take place in the act of loading cannon, were cited to show that this peculiar injury occurred when the explosive force had not been of the highest degree. Dr. Smart had never known an injury to occur at the shoulder where the hand had been blown away. The proper treatment at the seat of vascular injury was, by cold or other means, to ensure early coagulation and fibrination of the clot, which happened successfully in two of the cases cited, and not to delay amputation at the middle of the upper arm as soon as gangrene had begun at the fingers.

Dr. T. E. Beatty related a case of

FIBRO-CYSTIC DISEASE OF THE UTERUS,

and showed a recent specimen which exhibited the mode of formation and growth of this important complication of fibroid disease. The case had been tapped three times, and dark-coloured albuminous fluid had been removed by the *aspirateur* at each operation. When Dr. Beatty saw the patient, which was a week before her death, he found the abdomen occupied by an uniform tumour, very much resembling a gravid uterus, at the eighth month of pregnancy, in size and shape. On pressing deeply, distinct fluctuation could be felt, and the walls of the cavity gave the impression of being thicker and more fleshy than those found in ovarian dropsy. The uterus, when examined by the finger and sound, appeared healthy, and of the normal size ; but it was fixed in its position, and could not be moved. Dr. Beatty declared his opinion that the case was one of fibro-cystic disease of the uterus. The third tapping was performed after this, and the woman died of peritonitis in a few days. A *post-mortem* examination had verified the opinion that had been given. A case of removal of a large fibroid from the fundus of the uterus by operation, by Mr. Spencer Wells, in which the woman recovered, was mentioned, and Dr. Beatty said that a similar operation, if performed upon the subject of the case just detailed, might have been followed by success ; but no one could have foretold the smallness of the connection between the tumour and the uterus during life.

Dr. R. W. Chichton read a paper on

THE VALUE OF THE SULPHATE OF IRON AS A LOCAL APPLICATION IN PHLEGMASIA DOLENS.

This method of treatment was first adopted by the author many years ago, from the great success reported by Velpeau from its use locally in erysipelas. It had been employed exclusively in that form of phlegmasia dolens commencing at the calf of the leg and extending upwards to the groin, where the veins are chiefly involved. It had been applied as a lotion (twenty or thirty grains to one ounce of water), as hot as the patient could comfortably bear it, generally by means of spongio-piline. All the cases so treated had made good and rapid recoveries, contrasting favourably with cases formerly treated by leeching and hot fomentations. Muriated tincture of iron was, at the same time, given in large doses. The same method of treatment was suggested in other cases of phlebitis. The action of these remedies was referred to their power of controlling vascular dilatation, and also to their antiseptic powers.

Dr. T. E. Beatty read a paper on

THE RADICAL CURE OF RETROFLEXION OF THE UTERUS.

The object of the paper was to show that a vaginal pessary might give relief by supporting the entire uterus ; but that it could not effect the restoration of the natural shape of the organ by obliterating the vicious bend which it had acquired. That could only be secured by straightening the uterus by means of the sound, and keeping it straight by a stem passed into its cavity, and retained there by some means that would not confine the uterus in a fixed position, but would leave it free to move in pelvis according to position of the patient or the extent to which the rectum or bladder were distended.

Professor Lister, F.R.S., delivered the Address on Surgery, and took for his subject

THE ANTISEPTIC SYSTEM OF TREATMENT OF DISEASE.

A system of which he is the greatest and most able of living champions. He defined its theory very fully, quoted the opinions, and mentioned many of the experienced modes, including those of Porteus, which are familiar to most of us, in favour of its advantages. Professor Lister dwelt for a considerable period of time on the great beauty and many scientific advantages derivable from Professor Tyndall's recent experiments, passed in review most of the well-known substances employed in the antiseptic treatment of disease, and their action, as employed by himself. He earnestly besought the portion of his audience engaged in surgical practice to give the facts narrated by him their careful consideration ; "and if you think," says Professor Lister, "that the interpretation I have given a sound one, do not let any statements—whether in books or in journals—shake your belief in the truth that putrefaction under atmospheric influence, as it occurs in sur-

gical practice, is due to particles of dust, ever present in the atmosphere, that surrounds our patients endowed with wonderful chemical energy and power of self-propagation, yet, happily, readily deprived of energy by agents that may be employed for the purpose, without inflicting serious injury upon the human tissues. With this as your guiding principle you will be successful with the antiseptic system of treatment, but without it whatever theory you adopt you will ever be walking in the dark, and therefore ever liable to stumble." The learned lecturer minutely detailed the advantages of antiseptic lotions of sprays, and the application of Dr. Richardson's ether spray apparatus for their distribution; also showed the advantages of the antiseptic cat-gut system for securing vessels, and exhibited many ingenious contrivances used in his treatment of disease. He gave a most interesting history of some cases that had been under his care, and showed the amount of success which followed. He also exhibited specimens of cancellated bone removed from patients whilst under antiseptic treatment. The lecture occupied several hours in its delivery, and was a most masterly exposition of Professor Lister's views on a subject which is to the Profession of vital importance, and ought to be speedily placed in the legitimate position it should occupy in our index of curative auxillaries.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 30, 1871.

THE ORIGIN OF LIFE.

At the present moment when the germ theory and disinfection are occupying so much attention, we may recur once more to the proceedings of the Association for the Advancement of Science, for the purpose of noting one or two of the papers brought forward, and the remarks to which they gave rise. They were not reported in our account of the proceedings, because we intended to refer to them in this place.

A very able member of our profession, Dr. Charlton Bastian, F.R.S., described some new experiments, the results of which have led him to conclude that living matter might arise *de novo*, and that this living matter might go on to the development of certain common organic forms, just as surely as any speck of crystalline matter in a fluid might take on and assume certain definite characters which belonged to the saline substance in its crystalline condition. His experiments showed that living organisms had been found in fluids that had been exposed to a temperature higher than was sufficient to destroy germs. Another enquirer, Dr. John Dougal, treated of the germ theory in a paper "On the Relative Powers of various Substances in Preventing the Generation of Animalcules, or the Development of their Germs, with Special Reference to the Germ Theory of Putrefaction.

Another set of experiments was described by Dr. Ferrier. These were made by him in conjunction with Dr. Burdon-Sanderson, with a view to discover the circumstances which determine the existence of bacteria in the liquids and tissues of the body. The paper had reference to certain results obtained in the course of an investigation into the ultimate nature of contagion. It was shown that in the test-liquids which they used for the detection of organisms in contagious fluids, no spontaneous evolution of organisms takes place. The occurrence of organisms in these liquids was in proportion to the degree of external contamination. Fungi are the chief form which is derived from the air. The occurrence of bacteria is, however, due to water. It was shown that every kind of water, with the exception of freshly distilled water, teems with invisible germs of bacteria. These cannot be detected by the microscope, or by the electric beam in the manner adopted by Professor Tyndall. The purest-looking ice-water was found to contain as many germs as others which had not the same apparent purity. Different varieties of water possess the zymotic power, as they term it, in different degrees. The water supplied by the London water companies was examined, and different degrees of bacteria impurity were found to exist. They further showed that the animal liquids and tissues do not in the normal state contain the germs of bacteria, and that the occurrence of these, and consequent putrefaction, was due to contact with surfaces of ordinary water. Bacteria seemed to be the pioneers, if not the producers, of putrefaction. It was found that meat, milk, wine, &c., do not putrefy if they are kept from contamination with water, or any surface which has not been super-heated, or rendered innocuous by some anti-zymotic which is fatal to the life of bacteria. The experiments further showed that there is no developmental connexion between bacteria and torula; consequently Hallier's theories fall to to the ground.

A discussion naturally took place on those papers, and will continue in various other directions. Two of the speakers looked upon the experiments as inconclusive, and many will agree with them. Thus Dr. M'Kendrick observed that some experiments he had himself made did not warrant him in forming a conclusion as to Dr. Bastian's experiments, he thought that the germs or ova of living creatures must always be more delicate and likely to be destroyed than the creatures themselves. Dr. Lankester who also considered the question to be still open, said Dr. Bastian wished them to believe that his experiments had proved spontaneous generation; but there were other and more interesting spheres of observation, and it would be found that it is in the slimy deposits in the depths of the sea that we must look for the solution of the difficulty. The question he said was not a religious one. Philosophers were quite justified in looking for the truth, and no theory or view should be suppressed that might at last turn out to be true.

THE UNIVERSITY COLLEGE HOSPITAL BATHS.

It has been writen of a Profound Philosopher, that a query having been put to him as to the means by which he acquired wisdom, laconically replied in words to the effect that, on all subjects of which he was not truly master, and on which he desired to be enlightened—and he was always on the look out for such subjects—he placed in his coat tail pockets, for the time, his natural modesty, and boldly asked for information of the most likely person to render it.

Had that Profound Philosopher flourished in our time, and in our busy metropolis, we question if his patience, and if his thirst for information would be able by any possibility to bear him up against the strain exercised upon it by the fresh and fast flowing changes he should hourly witness. For the world of London is a world of change undoubtedly, a great drama *en tableau*—ever on the shift. To-day we plan, construct, and embellish, to-morrow we go in for open spaces, ventilation, levelling, tide bounding, tramways.

Occasionally we handle in a most unbecoming manner, too, the creations of our forefathers, and knock upon the head a spire, or obliterate and gloss over an historical land-

mark, and raise in place of it a temple to the glory of steam at high pressure, by whose awe-striking unsightliness, its promoters hope to raise a higher wind.

And what wild and extravagant notions on "what is been doing of" are openly expressed by members of a wondering crowd, as they stand to witness the progress of any great undertaking.

A short time ago there was a crowd in front of the University College Hospital; as we passed its margin, we enquired if an accident had occurred, and why were the people gazing into its basement? Whereupon a bystander informed us in confidence, that no accident had been brought in, but that there was in course of construction, an underground passage, from the hospital to the Gower street station of the Metropolitan Railway, by which passage cases of accident from collision on the lines, could be conveyed to hospital without causing commotion from without, and the progress of that work they stood and viewed.

Now, had we been mindful in our humble way of the example set us by the Profound Philosopher alluded to, we might have at once emerged from the moody and chaotic state of despondency, the words we heard forced upon us. Had we consulted an authority at the University College Hospital—and there are to be met there occasionally some singularly gifted authorities—we might have continued our ambulation with mental composure, and subsequently have taken on our nightly slumbers to dream pleasantly of Dr. Tilbury Fox and his truly philanthropic doings, instead of passing a restless night of it, painting shadow pictures of orphans, slip-shod and out at elbows, widow's wooden legs, and—actions-at-law.

The members of the profession, generally speaking, are aware that Dr. Tilbury Fox occupies the Chair of Cutaneous Diseases at the University College Hospital, that for many years past he has made the Pathology and Treatment of Skin Disease his especial study, and that he has written trite practical and progressive works on the subject. Theories may do very well for the student and for the lecturer, but be they ever so trite and so progressive unless backed up by results attained and exhibited through practical experience, they fall very far short, indeed, of either their ideal or their true value. Thus it *was* at the University College Hospital, and thus it *is* (but now a start has been made, the example will be followed) at the majority of our general hospitals. There was a total absence of suitable baths, by which the complete eradication of many cutaneous affections could be accomplished, and nervous affections, rheumatism and many kindred disorders alleviated or cured. So professors might exhibit to their classes their patients and point out true remedies for the alleviation of their complaints, but not *prescribe* those remedies.

Dr. Tilbury Fox at length took upon his shoulders the full responsibility of improving this state of things, provided the governing body of the University College Hospital placed at his service some frowsy lumber cellars, and—their confidence. The proposal was accepted, but on the understanding that the ordinary resources of the establishment were not to be employed in the projected improvements. Preliminaries being thus satisfactorily arranged, Dr. Tilbury Fox next availed himself of the invaluable assistance of that Paxton of Hospital Construction Architects, Mr. Michael P. Manning, and ere much time elapsed the *employés* of Messrs. Jeakes and Co. were in full swing. And the result of all this is the erection—where on a time frowsy lumber rotted, and cockroaches frisked—of the most complete lavatory and fumigating depôt the country possesses, and of which the friends of any public institution may be justly proud.

Here let us state that the labour of love undertaken by Dr. Tilbury Fox was labour indeed. Bricks and mortar, metals and cunning hands to manipulate them are all expensive adjuncts, and to collect the one thousand five hundred pounds or thereabouts expended in this priceless undertaking, must have cost its promoter some anxiety. To him the governors, and sincere well wishers of the University College Hospital owe *something more* than their heartfelt thanks. Of him and of the result of his labours in their behoof, the profession and the afflicted poor will speak in a kindly way long after his time.

And now let us turn to the annexed plan of the work accomplished. In the first place it shows us that the University College Hospital baths consist of two portions. They are excellently lighted from their summits, and ventilated in such a manner as to enable the bath attendants to regulate the supply of pure air, and the expulsion of the vitiated. The drainage of water, waste, steam, &c. from these departments, has a special trapped outlet into the sewer—which runs several feet external to the hospital—and it is not in any way connected with, nor influenced by the ordinary drainage of it.

As we pass to the vicinity of these baths we tread the summit of a double-winged and massively constructed, yet very artistic-looking iron stairs; by the left wing we enter the department for the treatment of contagious skin complaints, fumigating chambers, &c., and by the right wing we enter the general bath hall. From the lobby—indicated in the plan—we approach this hall. It has attached to it a partitioned dressing platform, that shall be used in common by patients from the baths in the hall, and those also from the Russian or Vapour bath.

The general bath hall is thirty feet by twenty-three feet. E shows the arrangement of the douches, trough shaped eight feet square, eighteen inches deep without overflow, and approached by two steps from the sides, and two steps of descent. D is a platform on which the operator stands, and from this platform he is able to work the levers that control the supplies to the douches, wave, solid column, and several shower baths. Such also is the arrangement for the working of the needle bath, situated at the opposite side of this department. A view of the action of this bath will fully repay a visit to the hospital.

The baths being porcelain, acid and alkaline, as well as water baths, may be given in them. They are intended for the treatment of nervous affections, rheumatism, neuralgia, chronic urticaria, &c. C is an uterine douche, fixed on a novel principle, and capable of exercising, if necessary, a tremendous amount of hydraulic force on the parts under treatment. The Russian bath is ten feet by twelve feet, and heated by radiation.

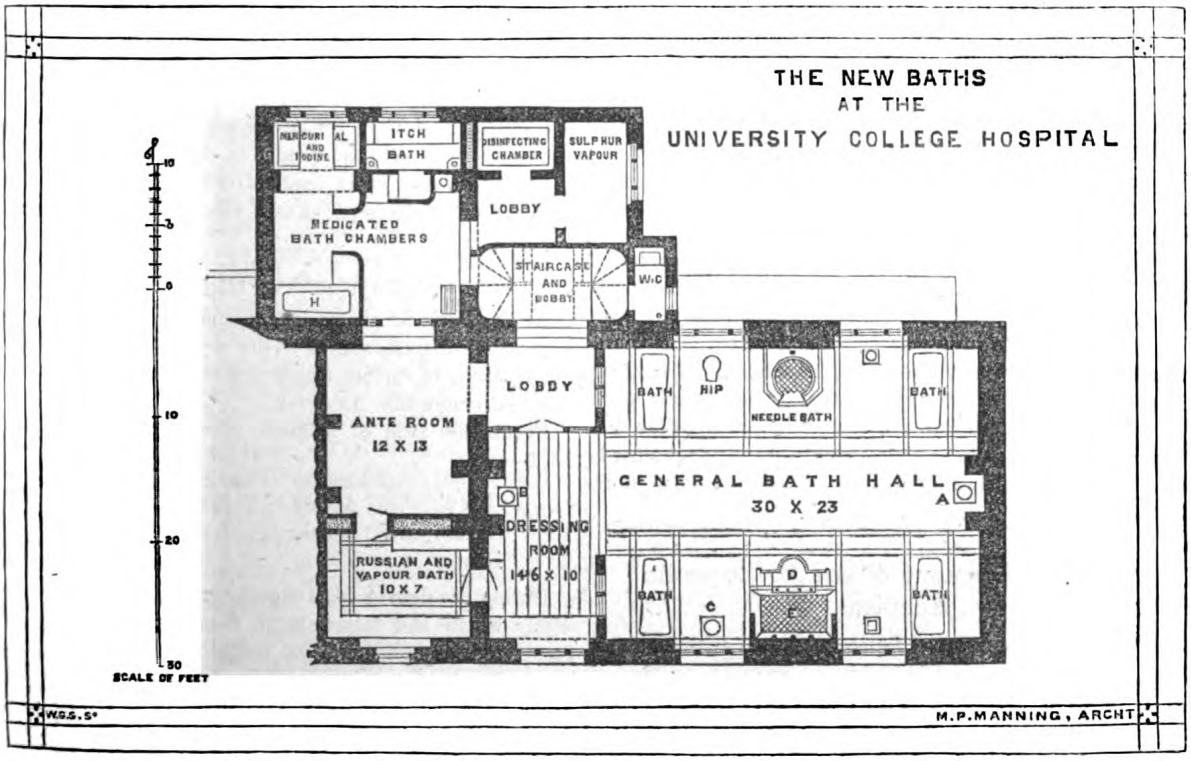
The means adopted for ventilating this room have been carefully attended to, plenty of fresh and good air is supplied. By means of an open grating each side the window, leading to two channels that incline downwards, and meet near the window frame; from thence a passage runs to the bottom of the floor, then along the side of the room to the left and the right, and round the side. There are inlets in each of the two sides of the room, that in which the window is placed and that along the air-channel for the egress of fresh air, and the amount admitted is regulated by a valve. Egress of air takes place at the top of the room and on the right-hand side, into the chimney, through a valved grating, so the current of air is quite under control. The furnace is placed in one corner, and the flue, made of fire-tiles, runs round three of its sides, above the fresh-air flue on the two sides where it exits, and is then returned thrice across the room, beneath the fire-tiled floor which forms the upper covering of the flue, until it arrives at the point whence it started, it is then carried up beside the stove into a chimney. The air admitted into the room is gently warmed by passing under the flue in part of its course, and the room is heated by radiation from the fire-tiles of the flue from the floor and sides, and without oxidation taking place, which is the case when iron surfaces are employed. This room is also arranged for vapour bath purposes. A steam jet is placed so that, when required, it can be readily to hand. The cases appropriate for treatment in this room, are Bright's disease, acute rheumatism, amongst general diseases; and

lichen, true prurigo, pruritus, and some other affections, amongst the cutaneous.

The bath hall is heated by two steam coils, one at either end, and the floor is tiled, and the walls cemented. The other section of the baths, devoted to the treatment of contagious skin complaints, and to certain forms of syphilitic disease, is reached by a separate entrance distinct from that leading to the general bath hall, and from the main staircase on the left-hand side. On descending we reach a dressing-room, to which are attached two recesses, that on the extreme left as indicated in the plan, contains the mercurial vapour baths. Here a very perfect arrangement has been adopted to volatilise the mercury employed, and at the same time dilute it with aqueous vapour, ere it reaches the patient. Gas jets are permitted to play on and to heat strong cast iron plates fixed in such a manner as to receive the heat without permitting effluvia to enter the baths. On these plates rest iron boxes, which shall contain the substance to be volatilised by means of the heat of the plates, and as volatilisation takes place, a lever is turned and steam is admitted, and mixes with the denser material, and both ascend through the perforated wood-work—on which the patient is placed—and encompass him as with a mantle of mist. The other recess contains the itch bath. The bath for giving sulphuret of potassium, which remedy is regarded by Dr. Tilbury Fox as most successful in certain cases of chronic diseases of the skin in a scaly condition, and for many cases of lichen urticatus, prurigo, &c., is opposite the mercurial baths. The itch bath is a walled-off recess, and so built as to receive a large amount of water without overflowing. There is a large marble slab fixed here, where patients can sit and apply the parasiticide, which they may place on a shelf close by. Basins with supplies of hot and cold water are near to hand, and above them on either side is a rose, from whence a stream of water can be made to fall so as to thoroughly rinse their bodies. Dr. Fox proposes to cure itch cases at a sitting of half an hour. From this room we enter the disinfecting chamber (which can be heated red-hot, and has a special flue, running to the top of the building), here the apparel of the itch patients will be hung up to be disinfected, whilst they are taking appropriate baths. The ventilating of this room can be so regulated as to force at high pressure into the main flue, the charred deposits from the patient's apparel. The room on the extreme right is the "sulphur room," it has double doors, here vapour sulphur baths will be given. In the main room are boxes for macerating and steaming arms and legs, as in cases of psoriasis.

There is no woodwork save the doors, and little paint throughout; the walls are cemented, so as to be effectually cleansed by washing. The floor is tiled, and the mercurial boxes are supplied with steam.

The disinfecting chamber will be of great value in disinfecting the clothes of patients suffering from prurigo senilis (properly phtheiriasis or morbus pedicularis). At the present time the treatment consists of applications of parasiticides to the bodies of the affected, whilst the real cause of the mischief, the pediculi, dwell in folds of the linen; and what is needed in these cases is the destruction of the vermin in the clothes, and a thorough cleansing with soap and water of the skin of the sufferer.



Notes on Current Topics.

The Pollution of Rivers by Manufactures.

The Commission appointed to make inquiries into the pollution of rivers caused by any particular manufacture, have published the result of their investigations.

Around the localities of Bradford and Leeds, of Halifax, Huddersfield, and Wakefield, are collected many gigantic establishments. Here the materials used annually are quoted in detail, representing enormous quantities of logwood and similar dyewares, chloride of lime, ammonia, and oil of vitriol, Gallipoli oil, soap, alkali, and coal. In consequence of such establishments, the beds of the rivers

have been silted up, and where formerly trout were very plentiful, now no living thing can exist except rats.

In the West of England we learn that the character of the pollution due to the manufacture of short wool can be nowhere better studied than on the small streams uniting below Stroud, in Gloucestershire. Upwards of 25,000 pieces of cloth are made in this district annually, and the greater part of this large quantity is black and blue cloth.

The Commissioners recommend that the casting of any solid matters, of whatever kind, into rivers and running waters be absolutely prohibited, and that immediately; that the discharge of any polluting liquids, which transgress certain limits assigned, shall be prohibited, but a reasonable time be allowed for the execution of the necessary works for purification. They recommend also that all rivers and streams in England be placed under the superintendence of central boards, whose duty it will be to exercise a surveillance over both the quality and quantity of the water supply of towns, and to investigate all schemes connected with river conservancy, and to refer such matters for the consideration of one of Her Majesty's principal Secretaries of State.

Precautions against Cholera in London.

The Medical Inspector of the Privy Council, who has been charged with the supervision of the precautions against the importation of cholera into the Thames has arranged with the Board of Customs, the Trinity House, and the Thames Conservancy, as also with the authorities at Gravesend, and with the health authorities of all the riverside districts below London bridge, in order to obtain their co-operation in carrying out a complete and uniform system. At Gravesend ships are boarded by the Custom-house officers, and where the presence of cholera among the crew would be detected. It would be unfair to make the expense of providing for such patients and of disinfecting a charge upon Gravesend, and one of the main objects has been to bring about a consent that the cost should be equally divided. Pending the result of the efforts thus made to insure combined action, Dr. Buchanan has held communication with all the medical officers of health, and with other health authorities in certain districts, in order to secure that they may be prepared for the duties which may devolve upon them, and fully acquainted with the steps which they will be called upon to take if cholera should appear.

The Management of the Orthopædic Hospital.

Committeemen "Letting well alone."

An inquest was held last week on the body of Henry C. Bard, æt. five years, who died in the Orthopædic hospital from an attack of diphtheria. It was alleged by the medical officers that the death of the child had been accelerated by the defective sanitary condition ot the hospital. The housekeeper and matron of the hospital said there had been five children who had died from diphtheria in it since the beginning of April.

Dr. Bourne, resident house surgeon to the hospital, considered the attack of diphtheria from which the deceased had died was accelerated, if not produced, by the defective sanitary condition of the hospital. Upon entering on his duties, four weeks ago, he found the general and sanitary arrangements as bad as they could possibly be both with regard to the diet, the cooking, the cleanliness and the knowledge and the attention of the matrons and nurses. There was no order or regularity. The patients were left unwashed for days together, and the atmosphere of the wards was damp and moist, owing to the washing and scrubbing taking place at all hours of the day, instead of early in the morning. On the 3rd of August, before the death of the deceased, he had sent in a written report to the committee, describing the condition of the hospital. He attended before the committee and read that report himself. While before the committee he also made a verbal communication as to the gross mismanagement he had witnessed in the wards. He then left the committee room, and in five minutes afterwards he received a written note from the committee requesting him to send in his resignation, and on the alleged ground that he could not agree with the other officers of the hospital. He fully believed that the deaths from diphtheria which had taken place in the hospital would not have occurred under proper sanitary arrangements and good nursing.

The Chairman of the committee cross-examined Dr. Bourne, but did not shake his evidence in any material point.

Dr. Tamplin had heard the evidence of Dr. Bourne, and generally agreed with all he had stated. He had frequently called the attention of the committee to the general want of care and cleanliness on the part of the nurses, and the dirty state of the patients.

Dr. Adams had heard the evidence of Dr. Bourne, and agreed in the main with all that he had stated.

The jury, after some deliberation, returned the following verdict:—"That the deceased died from diphtheria, but we recommend the committee to adopt and act upon the suggestions of their medical officers, especially with respect to the appointment of a regularly trained nurse."

The Coming Cholera.

At the Paris Academy of Medicine recently, the following statistical statement as to the mortality in Russia from the epidemic of cholera which now threatens Great Britain was laid before the Academy.

From the 29th of August, 1870, to the 31st of July, 1871—

	Males.	Females.	Total.
Cases ...	4,568	2,249	6,817
Cures ...	2,346	1,196	3,542
Deaths ...	1,938	859	2,797

During the debate M. Delpeche remarked that an epidemic which had lasted more than a year could not be considered as ephemeral or vernal. But, on the other hand, it could not be considered very alarming when, during the lapse of that period, it only caused 2,797 deaths—that is less than 10 *per diem* on an average.

The female cases were barely a third of those occurring in males either in respect of frequency or mortality.

Vital Statistics.

Marriages.—There were 6,082 marriages registered in Ireland during the fourth quarter of 1870, or ·449 per cent. of the estimated population. Of this number only 1 marriage in every 279 or ·359 per cent. were Roman Catholics; and 1 in every 134, or ·747 per cent were Pro-

testant. The average in the corresponding quarter of the previous five years was 6,383.

Births.—The births during the quarter amounted to 41,637—1 in every 32·4, or 3·08 per cent. of the population. The average during the corresponding quarter of the previous five years was 38,847.

Deaths.—There were 26,510 deaths—1 in 51·0, or 1·96 per cent. of the population. The average number was 27,632.

It is but too apparent from the foregoing figures that the registration of births and deaths is still very imperfect, the annual ratio of births to the estimated population in England being about 1 in 29 or 30, and of deaths, 1 in 44 or 45; whilst in Ireland, according to the present return, the ratios are—for births, 1 in 32·4; and for deaths, 1 in 51. The registration of marriages under the provisions of the 26 and 27 Vic. cap. 90, it is greatly to be regretted, is still more unsatisfactory.

Estimated Increase of the Population.—The number ended 31st March last being 41,637, an increase of 3,772 would appear to have taken place in the population of Ireland during that period.

The average number receiving in-door relief during the quarter was 52,096, against 55,867 for the corresponding period of 1870.

The average receiving out-door relief was 24,748 against 21,727 during 1870.

Health of the People.—The state of the public health during the past quarter has, with some exceptions, been satisfactory. The harsh easterly winds proved very fatal to the aged and infirm, and the principal mortality was due to pulmonary affections. Small-pox, which prevailed and unhappily still prevails to an alarming extent in England, made its appearance in about twenty districts of the country. In almost all the cases the infection could be traced to English or Scotch sources. In the month of January an English recruit was admitted into the General Military Hospital, Phœnix Park, labouring under small-pox. A female servant (with bad marks of vaccination) employed in the hospital was attacked with the disease, which assumed a confluent. She was removed to the Mater Misericordiæ Hospital, and ultimately recovered. The number of small-pox cases treated in the Mater Misericordiæ Hospital up to the 24th of March amounted to 15, of these 7 were confluent, the others modified; two of the Sisters of Mercy, four students, a ward maid, and the cook contracted the disease, all recovered.

The Registrars generally report most favourably of the working of the Compulsory Vaccination Act, and the beneficial results are manifest. The poorer classes who formerly entertained the strongest prejudices against vaccination now are most anxious to have the operation performed on their children. Nay, more, the number of adults who have been vaccinated and re-vaccinated within the last three months is very considerable.

Scarlet fever was not so prevalent as usual; in some quarters, however, it proved very fatal.

Some of the Registrars refer to the presence of fever, croup, measles, and whooping cough in their districts.

While some of the Registrars report favourably as to the improvements in the sanitary condition of their districts, many more refer to the prevalence of disease as induced by the total want of all sanitary administration, and the filthy habits of the people.

Prevention of Drunkenness in France.

The French National Assembly had under consideration on the 31st of July a Bill to add to the penal code certain provisions for the suppression of drunkenness.

The proposition was to punish by a fine of one to five francs those found drunk in the streets, and by a fine with three days' imprisonment those public house keepers who admit persons in a state of drunkenness, or young persons under sixteen years of age unaccompanied by their parents.

Conjoint Extra- and Intra-Uterine Gestation; Cæsarean Section; Death of the Mother; both Children saved.

The New Orleans *Journal of Medicine* publishes an account of an interesting case which occurred in the practice of Dr. E. P. Sale, of Aberdeen, Miss. It has been condensed and copied by several of our American contemporaries:—

The case was that of a Negress, in which Dr. Moore of the same place having diagnosticated ovarian pregnancy (the woman was unmarried, and denied having had intercourse with man) he was called in consultation, and confirming the diagnosis, and further agreeing that the woman's condition was such that death must soon take place if nothing was done, ovariotomy was decided on as affording the only hope of saving either the mother or child. The necessary arrangements having been made, the operation was accordingly performed on the 3rd of March, 1870, and a living child, with the placenta, extracted, when, to their astonishment, the uterus (previously concealed by the ovarian pregnancy, and the os giving no indications of the fact) was found to be impregnated. After a hasty consultation as to whether to suspend the operation and endeavour to deliver the child *per vias naturales* or resort to hysterotomy, the latter was decided on and performed, and another living child and the placenta extracted. All clots were removed, and the wound closed and dressed with a solution of carbolic acid, and the usual treatment in such cases resorted to, but the woman died on March 7th, the fourth day after the operation, as was supposed of septicæmia. No *post-mortem* was allowed. At the time of writing the report, April 15th, both children were doing well.

Chloride of Ammonium a Specific in Hepatitis and Hepatic Abscess.

According to a paper by Dr. William Stewart in the *Burma Press* and in the *Madras Monthly Journal of Medical Science*, chloride of ammonium is a specific in certain hepatic diseases common in India. He says:—

Since the 1st of September, 1869, from which time the systematic treatment of hepatitis b chloride of ammonium first commenced (a period of nine months), thirty-one cases of the disease have been treated, either by myself or the assistant-surgeons of the battalion; and of these, six were undoubted cases of abscess of the liver, presenting the physical signs, the general symptoms, and the well-marked hectic fever, diagnostic of the disease under such circumstances. In four of the cases, the hectic fever was severe; in one especially so, and accompanied with excessive wasting of the tissues, and extreme prostration of the vital powers—patient exhaling the cadaveric odour, at

times observed in low and exhausting disease with typhoid symptoms.

Hepatitis is a disease of this station, and has been the occasion of much mortality here, as elsewhere. From a statement, kindly furnished by Dr. Shelton, Principal Medical Officer, British Medical Service, I find that in the headquarters of the 24th Regiment, Rangoon, and Detachment, Port Blair, out of a total strength of 795, there were, during the year 1868, thirty-two admissions and five deaths from hepatitis. "The *post-mortem* in each instance shows the cause of death to have been hepatic abscess."

During the same period (1868) in the 21st Fusileers, at Secunderabad, out of an average strength of 868, there were eighty-six admissions and six deaths from the same cause. The disease was treated on the usual expectant plan, and with a result not very satisfactory. Compare these figures with those which follow, and see how different is the result obtained under the treatment by chloride of ammonium :

Since September 1, 1869, to May 31, 1870 (a period of nine months), there have been thirty-one admissions from hepatitis at this station, out of an average strength of 608 ; of these, six were undoubted cases of abscess of the liver, and in several abscess was strongly suspected. All of the above were successfully treated without a single death. It is also remarkable that, since the arrival of the battalion at this station at the end of December, 1868, up to May 31, 1870, embracing a period of seventeen months, there have been fifty-eight admissions from hepatitis, and but one death, the fatal termination in this instance furnishing negative proof corroborative of the testimony already adduced of the very great success of the chloride of ammonium treatment, for it is to be observed that the patient died at a period antecedent to the introduction of that practice, that dysentery of a very severe type supervened, uncontrolled by any of the remedies employed, and that the autopsy revealed the existence of abscess, which occupied almost the entire liver, the structure of which was reduced to a mere shell. The large intestine was ulcerated throughout its entire extent, and in places gangrenous.

In not one of the cases treated by chloride of ammonium was there the slightest tendency to dysentery observed.

According to the Army Medical Department Report for 1867, out of a total strength of 56,896 European troops in India, there were, during the year, 3,078 admissions from hepatitis, and 157 deaths. During the same period 368 were invalided on account of the disease, and 96 were discharged the service at Netley.

Careful nursing is necessary, as is also absolute rest in the recumbent posture, since relapses may occur from so slight a cause as an attempt on the part of the patient to turn in bed. In a further paper on chronic hepatic abscess he asserts that the remedy is equally efficacious. "In short," he says, "I have found it valuable in hepatic affections of whatever form, whether depending on organic disease, or functional derangement. I have also found chronic dysentery, associated with chronic disease of the liver, yield to a few twenty-grain doses of the chloride of ammonium, after ipecacuanha and other remedies had failed ; and I have before me notes of the case of a young officer, similarly affected, whose dysentery was checked after a few doses of eight grains each. In such cases from five to twenty grains may be given, dissolved in tw ounces of infusion of cascarilla, twice or thrice daily, according to circumstances ; and, to cover the saltish taste of the medicine, a litttle ext. glycyrrhizæ (say grs. v) may be added to each dose. In passive congestion of the liver from cardiac disease, I have found a few doses (grs. xx.) of the medicine effect a remarkable reduction of the enlarged viscus, and afford great relief to all the symptoms; in fact, the specific action on the liver is manifested in almost all the diseases to which that organ is liable."

Quinine, Quinodine, and Cinchonine.

Dr. J. B. Hamilton (*Indian Medical Gazette*, March 1, 1871) gives the result obtained from the use of quinine quinodine, and cinchonine, as prophylactics against malarial fevers. He divided the troops under his care into three parts, each part to receive but one of these alkaloids. Every man took three grains of quinine, quinodine, or cinchonine, as the case might be, and such cases of malarial fever as were developed were treated with the same alkaloid as he had been taking as a prophylactic. After giving the results of the trial, Dr. Hamilton concludes :—

"From the above facts it would appear that quinodine ranks highest as a prophylactic, as the men treated with it show only 7·7 per cent. of admissions.

Quinine ranks next, giving 8·7 per cent., and cinchonine undoubtedly last, showing 19·4 per cent. of admissions.

It must also be borne in mind that these men were all under exactly the same conditions, as to residence, food, clothing, exposure, night duty—in fact, three bodies of men more evenly situated in every way could not be found.

Now, as regards the immediate action of the drugs, an undoubtedly tonic effect was produced by all.

The action of quinine is so well understood, that it would be superfluous to touch on it.

Quinodine seems to act nearly in every way in a similar manner to quinine, and the cases treated with it in the ordinary way yielded as readily to the equivalent doses as they would have done if treated with quinine.

Some complaints were made of diarrhœa having been caused by it, but on investigating them I came to the conclusion that they were all due to other causes, chiefly climatic, and that, on the contrary, the number of admissions from diarrhœa was very low, being only three for the months the drug was being given in the whole battery.

Cinchonine did not give such favourable results; no doubt it has a certain amount of tonic, prophylactic, and anti-periodic power, but it was less efficacious and certain in its effects, requiring larger doses than either of the others ; the paroxysms of fever returned oftener, and in many cases I had to omit it and finish the cure with ordinary doses of quinine.

In conclusion, I beg to express my opinion, founded on the experience of five rainy seasons—two at Jubbulpore, two at Hazareebagh, and one at Allahabad — of the great benefit accruing from the use of quinine (or its allied drugs) issued as a prophylactic during the months of August, September, October, and of a late wet season, November ; the cases of ague are fewer, of a milder type, yield more readily to treatment, and seldom assume the remittent form.

Structure of the Glands of the Stomach.

In Schultze's *Archiv. für Micros. Anatom.*, Bd. vi., there is an account of Professor Heidenhaim's investigations on the structure of the gastric and peptic glands. The mucous membrane of the stomach of dogs was hardened in alcohol, then stained with carmine or aniline blue, and examined with moderate microscopic powers. The glands are arranged singly like palisades, or in groups like the fingers of a glove, in close proximity to one another, and the orifice, neck and body in each can be distinguished. The orifice in the grouped glands resembles the hard part of the glove, several glands opening into it, just as the fingers of the glove open into the wider hand part. This is lined by columnar epithelium. The neck or narrower portion of each tube is lined by roundish coloured cells. The body is lined by two kinds of cells, one external or marginal, round, and coloured, the other small, internal, and uncoloured, though their nuclei sometimes become tinted. The former Professor Heidenhaim calls investing-cells (belegzellen), the smaller uncoloured ones he names chief-cells (hauptzellen). The former probably represent the peptic cells of writers. The lumen of the glands is occupied by granular dark material, He describes with full details the action of the various reagents upon the two above-mentioned forms of cells. He then gives the results of his researches on the glands during digestion. They increase in size ; the chief cells become swollen, and their contents are finely granular, showing that they have absorbed more than they have secreted. The investing cells are less altered. No division or multiplication of cells was observed.

Social Science Congress.

The special questions for discussion at the Leeds Congress of the Social Science Association to be held from the 4th to the 11th of October, under the presidency of the Right Hon. Sir John Pakington, Bart., M.P., have been finally arranged by the general and local committees of the several departments, as under :—

Jurisprudence.—W. Vernon Harcourt, Esq., Q.C., M.P., president.—1. What steps ought to be taken to establish a better system of legal education ? 2. What is the best constitution of local courts, and what should be their jurisdiction ? 3. What alterations are expedient in the laws relating to the devolution and transfer of land ?

Repression of Crime.—Lord Teignmouth, chairman.—1. How far ought the cellular system of imprisonment to be adopted ; and how far does it necessarily interfere with productive labour ? 2. By what principle ought the amount of punishment, other than capital, to be regulated ? 3. By what measures may the trading in stolen property, whether by purchasing it or receiving it in pledge, be most effectually prevented ?

Education.—Edward Baines, Esq., M.P., president.—1. What are the special requirements for the improvement of the education of girls ? 2. How may the education of neglected children be best provided for ? The question to be considered under the divisions :—(*a.*) Industrial schools and their relation to the school boards. (*b.*) In what form, if any, may compulsion be best applied ? 3. What are the advantages and disadvantages of large as compared with small schools ?

Health.—George Godwin, Esq., F.R.S., president.—1. What are the best and most economical methods of removing and utilising the sewage of large towns ? 2. What are the best means of securing the sanitary improvement of human habitations ? 3. What are the best means of promoting the health of operatives in factories and workshops ?

Economy and Trade.—William Newmarch, F.R.S., president.—1. What amendments are needed in the existing laws for the licensing of houses for the sale of intoxicating liquors ? 2. What principles ought to regulate the assessment and administration of local taxation ? 3. Is it desirable that the state or municipality should assist in providing improved dwellings for the lower classes ; and, if so, to what extent, and in what way ?

Each of these questions will form one day's labour to discuss, and two days will be set apart for the reading and discussion of voluntary papers on other subjects not specified above within the range of the departments.

Medical Officer of Health for Islington.

The resignation of Dr. Ballard will, no doubt, bring several candidates into the field for the Medical Officership of Health. Among those already announced we observe the name of Dr. Meymott Tidy—a gentleman whose high attainments in those departments of science most concerned, and familiarity with the duties of the office obtained under Dr. Letheby in the City of London, are the best assurance that in electing him Islington would secure a first-class man.

New Source for Benzoic Acid.

The urine of horses and cattle is utilised in Northern Prussia for the manufacture of benzoic acid. One house at Konigsberg supplies the market from this source. The establishment makes 7,700 lbs. of benzoic acid annually, for which 3,850,000 lbs. of urine are required, not to speak of shiploads of fuel to evaporate it. Benzoic acid is now chiefly used in the manufacture of a red colour for woollen goods, and is also highly prized in making certain kinds of perfumery.

Death of the Double Baby—One Head Outlives the Other.

There was recently born in Boston a most remarkable child. It presented the phenomenon of two heads, four arms, and two legs, and all upon a single body. The girl for such was its sex—died recently. The first half or head breathed its last at five, and the second shortly after eight o'clock. The child had enjoyed excellent health from her birth, nine months ago, until within two weeks, at which time one half exhibited signs of illness. It recovered, but a few days since, the other—or the other half—was taken sick, and died. Upon one end of the body reposed the head of the dead infant ; upon the other that of the live one, with its eyes still bright and curious, and its lungs in full breathing order.

Public Vaccination.

Some excellent instructions have just been issued to public vaccinators by order of the Privy Council. In the first place, vaccinators are told to refrain from vaccinating, except in cases of urgency, any but those in good health, or such as have been recently exposed to the infection of measles, or scarlatina, or erisipelas. Four distinct punc-

tures are recommended. Directions are given to vaccinate from arm to arm where possible. Vaccinators are especially told to prevent any admixture of blood with the lymph that is taken from a vaccine vesicle. In the collection of lymph the vaccinators are told to seek first in the subjects of healthy parentage and children whose families are known to them especially, and who have elder brothers and sisters of undoubted healthiness, and in addition never to take lymph from cases of re-vaccination.

The Government and the Profession.

We have on two occasions called attention to the unjust neglect, by the Government, of the two distinguished Army Surgeons, who were *officially* in Paris during the siege—a neglect the more culpable as the French Government has recognised their services by a special decree, creating them officers of the Legion of Honour. The *Gazette*, however, does not yet record the promotion or other reward of either Surgeon-Major Wyatt or Deputy Inspector-General Gordon. Why? Is it to be understood that the Medical Profession alone is to be denied recognition, when other branches of the public service are praised and rewarded? We appeal to the public opinion of England against such a decision. It is an insult to Army Surgeons that will cost the country the services of many a high-minded man, who will be prevented from entering the army on finding that two men, who happen to belong to the Medical Profession, are treated worse than others simply because they are members of the Profession on which the health of armies depends.

We are glad to see that the subject is not likely to drop. The *Times*, the *Army and Navy Gazette*, the *Globe*, the *Standard*, and other journals have already referred to it; and, we hope, that our contemporaries generally will endorse our statement that, to insult the Profession wanonly can only end in depriving the army of the best men. In our last issue we reported the renewed refusal of the Govefnment to lay on the table of the Houses of Parliament the reports of these men. In the interests of military surgery those parts of their reports which relate to strictly professional matters ought to be published, and we hope they will appear in the next report of the Army Medical Department.

The Plymouth Meeting.

Although a good number of people went to Plymouth they did not all put in an appearance at the reading of the papers. Some of the papers were, in fact, "taken as read," because there were no auditors.

In the face of this it may be well to consider whether the division into several sections is desirable.

The Brighton poisoning case is not yet concluded, and strange as it is, we think it best to avoid comment at this stage.

Why cannot sea-water be brought to London in pipes laid along the Brighton Railway? asks the *Builder*, which adds:—"It would certainly pay. The water could be supplied to houses. It could be sold in quantities at the works. Salt-baths could be established in connection with the works, and a salt-water lake similar to the lakes in our public parks would be a great attraction.'

Another fasting girl turns up in the newspapers, on which the *Globe* expresses a hope that "London Doctors" will not spend a holiday in getting up another sensation.

Dr. Freeman J. Bumstead, the well known professor of venereal diseases in the New York College of Physicians and Surgeons, has retired from practice, and proposes to spend some years in retirement in Europe.

The death of the champion oarsman has given rise to a suspicion of foul play, for which, so far as the evidence has been published, we can see no reason. Sudden death in such a struggle in a man who had had fits, is not so very astonishing.

The *Bombay Gazette* hears it has been determined to separate the civil from the military branch of the medical service in India. Army surgeons will be called upon to choose which branch of their profession they will continue to serve in; and those who choose military service will be placed under Inspectors General of the Royal Army while the civil surgeons will have a chief appointed by the Indian Government.

A new and rather alarming fact has been established during the occurrence of a thunderstorm in Paris on the 3rd of August. Two gasholders at a considerable distance from each other were exploded by a discharge of lightning. It has never been thought that electricity is capable of inflaming coal gas, and as every town has its magazine it is a very serious discovery that it is so.

M. De Fonville has ascertained that the electric fluid was conducted to the gasometer by a neighbouring house gutter.

The Bombay Government, says the *Globe*, has at last taken into serious consideration the necessity of doing something to put an end to the scandal caused by the disgraceful want of suitable accommodation for insane patients in the Lunatic Asylum at Colaba. The wish of the Government is, if money can be found for the purpose, to build two new asylums, one in the Concan and the other in the Deccan; and it is also proposed to spend some 20,000 rupees in altering the present asylum so as at least to give the male and female patients separate apartments.

A recent number of the *Annalen der Chemie und Pharmacie* contains the result of an interesting investigation on Himalaya tea by Th. Zoeller. The results lead to the conclusion that Himalaya tea is quite equal to the best Chinese tea, but it must remain undecided whether the presence of theobromine is accidental, or constitutes a distinction; the results also bear out the experience of tea planters, that the youngest leaves of the tea plant give the best quality. In reference to the action of tea upon the human system, the author again points to the richness in potash, the importance of which in nutrition has been demonstrated by Kemmerich's experiments.

Mr. W. G. M'Ivor, Superintendent of the Cinchona Plantations in British Sikkim, has published a lengthy report, of which *Nature* gives the following abstract:—"The plantations are situated in the Valley of Rungbee

in the Himalayas, which seem admirably adapted for the growth of cinchona. The climate is very moist, being rarely free from rain. Nevertheless, the state of the plantations is reported as very unsatisfactory ; the plants have nothing like the luxuriant foliage which characterises those grown in Southern India on the Neilgherries. They seem to thrive for three or four years at the most, and then become diseased." Mr. M'Ivor says that trees of equal height do not produce so much bark as in the South of India, being of more slender growth, and the bark being thinner.

New Inventions.

ARNOLD AND SON'S IMPROVED PORTABLE ENEMA (REGISTERED).

One of those simple improvements that, when once tried, excite surprise that they were not thought of before, has been made by Messrs. Arnold and Sons, in the elastic enema apparatus. We very strongly recommend this instrument, with the full conviction that it is sure to please all who try it.

This Enema consists of an India Rubber Bottle, which is specially prepared to stand any climate, and is fitted with a reversible pipe and mount, to which is arranged a cap so that a patient can with safety carry the fluid with them, and by simply taking off the cap and reversing the rectum pipe it is then ready for use. The numerous advantages of such an instrument will at once be seen, as there is no possibility of its getting out of repair, and the mounts are made of brass, carefully tinned on the inner side, and every part which comes in contact with the fluid, so as to prevent corrosion.

They are fitted in various ways, and answer equally well as an Enema or Vaginal Syringe. A smaller size is made for injecting the Urethra, so that the patient can readily, and without fear of breakage, carry with him the injection and syringe ready for immediate use.

SPECIAL CORRESPONDENCE.

THE RHINE AND PARIS IN 1871.

[LETTERS FROM DR. CHARLES R. DRYSDALE.]

To the London Editor of the Medical Press.

August 10, 1871.

Sir,—In former years you have favoured me by inserting letters as to the facts I have noticed during a summer holiday trip, and I hope that this year, too, you will be equally indulgent, and bear with me, when I narrate what I have seen in a fortnight's trip to Paris, *vid* Belgium and the Rhine. Now that that surgical part of society, the soldiers, have left off operating on each other *for a time*, perhaps a little medical and hygienic discussion may not be out of place. Leaving London at the latter end of July, I visited one or two of the Belgian towns, and, in passing, would only notice that, in particular, the town of Ghent is in much need of medical officers of health, since industrialism seems to be the only thing thought of in that town of narrow dull streets, without any pavement, or indeed, any agreeable feature that I could discover, except, perhaps, the large convent (Béguinage) of nuns, who wait upon the patients of the general hospital, and who dwell together in a little colony of houses, each house being labelled, not with the name of the lady who occupies it, but with that of some favourite saint, masculine or feminine. About six hundred of these ladies live thus in a quarter of Bruges, I heard.

In Brussels there is much for the medical man to admire, in the upper town, which is clean, without smells and very healthy, but I am sure that the gentleman who spoke at the Belgian Medical Society recently, concerning the unhealthiness of Brussels was quite correct, since the lower part of the town is ill drained and smells very badly indeed, from the want of sufficient water I suppose to flush the drains. M. Croq I know has recently disputed this ; but I trust to my olfactory organs in this matter, and think that, as cholera is impending, the drains of Brussels should be looked to at once. I forgot to mention that Ostend is a most admirably clean town, and I think much more hygienic than its rival Boulogne-sur-Mêr, the latter, as you of course know well, being anything but odorous at low water. The sands at Ostend, too, "leave," as the French idiom has it, "nothing to be desired." You will, I doubt not, regret to hear, that there is some intention of raising the fares on the Belgian State Railway, although the present rates, which are most pleasantly low for the traveller—about one halfpenny a mile for long distances in the first class—have not entailed, it seems, any loss to the State exchequer. To all who consider how valuable a little change of air, scene, and associations occasionally is to the health of mind and body of everyone, this determination of the Belgian Lower House will be, I feel sure, disheartening, as many of us too had looked forward to cheap fares in England and France at no very distant date. The Belgians are most intelligent, industrious, and thriving, and wages seem to me to be almost as high in that country as in France or England, and very much higher, as will be seen, than in Rhenish Prussia. Before leaving Belgium, I would remark, that I was severely treated by a mosquito, whilst sleeping at an inn close to the field of Waterloo. How is it that we do not hear of these plagues in England, when they seem to exist (this summer at least) in Belgium and all up the Rhine? You, who have been much in Italy, can, perhaps, explain this. At Wiesbaden they existed in swarms.

On crossing the Prussian frontier, at Herbesthal, it at once became evident that one had entered a country lately at war. Everyone in the train had some story to tell of relatives killed or wounded in the late detestable affair, or in what a state of panic the women were at the commencement of it, expecting that, perchance, the then Emperor of the French, with his brutal African troops,

might pass that way. Let us hope that no other form of government in France will in future commit the gross inhumanity of employing Zouaves against civilised enemies. It seemed to me, that almost all the adult male population at Aix-la-Chapelle (a horribly unhygienic place, and a disgrace to Prussia for its drainage) had been, directly or indirectly, connected with the war, and many wounded soldiers were to be seen in all directions in that city, who, when unable to work, were solaced, I was told, with twelve thalers a month = 36s., (or not quite two pounds a month) for the loss of their future prospects by imperial Germany. Several persons who spoke of this complained of the smallness of the recompense, for such hardships and sufferings, but added, that the *adelleute* of Germany were too numerous to admit of the disabled soldier getting more. The true explanation probably is, that Germany as Bismarck has it, is a poor country—*i.e.*, that wages are usually very low, and hence, that soldiers are very cheap, about one-third of the price that they are in England.

Cologne has been long noted for being a filthy town. I need not, then, say that it is a wretched place yet. What are the municipalities about, when they allow such a wealthy town as Cologne to remain in such a disgraceful state in the year 1871? Tobacco and beer alone surely could not lull the mind into oblivion of the smells, filth, and narrow dull streets of that ancient town. There were, I heard, still about a hundred wounded men in the Cologne Hospital, but these too, were expected soon to leave. I did not notice many wounded men in the streets of Cologne, although there were many poor fellows limping about at Bonn. Bonn is a most agreeably situated town, and the neighbourhood, with its views of Ehrenbreitstein, as romantic as could be desired, but there are parts of Bonn which *much* require the sanitary engineer, and notably the Rhein Gasse, where Beethoven was born, and other narrow lanes leading to the Rhine. The city millionaires of Cologne use Bonn and Godesberg as a kind of Brighton or Richmond, to sleep at, and repair to Cologne only for business. Hence, I presume, the neglected state of the latter city. It will, of course, be objected to what I have now said, as to the state of Cologne, Bonn, and, for that matter, of Mayence, Coblentz, and most of the Rhenish cities, that it is difficult to cleanse such ancient towns. I admit it, but contend, that the universal education of our respected cousins, the Germans, should be able to do better than leave these cities in such a deplorably unhygienic condition.

A person with sufficient means must be hard to please, indeed, if not contented with the charming scenery of the most beautiful of all European rivers, and yet, he will feel himself not so contented, when he learns how badly the poorer classes of that magnificent country are fed and nourished. In my opinion Germany is *far* more overpeopled than either England, Belgium, or France. The wages at Coblentz, at Mayence, and elsewhere, are terribly low. The labourer in the field along the Rhine earns I hear daily only about one florin, or one shilling and eight pence, although he rises at early dawn, and works on until sundown. His food is most scanty and uninviting. Black rye-bread, spread over with sour white cheese, seems to be eaten twice or thrice a day. Meat rarely is eaten by these men and women, and butter is now an un-heard of luxury. It may be from this cause, that there is so much scrofula observable among the peasantry on the Rhine. Happening to visit one or two of the churches, such as that at Remagen, when pilgrims were resorting there, I was struck with the number of cases of extensive lupus of the nose and face, seen among the devotees.

At Coblentz there seems to me to be a great deal of goitre, as I remarked four cases of it in the streets. The country around seems most healthy, so, I presume, there are some magnesian wells in that city, which should be looked to. As the bran-new Emperor of Germany selects the neighbourhood of Coblentz, Ems, for his residence in summer, perhaps his court physicians at their leisure might see to the drains and water supply of Coblentz.

Here, as elsewhere, there had been many wounded soldiers, but all were convalescent and sent home I suppose that the Editor of the *Practitioner* will feel pity for me, when I say, that I am sorry to see so much land as that between Coblentz and Mayence occupied in the culture of the vine; but so it is. Among the other blessings we sea-girt islanders enjoy, I reckon that of not being able to grow wine, because, although doubtless a large part of our population are much too fond of drink, there is also a very large section of our community to whom all alcoholic drinks are a luxury, and not as in Germany or France, almost a necessary of life. Thus, when I saw the half-fed working classes of Coblentz drinking Moselle wine habitually with their scanty meals, I could not keep thinking, that their scanty wages might have gone much further had not the Romans planted the vine on the banks of their noble rivers. You will not expect me, perhaps, to leave Germany without noticing the question of human Darwinism. Well, then, families seem to be very large throughout the Rhine district. Ten or twelve children are not uncommon in families there, and the landlord in one place had had eighteen children. Hence, the low wages, doubtless of that favoured land, and the continued stream of emigration towards London and the United States from all parts of the Rhine country. In Mayence, Coblentz, Worms, and Mannheim, there were everywhere agencies for emigrants to the States. Now, I hold, with Chalmers, that whenever any people are anxious to leave their native land in such great numbers, that country is terribly over-peopled in proportion to its capital; and, we know too well in England, Ireland, and Scotland, how many superfluous hands we always have, who are thus like the poor Germans, thrust out of their native land by the thoughtless reproductive nidûs of their parents. When Germany has gone through its war fever, and become well united, I humbly recommend its writers to study the customs of France on this head, where they will find a well-fed peasantry, with decent wages and comfort, in many of the provinces, such as Champagne, Lorraine, and others; where wages are *at least* double those of Rhenish Prussia, of course, on account of the paucity of births, a topic which so terrifies some of our respected brethren at home, as to render them quite stupid.

At Wiesbaden there were numbers of wounded soldiers and officers walking about, but, I am glad to say, not playing at that abominable gambling table, which is doomed and to be given up, either next year or the year after. It is sad to see the high play that goes on at the mournful *rouge et noir* tables, and the anxious dyspeptic look of some of the votaries. I am glad to hear that Prussia sets her face against such goings on, and that "*Messieurs, faites le jeu*," will not be heard in any part of the Vaterland in a few years at furthest. Alcohol, tobacco, and gambling, seem to me to be the three most dangerous vices to which the race is at present a prey. Wiesbaden, in every respect, save that of its gambling propensities, is quite a delightful residence, and the heat of the springs there make the warm baths, doubtless, most agreeable and curative in rheumatic affections. The German bathers drink the water, to music, from six to eight in the morning, and these early habits are most invigorating to Londoners accustomed to late hours and late rising. As to the virtues of the waters, internally, I heard nothing very convincing, and rather suspect, that common salt is one of the chief ingredients. Talking of tobacco, I perceived, in a walk from Mannheim to Heidelberg, that a large quantity of that pernicious weed is farmed in the duchy of Baden, and I quite agree with my learned friend, Dr. Webster of London, that the German nation is seriously injured by the almost universal habit of smoking, which so strikes a stranger in that country.

It is all very fine to be able to fight well; but, surely, that is not the most important question now-a-days for civilised men and women. Social customs and simple hygienic life, I am sure, will, in the future, excite far more

interest than the power of destroying some neighbouring State, or of obeying the orders of some rigid disciplinarian. Not that I wish to undervalue the Prussian military system. It has been a means to an end; but there seems to me, neither in France nor in Germany, a sufficient desire to *quell* the unnecessary habits of smoking and tippling which so enervate us in modern days.

In no town did I remark so many ambulances, as seem lately to have existed in Heidelberg. The charming neighbourhood must have done much to restore the poor sufferers to health, and the ambulances were empty when I passed through the town. In Baden-Baden, the most exquisitely beautiful of all watering places, I did not see many wounded officers or soldiers. Gambling still continues to reign supreme there; and, what is worse, the citizens of the town are deeply grieved because it must soon be given up. Even without such unwholesome excitement, I am convinced that Baden-Baden will remain one of the great sanitoria of Europe. The waters, however, I do not think are of much value internally, but they are very hot and, consequently, hot-baths are easily obtained. The banker I had to apply to said that the Badenser were in despair, as last season was lost, and this season their best customers, the *leichtsinnige Fransohen*, would not come here. According to that gentleman, the French and Americans are less careful of their funds than either the English or the Germans; and this is my own observation, I translate by saying, that there is less fear of want in France than in any other *European* State.

Correspondence.

LONG FORCEPS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The paper you have forwarded to me containing a letter from a correspondent signing himself "Student," has for the first time directed my attention to an error, which, through misadventure, has crept into my paper on "Long Forceps," in your number of the 21st June last, and which I would otherwise have overlooked; namely, the substitution by mistake of the word "right" for "left" near the beginning of the paragraph commented on by him. I think a little careful consideration of the context would have prevented most persons from being misled by this error, or supposing it was anything but a *lapsus pennæ;* and it appears to me that his subsequent remarks have in no way arisen from his perception of the mistake.

In the first place let me point out that I apply the terms "right" and "left" blade according to Continental usage, being the only ones that can have a precise meaning in all positions the patient may be placed in.

Your correspondent next, ignoring altogether my statement that the blade first introduced after being passed up in front of the *rectum* is to be rotated by pronation of the right hand towards the left side of the pelvis, imagines that it has got, by what sort of process I cannot tell, into the right side; and then, following up this idea when I say that the second blade must be rotated by supination of the right hand, he says this will place both blades on the right side, which, of course, is impossible; he therefore conjectures I must have meant pronation instead of supination. This, of course, would have placed the second blade, had it been possible, on the left side where I had already placed the first.

As the rest of your Correspondent's paper proceeds on the assumption that I have throughout the paragraph been describing the second position instead of the first, I need not do more than direct him to substitute the word "left" for "right" in describing the presentation at its beginning, when he will find all his difficulties vanish.

In conclusion, let me say that, as the original mistake was mine, an explanation was due on my part, otherwise I would not have entered so much into detail for an anonymous correspondent.

I am, dear Sir, yours truly,

ANDREW INGLIS.

Aberdeen, 24th August, 1871.

WHAT AND WHERE IS FEVER?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Well Doctor, I have seriously considered the subject of our last conversation, and I am clearly of opinion that there is no such *bonâ fide* disease as fever. I am glad you coincide with me in your opinion, and I have now to tell you that those diseases known as synochus, synocha, and typhus, are one and the same disease, the names are merely the different stages of the same disease, caused by the same poison, differing only in violence of symptoms and virulence of poison. Yes; but have you not read that great American work on fever? No; I have not. I daresay he has had a large collection of authorities to cull from, and you must observe that they all harp on the same string. What is his authority to me? Am I not my own authority; and after fifty years of practice I should think that is as good as any other. I have advanced certain opinions and ideas; if I am wrong let them refute me if they can; all I seek is the truth, the whole truth, and nothing but the truth, if I possibly can find it. They have the same means that I have, and I will only be too glad if they can point out an error.

Well, let us take an instance. Let us suppose a man in a profuse perspiration swallows a tumblerful of cold water; cold chills and all the other symptoms follow. How about your poison—your poisonous miasma? Oh! that is easily accounted for, without any poisonous miasma, as you are pleased to term it: that drink of water simply caused gastritis, or inflammation of the stomach; and as you have the cause and its sequence, all the other symptoms follow. There are many diseases accompanied by heat of skin, quick pulse, &c., &c.; many die from want of nourishment, from exhaustion. Arrowroot and such like will not support the system after all the fatty matter has been absorbed for that purpose, nature requires something stronger. I have seen brandy or whisky exert a powerful action upon the coats of the stomach when medicine failed; the stimulant gave a healthy action to the mouths of the absorvents, the circulation became invigorated, and, I feel satisfied, oxygenised; hence the stomach claimed attention; it wanted food and strong soups containing the essence of vitality—became agreeable to its refined sensibility.

It looks all very fair, Doctor, very fair indeed; but what do you say about bilious remittent fever? I do not see much difficulty there; at least, so much as you appear to apprehend. Put the liver to rights, correct its secretion, and send it by its proper and natural channel, and I think you will not have much trouble with hot skin or a quick pulse. I think, Doctor, the author I spoke of says that synocha is an inflammatory fever. It may be; look over it again, and let me know if he has pointed out where the fever and the inflammation are to be found. Nay, he has said nothing about that; he states that they are there, but he gives no locality. Then put him on the shelf. Do you know what simple inflammation is? I will give you my idea of it, though I believe volumes have been written upon it. It is simply the increased action of the arteries of a part of a locality; the blood is poured in quicker than the vein can take it up. Why these arteries take upon themselves this peculiar action I cannot say, though there may be evident cause for some, though not for all; the part becomes swollen, and the pressure on the nerves causes pain.

I think, Doctor, the closer we examine diseases the clearer they become, for nature, it appears to me, is very simple and very clear in all her actions. Yes; but there are some who prefer roundabout theories to plain facts. I have opened the abdomen of a man who died from what is known as typhus or putrid fever. In the stomach I found about four ounces of a dark fluid, sticky between the fingers, and glairy on the coat of the stomach; the head of the colon, the adjacent small intestines, and the peritoneum, were all bound together in one undistinguishable lump, and separable only by considerable violence. If cases like this are to be called and treated as imaginary disease, called fever, and every man with a particular theory of his own, when inflammation is hurrying the unfortunate patient into eternity, it is time that men should look rather more seriously at what they are doing. There are some, Doctor, who won't give up their theory, say what you like. "Convince a man against his will?" Never mind; for the present I remain yours most obedient,

ALEXANDER LANE, M.D., R.N.

P.S.—I make my opinions known, not for vanity, nor for any benefit I might derive from them, but solely for the sercice of my fellow-man. If I can do good I shall be most amply remunerated.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly inform me, through your journal, what fees a properly and legally qualified physician should get *per diem* for attending to give evidence at the Assizes, and who regulates or fixes the scale of fees in Ireland?

I am, yours, &c.,

Castledawson, Co. Derry. A SUBSCRIBER.

[The fee will altogether depend on the distance to be travelled to give evidence and other circumstances. There is unfortunately no fixed fee nor any law to compel payment. The practitioner must make his bargain beforehand with the party who summonses him, but if he is called to prove a simple matter of fact irrespective of expert evidence he must honour his *subpœna* whether he be paid or not. We think £2 2s. a day should be a minimum fee.—ED. M. P.]

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am Medical Officer to the Fever Hospital, which is also used as a Surgical Hospital.

Last month a man was injured on the railway, and was admitted into the hospital; next day he died, and an inquest was held, to which I was called as witness. On applying for my fee the coroner said that he had no power to give me one being the medical attendant to the hospital yet I do not reside in it.

The *Lancet* says (I presume with regard to English customs), "That the Resident Medical Officer of a hospital or lunatic asylum is not entitled to a fee, but that a Workhouse Medical Attendant is."

I was obliged to go a mile from my residence to the hospital to attend the inquest—am I entitled to a fee under the circumstances?

I am, Sir, yours obediently,

X. Y. Z.

[The Medical Officer of an Hospital is debarred by Act of Parliament from receiving any fee for evidence on inquest.—ED. M. P. & C.]

WE understand that it is in contemplation to appoint a Medical Officer of Health in Cork, and that Drs. Curtis and Sullivan are candidates for the office.

WE believe there is not the least truth in the rumour to which a Dublin daily paper gave currency, that Mr. John Francis Maguire, M.P., was about to be appointed a Poor-law Commissioner for Ireland. The only means by which a vacancy in the office might possibly be created would be by the resignation of Mr. Power, but we have not the least reason to think that that gentlemen contemplates any such step.

A CORRESPONDENT, who, from the prominence which is given to his letter in the *Journal of the British Medical Association*, seems to reflect the views of the editor, gravely makes the following suggestion:—

"That each gentleman who comes to the annual general meeting should bring, or better still, send, his *carte de visite*.

"That to each *carte* should be appended the signature, or (as medical signatures are not always very legible), the calling-card of the member.

"That these frames should be suspended in some suitable position, either in the Museum or reception room, easily accessible to all.

"That to each frame should be fixed a small piece of ribbon, of the colour chosen by the Branch. That each member should also wear, attached to his button hole, a small piece of ribbon, of the colour selected by the branch to which he belongs."

Delightful inspiration! How lofty in conception and scientific in spirit. But, perhaps, the idea is not original, for, truly, the programme reads very like the regulations for photographing of convicts, *only for the ribbon in the button-hole.*

Medical News.

University of London.—The following are Lists of the Candidates who have passed the recent Honours Examinations:—

FIRST B.A. ONLY.

ENGLISH.

First Class.

Summers, William (Exhibition), Owens College.

Equal { Garthwaite, Liston, private study.
Simmons, Lawrence Mark, City of London School.

Second Class.

Bamford, Alfred John, New College.
Montefiore, Leonard Abraham, University Coll. and Priv. tuit.

Third Class.

Solomon, Joseph, Bristol Grammar School.
Cheyne, Ernest, St. Marylebone Gr. Sch. and Private study.
Fisher, William, Private study.

LATIN.

First Class.

Shaw, James (Disq. by age for Exhibition), Private study.
Thompson, Arthur (Exhibition), St. Cuthbert's College, Ushaw.
Solomon, Joseph, Bristol Grammar School.
Spokes, Arthur Hewett, University College.

Second Class.

Smith, Philip Vance, Univ. and Manchester New Colleges.
Sugden, Edward Holdsworth, Owens College.
Greenfield, Charles Seth, University College.
Smailes, Richard Green, Wesley College, Sheffield.
Summers, William, Owens College.
Birchenough, John Henry, University College.

Third Class.

Fisher, William, Private study.
Jackson, Edwin, Owens College.

FRENCH.

First Class.

Leverson, Benjamin James (Prize) University College.

Equal { Greenfield, Charles Seth, University College.
Lazarus, Edward Henry, Owens College.

Second Class.

Smith, Philip Vance, Univ. and Manchester New Colleges.
Jackson, Edwin, Owens College.
Spokes, Arthur Hewett, University College.

GERMAN.

First Class.

Montefiore, Leonard A. (Prize), University Coll. and Priv. tuit.
Lazarus, Edward Henry, Owens College.

Second Class.

Jones, Owen, Bala College.
Weber, Charles Alfred, University College.

Third Class.

Leverson, Benjamin James, University College.

FIRST B.A. AND FIRST B.Sc. CONJOINTLY.

MATHEMATICS AND MECHANICAL PHILOSOPHY.

First Class.

McCann, Hugh Wm., First B.Sc. (Exhibition), Liverpool Institute.
Lewis, Thomas Crompton, First B.A., Clevedon College, Northampton.

Second Class.

Poynting, John Henry, First B.Sc., Owens College.
Solomon, Joseph, First B.A., Bristol Grammar School.
Pearson, James Edward, First B.A., Christ's College, Cambridge.
Fewings, James, First B.A., Queen Elizabeth's Hospital, Clifton.

FIRST B.Sc. AND PRELIMINARY M.B. CONJOINTLY.

CHEMISTRY.

First Class.

Elwes, John Wm., Prel. Sci. (Exhibition), University College.

Second Class.

Richmond, James, First B.Sc., Manchester Grammar School.
Atkinson, Robert Wm., First B.Sc., Univ. Coll. and R. Sch. of Mines.

Third Class.

Titmas, Samuel David, Prel. Sci., University College.
Verco, Joseph Cooke, Prel. Sci., St. Bartholomew's Hospital.
Carnelley, Thomas, First B.Sc. and Prel. Sci., Owens College.
Ferrand, Edward, Prel. Sci., St. Bartholomew's Hospital.
Jones, Cyril Lloyd, Prel. Sci., Guy's Hospital.
Langley, John Geoffrey, Prel. Sci., University College.

ZOOLOGY.

First Class.

Saunders, John Chas., Prel. Sci. (Exhibition), Downing Coll. Cambridge.

Second Class.
arrison, Chas. Edward, Prel. Sci., St. Bartholomew's Hospital.
sWatteville, Baron Armond, M.A., First B.Sc. and Prel. Sci., Univ. College.

Third Class.
nes, Cyril Lloyd, Prel. Sci., Guy's Hospital.
dwardes, Edward Joshua, Prel. Sci., Private study.

EXPERIMENTAL PHYSICS.

Second Class.
ynting, John Henry, First B.Sc., Owens College.
tkinson, Robert Wm., First B.Sc., Univ. Coll. and R. Sch. of Mines.

Third Class.
ichmond, James, First B.Sc., Manchester Grammar School.

BOTANY.

First Class.
hore, Spencer Le Marchant, Prel. Sci., (Exhibition), Univ. Coll.

Third Class.
pper, Augustus Joseph, Prel. Sci., University College.

FIRST M.B. EXAMINATION.

ANATOMY.

First Class.
hafer, Edward Albert (Exhibition and Gold Medal), University Col.
anfort, Henry Seymour (Gold Medal), Guy's Hospital.

Second Class.
yne, Charles Alfred, University College.
erritt, Edward Markham, B.A., University College.

PHYSIOLOGY, HISTOLOGY, AND COMPARATIVE ANATOMY.

First Class.
hafer, Edward Albert (Exhibition and Gold Medal), University Col.
erritt, Edward Markham (Gold Medal), University College.

RGANIC CHEMISTRY, AND MATERIA MEDICA AND PHARMACEUTICAL CHEMISTRY.

First Class.
anfoot, Henry Seymour (Exhibition and Gold medal), Guy's Hospital.
th, Charles (Gold Medal), St. Bartholomew's Hospital.
hanan, Arthur, Guy's Hospital.

Second Class.
yne, Charles Alfred, University College.
dson, Andrew, Queen's College, Birmingham.
ith, George Francis Kirby, Guy's Hospital.
hafer, Edward Albert, University College.
erritt, Edward Markham, University College.

Army Medical Department.—The Director General of the my Medical Department presents his compliments to the litor of "THE MEDICAL PRESS AND CIRCULAR," and begs to close for insertion a List of the Candidates who have com-ted successfully for Appointments in Her Majesty's British edical Service, held at the London University, on the 9th t.—Army Medical Department, August 22nd, 1871.

	MARKS.
Cottle, E. W.	2,060.
Connolly, P. S.	2,055.
Dwyer, C. E.	2,020.
Blood, R.	1,970.
Fasken, W. A. D.	1,959.
Edge, J. D.	1,890.
Drury, R.	1,885.
Bridges, W. P.	1,875.
Rogers, J. G.	1,865.
Ash, R. V.	1,825.
Grant, W. C.	1,782.
Connolly, B. B.	1,720.
Barrow, H. J. W.	1,665.
Barrow, F. E.	1,654.

A few days since we reported the death of Mr. R. M. rnard, senior Surgeon of the Bristol Royal Infirmary, at bert, near Cardigan, through falling over a precipice at t place. Strange to say, during the thunderstorm on Sun-night, the lightning struck the house where Mr. and Mrs. rnard had been lodging, and split the bed-room in two, the l they had occupied being burnt to a cinder. Mrs. Ber-d and family had returned to Clifton on the previous day. *Western Mail.*

Terrible Loss of Life.—By telegram (yesterday, Tuesday) learn that two frightful accidents occurred on Saturday l Sunday at New York. The first was occasioned by a way collision, twenty persons being killed and thirty iously injured. The other a boiler explosion on board the amer *Ocean Wave*, upwards of seventy persons being killed injured.

Novel-reading a Disease.—It is curious and interesting to erve that as this comparatively new female disease has wn more virulent and intense, the old disease of scandal king has become comparatively rare. It is, of course, ysically difficult to talk scandal and to read a novel at one the same time. Our grandmothers used to devote three or r hours every day to discussing the virtues and vices of ent friends over a dish of tea. Our sisters loll in American chairs, and listlessly turn over a third volume; and the concentrated and slightly venomous interest which used to be excited by the peccadilloes of some half-dozen neighbours is now languidly diffused over the doings of some 400 or 500 washy creations of a washy imagination. It is, of course, possible, nay, even probable, that were novel-reading sternly suppressed, scandal and gossip would revive. Were it not for this consideration, it is an open question whether the novel traffic ought not to be dealt with as stringently as Mr. Bruce proposes to deal with the liquor traffic; whether it would not be well to enable the ratepayers of a district to limit the number of the circulating libraries, or even to close them altogether; and to place the "habitual" novel-reader under some such paternal restraint as that to which Dr. Dalrymple wishes to subject an "habitual drunkard." It is too clear, unfortunately, why it is that so many women thus waste their time and rot their minds. They read novels exactly as some young men smoke and drink bitter beer, for sheer want of something to do. And, upon the whole, a silly girl floundering about upon the sofa and reading a silly novel is a far pleasanter sight than is an unwholesome-looking youth sprawling over a bar, and mining his worthless constitution with nicotine and alcohol. Each is a melancholy specimen of brainlessness, due almost entirely to neglected education.—*The Examiner.*

A New Lady Doctor.—Miss Putnam has just been undergoing the very strict examinations for the doctor's degree in Paris, and has passed very creditably. This is the second case in the Paris Faculty, the innovation being made quietly, whilst elsewhere angry discussions intervene.

"Dyte" v. the St. Pancras Guardians' "Appeal Fund."—Dr. Bathurst Woodman begs thankfully to acknowledge the receipt of the following subscriptions to the Fund now being raised for the purpose of carrying on the Appeal in the above suit; the history and particulars of which, together with a report of the trial, he will be happy to forward on application:—

	£	s.	d.
W. Morrant Baker, Esq., F.R.C.S., St. Bartholomew's Hosp.	1	1	0
Dr. Barnes, Grosvenor st.	1	1	0
Dr. Billing, Grosvenor gate	1	1	0
F. Gordon Brown, Esq., M.R.C.S., Finsbury Circus	0	10	6
Dr. Andrew Clark, Cavendish sq.	2	2	0
George Critchett, Esq., F.R.C.S., Harley st.	2	2	0
T. B. Curling, Esq., F.R.S., Grosvenor st.	2	2	0
Dr. Herbert Davies, Finsbury sq.	2	2	0
Dr. Langdon Down, Welbeck st.	2	2	0
Dr. C. R. Drysdale, Southampton Row	1	1	0
Dr. Edmunds, Fitzroy sq.	2	2	0
Peter Gowland, Esq., F.R.C.S., Finsbury sq.	1	1	0
Dr. Hardwicke, Maida Hill	1	1	0
Jonathan Hutchinson, Esq., F.R.C.S., Finsbury Circus	1	1	0
Dr. Hughlings Jackson, Bedford place	1	1	0
Dr. Little, Brook st.	2	2	0
James Luke, Esq., F.R.S., Maidenhead	1	1	0
Dr. Morell Mackenzie, Weymouth st.	2	2	0
C. F. Maunder, Esq., F.R.C.S., New Broad st.	2	2	0
F. B. Pearse, Esq., F.R.C.S., Haverstock Hill	2	2	0
Walter Rivington, Esq., F.R.C.S., Finsbury sq.	1	1	0
Edward Symonds, Esq., Camden Town	2	2	0
James Teevan, Esq., F.R.C.S., Chesham st.	2	2	0
James Watkins, Esq., Gloucester road	1	1	0
Dr. W. Bathurst Woodman, Christopher st.	1	1	0
A. K.	1	1	0
One behind the Scenes	1	1	0
A Hater of Injustice	1	1	0
F.R.C.P.	0	10	6

Further subscriptions are earnestly and respectfully requested, and may be forwarded to Dr. Bathurst Woodman, Hon. Sec., 6 Christopher street, Finsbury square, E.C., or paid into the account of the Fund at the London and Westminster Bank, Lothbury.

Gleanings.

Test for Arsenic.

A NEW and very delicate test for arsenic has been discovered by Bettendorf. Its sensibility is so great that it is said to be capable of detecting one part of arsenic in a million parts of solution, and the presence of antimony does not affect it. In order to apply this test, the arsenious or arsenic liquid is mixed with hydrochloric acid until the fumes are apparent; thereupon stannous chloride is added, which produces a basic precipitate, containing the greater part of the arsenic as metal, mixed with stannic oxide.—*Medical and Surgical Reporter.*

Bromide of Iron in Seminal Emissions.

BROMIDE of iron is recommended by Dr. N. H. Norris, of Beloit, Wis., as almost a specific in involuntary seminal emissions and spermatorrhœa. He has given it three times daily, an hour before or after meals, in doses of three to five grains, rubbed up in a little syrup; at bedtime a sufficient quantity is given to produce good refreshing sleep, free from lascivious dreams, for which purpose ten grains are usually sufficient, but as much as twenty grains have been given without injury.—*Northwestern Medical and Surgical Journal*, April, 1871.—*American Journal of Pharmacy.*

NOTICES TO CORRESPONDENTS.

TO OUR SUBSCRIBERS.—Gentlemen who have not paid their subscription for last year are respectfully reminded of the omission. The Publishers would also be much pleased to receive arrears of subscriptions due for several years previously, which, in *too many instances*, remain unpaid, notwithstanding frequent applications for settlement.

☞ NOTICE.—Subscribers are respectfully reminded that payment by P.O.O., or crossed cheque, is the most convenient and safest mode of remittance. Stamps are unfortunately too easily disposable by dishonest persons.

All valid receipts are given upon printed forms. Subscribers and advertisers are particularly cautioned against making any payments without the production of such a receipt. Cheques or P.O.O. should be made payable in England, to A. A. Tindall; in Ireland, to A. H. Jacob, M.D.; in Scotland, to Maclachlan and Stewart.

NEW READING CASE.

In consequence of the postal restrictions as to stitching the Journal, improved reading cases with twenty-six strings to hold one volume can now be obtained through any bookseller in town or country, price two shillings. The advantages to subscribers are, that each number when received by post has but to be slipped into the cord, no stitching or pinning being being required. The Journal is kept flat for reading, and each volume complete for reference. The same portfolio can be used for successive volumes where desired.

RECENT NUMBERS OUT OF PRINT.

Full price will be given for THE MEDICAL PRESS AND CIRCULAR of November 23, 1870, and February 1, 1871, on receipt of same with name and address of sender, at the London offices of this paper, 20 King William street, Strand.

F. J. will find the information he asks for respecting Dr. Chapman's Treatment of Cholera in Vigla's wards, at pages 224, 225 of Dr. Chapman's work on "Diarrhœa and Cholera," published by Trübner & Co.

H. A. ALEXANDER.—We have every reason to believe that the Society for Organising Charitable Relief is well conducted by honourable men.

WE MUST beg the indulgence of several gentlemen whose contributions are in type, and only postponed again through the lengthy proceedings of the annual meetings occurring at this season, and for a report of which all our readers look. We trust that we have fairly met the wishes of our supporters.

CASES, PAPERS, LETTERS, &c., have already been acknowledged as in type by Mr. Teevan, Dr. Luther, and others. We hope, now our reports of societies are over, to insert them forthwith.

MR. BRADLEY'S valuable paper shall appear as early as possible.

HOMŒOPATHY.—The conclusion of this criticism is postponed till next week.

WAGGA-WAGGAGRAPH.—A correspondent wants to know if this is a new instrument for any Medical purpose. We believe not. We have seen an advertisement calling it a "Speaking Indicator for Carriages." Perhaps it is something to enable the person in a carriage to communicate with the coachman. If so, it will only be useful to those Medical men who keep broughams.

Received as we were going to press "The Contradictions of Dr. George Johnson's Theory of Treatment in Cholera," by R. Hanslip Sers, M.R.C.S. "Peculiar Pathological and Physiological Symptoms occurring in one of the Lower Animals," by Mr. J. Moir.

APPOINTMENTS.

BOWRING, G., M.R.C.S.E., Hon. Surgeon to the Royal Infirmary, Manchester.

CEELY, R. W., M.R.C.S.E., Assistant Medical Officer to the Devonshire Lunatic Asylum, Exminster.

CLAYTON, Dr. J., Visiting Physician to the Banff District Lunatic Asylum.

FORDHAM, J. W., L.R.C.P.Ed., Resident Accoucheur to the London Hospital.

MAGOR, H. C., M.B., C.M., Clinical Assistant at the West Riding of Yorkshire Lunatic Asylum, Wakefield.

MANSON, A. J., M.D., Visiting Physician to the Banff District Lunatic Asylum.

MATHEWS, G. C., L.R.C.P.Ed., L.R.C.S.I., Medical Attendant to the Royal Irish Constabulary, Moate, co. Westmeath.

PARTRIDGE, T. B., M.B., Assistant-Physician to the Metropolitan Free Hospital.

PORTER, R. H., L.A.H.Dub., L.M., Apothecary and Accoucheur to the Fever Hospital and House of Recovery, Cork street, Dublin.

PURSER, J. M., M.D., L.K.Q.C.P.I., Physician to the City of Dublin Hospital.

Deaths.

AEPTHORPE.—On the 29th of May, at Melbourne, Australia, W. thorpe, L.S.A L., formerly of Princes street, Leicester sq aged 60.

CASEY.—On the 21st inst., Thomas Casey, M.D., of St. Albans, age

DAY.—On the 9th inst., at Bath, W. M. H. Day, M.R.C.S., Assi Medical Officer Bristol Lunatic Asylum.

MANN.—On the 14th inst., at St. Asaph, R. Mann, M.R.C.S.E., l Manchester, aged 81.

PERKINS.—On the 17th inst., at St. Sidwells, Exeter, John S Steele Perkins (of aneurism of the abdominal aorta, aged 26.

THOMAS.—On the 1st of June, suddenly, at Collins street, East bourne, Australia, David John Thomas, M.D., F.R.C.S.E merly of Llwyn-y-Berllan, Carmarthenshire, South Wales, ag

Advertisements.

CHARING CROSS HOSPITAL SCHOOL MEDICINE.

The WINTER SESSION will commence on MONDAY, the October.

An Introductory Address will be given by T. HENRY GREEN, at 8 p.m.

The New School Buildings afford every convenience for stud the increased hospital accommodation has greatly augmented the of clinical instruction.

Three Resident Medical Officers are selected from among the Students every six months.

Fees, including Matriculation, £76 5s., which may be paid instalments.

Further information and prospectus may be obtained by appl to the Dean, at the Hospital.

A. J. POLLOCK, D

ST. THOMAS'S HOSPIT

THE MEDICAL SESSION for 1871 and 1872, wil mence at the NEW HOSPITAL on the Albert Emban Westminster Bridge, S.E., on MONDAY, the 2nd OCTOBER, 1 which occasion an INAUGURAL ADDRESS will be delivered LE GROS CLARK, at Two o'clock, after which the DISTRIB OF PRIZES will be made by SIR FRANCIS HICKS, Treasure

Gentlemen entering have the option of paying £40 for the fir a similar sum for the second, £20 for the third, and £10 fo succeeding year; or, by paying £105, at once of becoming pe Students.

PRIZES & APPOINTMENTS FOR THE SESS

First Year's Students. WINTER PRIZES—£20, £15, and £10. MER PRIZES—£15, £10, and £5.

THE WM. TITE SCHOLARSHIP, founded by Sir WM. TIT M.P., F.R.S., the proceeds of £1,000 Consols, tenable for three is awarded every third year.

Second Year's Students. WINTER PRIZES—£20, £15, an SUMMER PRIZES—£15, £10. £5. The DRESSERSHIPS, and the C and OBSTETRIC CLERKSHIPS.

Third Year's Students. WINTER PRIZES—£20, £15, and £1 GEORGE VAUGHAN'S CHESELDEN MEDAL. THE TREASURER'S GOLD THE GRAINGER TESTIMONIAL PRIZE. THE TWO HOUSE PHYSICIA THE TWO HOUSE SURGEONCIES. THE RESIDENT ACCOUCHE TWO MEDICAL REGISTRARSHIPS, at a Salary of £40 each, or one are awarded to 3rd and 4th years' Students, according to merit.

MEDICAL OFFICERS.

Honorary Consulting Physicians.—Dr. Barker and Dr. J. Risden B Dr. Peacock, Dr. Bristowe, Dr. Clapton, Dr. Murchison, Dr. Mr. Le Gros Clark, Mr. Simon, Mr. Sydney Jones, Mr. Croft, breich, Dr. Stone, Dr. Ord, Dr. John Harley, Dr. Payne, Dr. Mr. MacCormac, Mr. Francis Mason, Mr. Hy. Arnott.

Medicine.—Dr. Peacock and Dr. Murchison. *Surgery.*—Mr. Clark and Mr. Sydney Jones. *General Pathology.*—Dr. B *Physiology and Practical Physiology.*—Dr. Ord and Dr. John *Descriptive Anatomy.*—Mr. Francis Mason and Mr. W. W. Wa *Anatomy in the Dissecting Room.*—Anatomical Lectures—Mr. and Mr. Wm. Anderson. *Chemistry and Practical Chemistry.*— J. Bernays. *Midwifery.*—Dr. Barnes. *Practical and Manipulat gery.*—Mr. Croft and Mr. MacCormac. *Physics and Natural Phi* —Dr. Stone. *Materia Medica.*—Dr. Clapton. *Forensic Medic Hygiene.*—Dr. Stone and Dr. Gervis. *Comparative Anatomy.*— Stewart. *Ophthalmic Surgery.*—Mr. Liebreich. *Botany.*—Dr. Hicks. *Dental Surgery.*—Mr. J. W. Elliott. *Demonstrations Anatomy.*—Dr. Payne. *Mental Diseases.*—Dr. Wm. Rhys W *Geographical Distribution of Diseases in England and Wales.*— Haviland.

R. G. WHITFIELD, Medical Secre

T. B. PEACOCK, M.D., DEAN.

For entrance or Prospectuses, and for information relating t and all other matters, apply to Mr. WHITFIELD, Medical Se The Manor House, St. Thomas's Hospital, Newington, Surrey.

Irish Poor-Law Intelligence;

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

[The Editor of this Journal is aware that there exists in the practical working of the Poor-law and Medical Charities systems throughout Ireland a great absence of uniformity as regards details, and that the Poor-law Medical Officers at large, and the Irish Medical Association as representing them, are very imperfectly informed on many matters of practice in the working of the medical relief of the poor. It would, obviously, be of great advantage to the Poor-law Medical Officers that more perfect information on such points should be forthcoming, inasmuch as it would put individual officers in the position to profit by the experience of their colleagues, and would make it possible for the Irish Medical Association to suggest a remedy for many disadvantages which arise from inexperience of the working of the system elsewhere.

In order, therefore, that the Poor-law Medical Officers shall be put in closer communication, and shall profit by the daily experiences of their brethren, it is intended to take, as it were, a weekly *plebiscite* through the pages of this Journal. In each issue of the Journal henceforth a series of questions on some one point of Poor-law practice will be submitted to its readers, in such a form that the queries can be readily and briefly answered by each subscriber, and the page containing them retransmitted to the Editor. These answer will be carefully collated, practicable suggestions noted, the remedy for discomforts or grievances sought for in the existing laws and regulations, and the result published in the Journal of the Irish Medical Association, if possible, the following week.

It will be possible, under this arrangement, for Poor-law Medical Officers to give utterances to their wishes and suggestions without reserve, inasmuch as the replies being unsigned, the Editor or any other person will remain in ignorance of the identity of the writer; and, it is thus hoped, that a more open and confident exposition of the merits and demerits of the Irish Medical Relief system will be achieved, than could be obtained by any other means, and that the intimate inter-communication of such facts will result in much benefit to those most interested.]

THREATENED APPROACH OF CHOLERA.—THE NAAS BOARD OF GUARDIANS.

A letter was read from the Town Clerk of Naas, calling the attention of the guardians to a resolution passed by the Naas Town Commissioners at their late meeting, when the Town Inspector reported that certain sewers of the workhouse emptied themselves into a river much used by the inhabitants of the town.

The master stated, in reply to the board, that the sewers did empty themselves into the river, and that to avoid that it would be necessary to make a cesspool on the workhouse grounds.

The board unanimously directed that the master should make a report on the next board day as to the best place to have the cesspool made.

It was proposed, and passed unanimously—"That the Board of Guardians would impress most strongly upon all the committees of dispensaries in the union the absolute necessity of frequent inquiries through the medical officer as to the state of health of their districts. Also to order the various inspectors of nuisances to be instructed to use the utmost vigilance in an immediate inspection of all drains and cesspools in their districts, and free use of disinfectants and whitewashing of houses inside and out, and thus as far as lies in the power of the dispensary committees and medical officers of the districts prevent the visitation of cholera in the union; the committees of dispensaries to supply lime and the use of whitewash brushes gratis to the poor of the several districts."

BELFAST BOARD OF GUARDIANS.

INFECTIOUS DISEASES.

The Clerk read the following communication:—

"Poor-Law Commissioners' Office, Dublin,
18th August, 1871.

Sir,—The Commissioners for administering the Laws for the Relief of the Poor in Ireland have had before them a minute of the Board of Guardians of the Belfast Union, on the 8th inst., referring to them to decide whether or not the sanitary inspector of the Town Council, within the Borough of Belfast, is the proper officer to carry out a magistrate's order for the removal of persons suffering from infectious diseases within the Act of 1866, or to whom such magistrate's order should be directed under the 26th sec. of the 29th and 30th Vic., cap. 90; and, in reference thereto, the Commissioners desire to state that the duty of the Board of Guardians does not, in the opinion of the Commissioners, commence in regard to cases of contagious diseases occurring within the district of another nuisance authority, and falling within the provisions of the 26th sec. of the Sanitary Act, until the removal of the patient to the hospital has actually been effected. At the same time, the Commissioners think that in any case where the magistrates may have made an order, with the consent of the guardians, for the removal of any case of contagious disease to the fever hospital of the Workhouse, and the patient is willing to be removed, the services of the relieving officer shall be given the same as they would be in any ordinary case.

(By order of the Commissioners),
"B. Banks, Chief Clerk.

"The Clerk Belfast Union."

SMALL-POX IN LONDONDERRY.

There has been one case of small-pox under treatment in the Waterside Fever Hospital during the past fortnight. The patient, George Richardson, a seaman, was admitted from a coal vessel named the Gertrude, from Maryport, which had arrived in this port. The man is now convalescent, and wished to leave on Saturday last in order to sail in that vessel. We are not aware what precautions, if any, are adopted at Derry for the prevention of the spread of contagion by vessels entering this port; but we are informed that at Maryport lately, the very place from which the Gertrude sailed, an Irish sailor affected with the same disease was not allowed to land,

and was refused hospital accommodation. The sick man was confined to the hold for some time, and at length died. It is said that the Irish Poor-Law Commissioners are at present investigating the circumstances of the case.

DISINFECTION OF THE RIVER LIFFEY BY CHLORALUM.

During the last few days, the Public Health Department of the Corporation of Dublin have been occupied in disinfecting the foreshores of the Liffey, which bisects their city. This river has long been notorious as a source of odours as vile and as numerous as those which offended the nose of the poet Coleridge during his celebrated visit to Cologne. The foreshores are left high, but not *dry* for several hours daily, and during this time they exhale, in warm weather especially, a very bad odour. They have now been cleansed of the foul deposits of mud and filth, and disinfected by chloralum, at the rate of one pound per twenty-five square yards. The experiment proved, says the *Chloralum Review*, perfectly successful.

INVESTIGATION AT THE ENNISCORTHY WORKHOUSE.

On Saturday, the 15th instant, Captain Robinson, Poor-Law Inspector, held a sworn investigation in the Board Room of the Enniscorthy Workhouse, for the purpose of examining into "the statements made by Dr. O'Rourke in his communication to the Poor-Law Commissioners, relating to the expenditure for medicines in the Enniscorthy Dispensary." During the investigation the following gentlemen were present :—Rev. J. L. Furlong, Adm., George C. Roberts, J.P., T. G. Cranfield, J.P., L. Doyle, J. Cullin, L. W. Corcoran, Dr. O'Rourke, Dr. Goodisson, John Deathe, William Rudd, Samuel Davis, Matthew Furlong. P. M. Cooke, John Flynn, W. Cooke, &c.

Dr. O'Rourke was the first witness sworn—He said that on Monday, the 3rd April, he attended a meeting of the Town Commissioners in the Market House ; that during the meeting Mr. Keohler came into the room and remarked "that it was a large meeting." The chairman told him it was a meeting of the Commissioners, when Mr. Keohler said he had been summoned to attend a meeting of the Dispensary Committee, and produced the summons. That was the first intimation witness had of the meeting; it was stated in the circular that it was a "special" meeting to grant sick leave to Dr. Cranfield, who was then very ill ; asked Mr. P. Cooke, hon. secretary of dispensary committee, who was present, why he (Dr. O'Rourke) was not summoned ; Mr. Cooke replied that he had only summoned four, Mr. Mathew Furlong, Mr. Keohler, Mr. Thomas Sinnott, and Mr. James Moran, as they were the nearest to him ; witness remained for the meeting, at which there were seven persons present, and took part in the proceedings ; a person was appointed to replace Dr. Cranfield ; heard Mr. Cooke say there was medicine ordered ; made no objection then, and left the meeting ; at a subsequent period seeing the quantity of medicine ordered, and considered it in excess, I called attention to it, because at the time the contract was taken it was held out as an inducement that the contractor being local the medicines could be obtained in small quantities as they were wanted.

Captain Robinson here produced an estimate for medicine, signed by Mr. Roberts, as chairman, and Dr. Goodisson, as medical officer.

Dr. O'Rourke—I did not see that estimate.

Mr. M. Furlong, member of the dispensary commiitee, said he was present at the meeting when that estimate was produced.

Dr. O'Rourke—I did not see it. The estimate I speak of was on the minute book.

Captain Robinson—Perhaps you had left. Will you now state the quantities of medicines you consider to be in excess ?

Dr. O'Rourke—16lbs. of aromatic spirits of ammonia 5½lbs. of chloroform ; 3½lbs. compound tincture of bark 3½lbs. white precipitate ointment ; 8lbs. of hippo wine 5 gals. of cod liver oil ; 4lbs. paragoric elixir ; 4lbs. magnesia.

Here some remarks were made as the numbers and estimate from which these items were taken.

Captain Robinson—The list is revised every year, and we must confine ourselves to the present one.

Dr. O'Rourke then continued to enumerate the medicines as follows : 28lbs. sulphur ; 28lbs. cream of tartar ; 6 pints liquor of potash ; 42lbs. castor oil ; 5 gals. rectified spirit of wine, and 40lbs. of treacle.

Captain Robinson—I think that is enough for our purpose.

Dr. O'Rourke—I consider every article in the estimate was in excess.

Captain Robinson—Now as to the medicines not enumerated in the catalogue, what are they ?

Dr. O'Rourke—4oz. liniment of iodine ; 4oz. liniment of belladonna ; 8oz. liquor of extract of bark ; 1lb. Long liquor of ergot ; 4lbs. citron ointment ; 7 gross of Daffy corks ; quarter of a yard of gutta percha tissue ; and vaccination points.

Captain Robinson—Will you detail the conversation you speak of, as having taken place with Dr. Goodisson ?

Dr. O'Rourke—When speaking with Dr. Goodisson, called his attention to the estimate for medicine on the minute book, and he said he was no party to that estimate subsequently he (Dr. G.) explained, and said that many of the articles were used previously, but he did not say that he had signed the amount ; and further that he was getting some of the medicines for some time past, and that the estimate was to cover those previous supplies Dr. Goodisson did not say upon what orders the medicines had been previously supplied. Heard from the porter of the fever hospital that Mr. P. M. Cooke, and Mr. W. Cooke, the contractor, dispensed medicine at the dispensary.

Captain Robinson (addressing the master of the union) —Let the porter be sent for at once, and let him bring the book.

Mr. Corcoran—And let no person have any communication with him.

Captain Robinson—with reference to the relationship of the Messrs. Cooke ?

Dr. O'Rourke—The contractor is a son-in-law of the secretary ; believe they live in one house ; they have house in Gorey.

Mr. Flynn—What name is over the house in Gorey ?

Mr. P. M. Cooke—"P. M. Cooke and Co." That will be explained by-and-bye.

Captain Robinson—Where is the medicine supplied from ?

Dr. O'Rourke—Cannot say.

To Mr. Corcoran—I have no fault whatever to find with the quality of the medicine.

Dr. O'Rourke was then asked did he not himself recommend the contract to be taken from Mr. Cooke. He said not—that on the day the tenders were considered by the Board he was summoned, along with the other Medical officers of the union, to consider the Medical tenders, and whilst we were doing so, the Board resolved to give it to Mr. Cooke as a local contractor.

Mr. W. Rudd—I was present at that meeting, and think you recommended Messrs. Boileau.

Dr. O'Rourke—Only so far as they were the lowest.

Mr. Flynn—What was the amount of medicine used in the workhouse last year ?

Dr. O'Rourke—About £2. I prepare all my own medicines, and I only apply for the simples.

Mr. Flynn—And when the medicines were got from the Dublin establishment it used to be £7 or £8.

Mr. Corcoran—Where do you get your medicines from?

Dr. O'Rourke—From Mr. Cooke's establishment; I have no notion of paying for them out of my own pocket.

It was then suggested that Dr. O'Rourke should be asked why he brought those charges against the Medical officers.

Mr. Corcoran—Oh, the doctor has brought no charges against the Medical officers.

Dr. O'Rourke—No, indeed, I have not.

In reply to Captain Robinson, the doctor stated that he recollected a large supply of medicine being ordered from Leslie's, of Dublin, for the Enniscorthy Dispensary, but a great part of it had to be returned; I was not present when that order was given, but, but I think it was subsequently brought before the Board of Guardians; I did not make any written complaint on the matter.

Dr. Goodisson sworn—The estimate for medicine now produced was prepared by me, and is in my handwriting. Sent it to the hon. secretary before the meeting of the 3rd of April. All the figures are in my handwriting. the estimate was made out and signed by me in the ordinary way. It is usual to have them signed by both Medical officers, but Dr. Cranfield was sick at the time. Some of the articles included in the estimate had been obtained by Dr. Cranfield and myself previously to its being made out. We had no authority from the Board to order them. The doctor here named the articles not included in the regular catalogue which had been ordered previous to, and at the time of, making out the estimate. He considered the selection of a local contractor by the Board of Guardians was to enable us to make the small orders at any time we were in want of them. The orders were always sent to Mr. Cooke at Enniscorthy. The doctor then named several medicines that he had occasion to send for without laying an estimate before the committee. The articles not named in the catalogue were required for special purposes; he had no recollection that they were ever ordered before.

Mr. P. M. Cooke—In the order to Mr. Leslie for November, there is one pint of Long's liquid of ergot mentioned.

Dr. Goodisson—It is our usual practice to make out only two estimates in the year—in October and April—and that has been our practice for years; since Mr. Cooke became contractor we had only sent him one previous estimate.

Captain Robinson—Can you state anything with respect to the charge of the Messrs. Cooke dispensing medicines at the dispensary.

Dr. Goodisson—I admit that Mr. P. M. Cooke attended for me at the dispensary on two occasions and dispensed medicines; the contractor never did; on both occasions I was urgently called away, one of them being a summons to attend at Gorey; there was no authority from the committee for Mr. Cooke to dispense the medicine, and I never made a report of it; Mr. Cooke is a qualified apothecary only.

To Dr. O'Rourke—Every entry in the estimate was made by me before the meeting; sent the estimate specially to the secretary before the meeting in order that it might be laid before the meeting; could not tell why I sent it to a special meeting, and was not aware that I was acting wrong, or I should not have done it.

Mr. Flynn wished to know the actual cost of the medicine ordered that was not mentioned in the catalogue. It would be satisfactory to know.

Dr. Goodisson—About 30s. or £2.

Mr. Corcoran—Was there not a saving of £20 to the union last year by Mr. Cooke's contract. Can you give us the exact figures.

Dr. Goodisson—Mr. Leslie's bill the last year of his contract was £83 11s.; Mr. Cooke's was £63 19s. 1d.

To Captain Robinson—Recollects Dr. O'Rourke speaking to me about the estimate, but I did not consider the time or place fitting for the conversation, and I rather evaded answering his question; did not intend to convey to him that I knew nothing of the estimate.

Dr. O'Rourke—I brought the transaction before the committee a few days after the occurrence, and I made the same statement then that I did to-day.

Dr. Cranfield desired to be sworn, as he thought he was better able to explain why some of the medicines not in the catalogue were ordered, as some of them were for cases under his own immediate care. On being sworn, he entered into a medical explanation of each article separately, and said that the whole of the Belladonna was got for one patient, that had disease of the bladder, and he was happy to say it made a perfect cure; the liquid extract of bark we get in order to save time when preparing an infusion of bark on sudden emergencies; Long's liquor of ergot we are in the habit of getting for some time, because the ergot usually supplied becomes inert, and Long's preparation is now used by medical practitioners generally; the citron ointment we have been always using, and it ought to be on the list; the cork's require no explanation as we always got them—they are a particular kind used by medical men; the gutta percha tissue and vaccination points we have also been in the habit of using. With regard to the other medicines the district is very large, with three dispensaries, and the order is not unusually large, nor so large as when we obtained our medicines from Dublin; the district being so large it requires a considerable amount of medicine to supply us. For instance a patient might consume a gallon of cod-liver oil in a month. Formerly when we were run out of medicine we had to borrow from Mr. Cooke and Dr. O'Rourke, and paid them back when we obtained our supplies.

Dr. O'Rourke.—I would always most gladly give it.

Mr. Flynn.—It would not be right to let a person die for a little medicine.

Dr. Cranfield.—We never reported it to the committee, nor did we think it necessary to do so, as we did it for the public convenience.

To Mr. Robinson—Whenever we obtain any medicine from Mr. Cooke before the making up of the estimate we always allow for it, and he includes it in his bill.

Dr. Cranfield then entered into a detailed explanation of some of the items which appeared to be in excess, and in reply to Captain Robinson said, Mr. William Cooke, the contractor, compounded medicine for me on two or three occasions at the Dispensary, but always during my presence; the day Dr. Furlong was appointed to act for me, Mr. Cooke went to the Dispensary to point out the medicine to that gentleman; Mr. P. M. Cooke has been at the out-dispensary (Oilgate) two or three times for me, but not for the last two or three years. He did not act on the authority of the committee, whenever he did go it was in case of some sudden emergency; never made any report of this to the committee; Mr. Cooke is only a qualified apothecary.

Dr. O'Rourke.—He is a qualified apothecary and accoucheur, and the latter is acknowledged by the Commissioners as one of the qualifications.

Dr. Cranfield.—The medicines not mentioned in the catalogue supplied by Mr. Cooke is only charged cost price, that was not so with the former contractors, as they always charged double the price for such articles.

Mr. P. M. Cooke sworn.—Is honorary secretary to the Enniscorthy Dispensary Committee; the requisition convening the meeting, to the best of my recollection, contained a notice of the appointment of a substitute for Dr. Cranfield, and to transact other business; the chairman (Mr. Roberts) called on me between 9 and 10 o'clock on Sunday night, and requested me to summon a meeting for the next day; at that time I had a knowledge that Dr. Goodisson would put in an estimate for medicine; cannot say whether I put in the words "extraordinary" or "ordinary" meeting.

Dr. O'Rourke.—The circular I saw with Mr. Keohler said it was "to appoint a substitute for Dr. Cranfield during his illness."

Mr. Cooke.—I am sure I never mentioned Dr. Cranfield's illness, but it was said to receive an application.

To Captain Robinson—The words were, I believe, "an application from Dr. Cranfield, and other business." Had heard some time before that Dr. Goodisson had an estimate to put in; issued the circulars on Monday to four members only, and those the nearest me, as I had only an hour or so to do it; it was want of time that prevented me summoning more, neither did I think it necessary, as I thought that number would do; I am in the habit of summoning the whole committee, and seldom more than four or five attend. Mr. William Cooke, the contractor, and I reside in the one house; he is at present here in consequence of my ill health. About two years ago Dr. Cranfield was attending me, and was not satisfied with my foreman, and he advised me to get down my son-in-law; the business at Gorey is solely carried on by him; I have nothing whatever to do with the establishment in Gorey; I had to do with it; the reason my name was put up over the Gorey establishment was, that at the time my son-in-law purchased that place he was not a qualified apothecary, and I gave him the use of my name; I have no interest now directly or indirectly in that concern; did not think it necessary to alter the name after my son-in-law was qualified, as I think it was a benefit to him; handed the place over to him about three years ago, when he took out his diploma; he is not concerned in the business here (Enniscorthy) with me, he is only here as my assistant; he is better than two years with me, and has remained with me ever since, going to Gorey about once a week; the tenders in Gorey are made out in the name of "P. M. Cooke and Co.," but I have nothing whatever to do with it; I supply a good deal of medicine from my establishment for the Enniscorthy Dispensary.

Mr. W. Cooke.—I get the order, and Mr. P. M. Cooke supplies me with the medicine at cost price.

Mr. P. Cooke.—I have no profit on it.

Dr. O'Rourke.—Did you not say at the meeting it was to save expense that you did not summons any more.

Mr. P. Cooke.—I have no recollection of saying so.

To Mr. Corcoran—I had no object whatever in omitting to summon Dr. O'Rourke; do not recollect that I ever mentioned it was to save expense that I did not summon a full meeting; I have no interest whatever, directly or indirectly, in the medical contract.

Mr. Flynn.—That is very important.

Mr. William Cooke sworn.—I am contractor for medicines for this union; I have not the slightest interest in the establishment at Enniscorthy; I am sole proprietor of the establishment in Gorey; supplies the Enniscorthy Dispensary with medicines out of Mr. P. Cooke's establishment in this town, and none of them from Gorey; do that in order to expedite the delivery of medicine to this union, as they are often required in a hurry; purchase the medicines from Mr. P. Cooke at cost price, and we keep a separate account of it; he has no profit whatever from the medicine so sold to me.

Mr. Roberts, J.P., sworn—I called on Mr. P. M. Cooke, the secretary of the Dispensary Committee, on Sunday evening, the 2nd April, in consequence of an interview I had with Dr. Cranfield; the Doctor was very unwell, and he wished me to have a meeting summoned to appoint a substitute, as there was a great deal of business in his district; requested Mr. Cooke to summon the members in the town, as there was no time to send to the country; presided at the meeting next day; the estimate for medicine was laid before me, and was signed by me before the meeting broke up; the date on the estimate is also in my handwriting; I understood it to be a special meeting for a special purpose, but then it has been a practice at such meetings to transact whatever business came before them; that was always done by the committee, and they did not know they were violating any law. Dr. O'Rourke complained of not having received any notice for that meeting, and I explained that it might have been in the hurry of the moment that his name was omitted; and Mr. Cooke explained that there was no discourtesy intended. There was no objection to the meeting, and we transacted the business, Dr. O'Rourke taking part in it, having either proposed or seconded a resolution.

This concluded the investigation.

Hypodermic Use of Ergot in Uterine Disease.

Dr. Von Swiders strongly recommends subcutaneous injection of ergot in uterine affections, especially chronic metritis and metrorrhagia. Severe bearing-down pains are said to be often preduced, coming on in from a half to one hour. His formulæ are, where a rapid effect is desired: Aqueous extract of ergot, 2·5 parts; rectified spirits and glycerine, each 7·5 parts;—Aqueous extract of ergot, parts; rectified spirits, 5; glycerine, 10 parts. Where slower and slighter action is desired: Aqueous extract o ergot, rectified spirits, each 2·5 parts; glycerine, 12·5 parts —Aqueous extract of ergot, 1 part; rectified spirits, 1·5 distilled water, 4·5; glycerine, 3 parts.—*Wiener Medizinische Wochenschrift*, January, 1871.

Clitoridectomy.

Dr. J. P. White, of Buffalo, N. Y., (*American Journal of Insanity*), extirpated the clitoris in an epileptic girl, aged twenty years, who was addicted to onanism. The habit was broken up entirely. It is now about three years since the operation; the habit has not returned, nor have the epileptic paroxysms reappeared. He has operated in two other instances. In one case the paroxysms were postponed a month or two, but the epilepsy was not interrupted. Two of the cases were young girls, where the habit of masturbation was established at boarding school. Dr. White would suggest the substitution of the division of the pubic nerves subcutaneously for the more offensive mutilation of clitoridectomy. This operation would be far less disgusting, and may afford equal relief. In some instances which have come under his observation, the patients were wonderfully susceptible to the influence of this peculiar excitement; and upon applying the finger to the clitoris, it acted almost like a galvanic shock.—*Med. Record.*

Castor Oil made Palatable.

A correspondent of the *Boston Medical and Surgical Journal* suggests that this article of the Pharmacopœia may easily be made palatable by the employment of glycerine as an excipient; in fact, the dose will be found as "sweet as honey," and devoid of any unpleasant taste:

℞.—Glycerine (puriss)
Ol. ricini, *aa* ℥ij.
Ol. cinnamomi, ♏ jv.—M.

The ol. cinnam. should be rubbed up with the glycerine, and the ol. ricini then added, and the whole well mixed, by being shaken when used. In larger doses, lessen the proportion of the glycerine.

Tracheotomy in Croup.

Dr. Guersant (*Medical News and Library*) gives the subjoined indications necessitating the operation of tracheotomy.

The first indication is, that the suffocation and asphyxia from which the patient suffers shall be permanent, and without intermission.

The second indication is, that the disease shall be local and not general. In the former state the patient is in the most favourable condition, in the latter there is but little chance of success. In fact, if false membranes exist in the nose, or behind the ears, or, as is frequently the case, there is ulceration even in the vulva; if there are many enlarged glands under the jaw, and if the urine is albuminous, it is necessary for the operator to know that he has very little or no chance of success.

The third indication is, that the patient shall be at least two years old. The number of successful operations performed prior to that period has been very small, and the cases are only exceptional in which tracheotomy has succeeded in children of six months, a year, and eighteen months; and yet the successful result achieved by M. Scouttettin on a child of six months and that of M. Maslieurat Lagémar, induce him not always to decline operating on children under a year old.—*Med. Record.*

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 6, 1871.

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DIARRHŒA AND CHOLERA:
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A SUMMARY RECORD OF

CASES AND RESULTS.

By John Chapman, M.D., M.R.C.P.,

Physician to the Farringdon Dispensary.

The fundamental principles on which the treatment described and exemplified in the following pages reposes may be stated summarily as follows:—

Negative Principles.

1. That though, in exceptional cases, diarrhœa as well as cholera, may present itself asssociated with the presence of a blood-poison, neither the one nor the other is, as a general rule, the product of such a poison;* and that there are very strong and very numerous reasons for believing that the hypothetical so-called "cholera-poison," of the existence of which no proofs have ever been adduced, exists only in the imagination of certain pathologists.

2. That the existence of the so-called "cholera-germs,"† which are alleged to be produced and disseminated in terrific abundance from the gastric and intestinal discharges of cholera patients, has never been shown to be probable by even one particle of evidence, and that there are numerous and very strong reasons for believing that they are creations as exclusively hypothetical and subjective as is the imaginary "cholera-poison" itself.

3. That the pathological changes constituting the phenomena of cholera are not referrible, as suggested by Dr. Gull, "to an early and severe depression," or "extreme exhaustion of the great ganglionic nervous centres in the abdomen;" that "the vital energy of the nerves distributed to the respiratory, the circulatory, and the secreting organs, is either uncommonly depressed or entirely annihilated, is" not "shown by the nature of the characteristic symptoms constituting the malady," as it is affirmed to be by Dr. Copland; and that a vast array of authentic facts disproves the assertion of Dr. Goodeve that, "in the intestines a sort of paralysis of the smaller arteries and capillaries seems to exist, much as occurs in the sections of the sympathetic nerve in the neck in Bernard's experiments."

4. That cholera does not "travel" from place to place, as in almost every history of its manifestations it is said to do; that it can originate *de novo* in any place in which certain definable conditions co-exist; and that it may even be generated afresh, without the aid of "cholera-germs," and without any contact or relation of any kind with cholera patients, by either the stupid conduct or conscious efforts of man himself.

5. That, though in the focus of a cholera epidemic the influence generating the disease is often felt by persons who are not actually attacked by it, and though when that influence tends to render all within the sphere of it liable to attack, the emanations of cholera patients, like any other foul or unwholesome emanations, may operate as exciting causes of the disease, whereas they would not do so under other circumstances, nevertheless, cholera is neither infectious nor contagious; and that the costly and vexatious international regulations, often involving great suffering, by which Governments attempt to resist invasions of the disease, are no defence whatever against its attacks, whereas its development and continuance are, probably, often favoured by the enforcement of the laws of quarantine.

Affirmative Principles.

1. That both diarrhœa and cholera, however induced, are essentially and invariably disorders of the nervous system.

2. That the nature of the summer diarrhœa of temperate climates, and that of the diarrhœa which often preludes, and indeed constitutes the initial stage of, cholera in tropical climates, are essentially identical.

3. That the summer diarrhœa of temperate climates, the so-called cholerine, English or European cholera, and Asiatic cholera, are also essentially or etiologically one

* The doctrine that the blood of cholera patients is poisoned is held by Parkes, Goodeve, Johnson, and a host of other pathologists.

† The "cholera-germ" theory was held by Dr. Snow, and has been most zealously advocated by Dr. Budd, of Bristol.

and the same disease—these several kinds of it being only the several expressions of the several degrees of intensity with which the force causative of them operates.

4. That all the phenomena of diarrhœa and cholera are due to hyperæmia, and consequent excessive action of the spinal cord and of the ganglionic or sympathetic nervous system.

5. That all these phenomena are naturally divisible into two classes, as follows :—

First-Class.—Active or Positive Phenomena—due to Hyperæmia of the Spinal Cord.

Abnormally copious and pale urine.
Albuminous urine.
Super-abundant secretion of bile.
Super-abundant secretion of pancreatic juice.
Excessive exudation of serous fluid by the serous membranes.
Borborygim.
Excessive activity of the mucous membrane of all the glands of the alimentary canal.
Abnormally high temperature within the rectum.
Excessive activity of the mucous membrane of the gall-ducts and gall-bladder, of the pelves, of the kidneys, and of the female genital organs.
Abdominal gripings.
Excessive expulsive activity of the stomach and bowels.
Simultaneous excessive activity of the thoracic and abdominal muscles.
Sweat in all its grades of copiousness and fluidity.
Disorders of sensibility.
Tremors.
Muscular twitchings.
Fixed stony expression of the face.
Tonic hardness of muscles.
Tightness across the lower part of the chest.
Cramps and convulsions.
Extreme contraction of the urinary bladder.
Restlessness and tossing of the limbs to and fro.

Second Class.—Passive or Negative Phenomena—due to Hyperæmia of the Sympathetic Ganglia.

Slight headache.
Deafness of various grades.
Tinnitus aurium.
Dizziness, slight faintness, syncope.
Drowsiness, sleepiness.
Mental states characteristic of diarrhœa and cholera.
Absence of tears, saliva, bile, and urine.
Short, struggling, and rapid respiration.
Cold breath.
Enfeeblement of the voice, aphonia.
Oppressive and burning pain at præcordia and left epigastric region.
Algide symptoms : Progressive changes in the visage and in the colour, temperature, and general aspect of the skin.
Loss of cutaneous sensibility.
Serous exudation into the intestines.
Epithelial exfoliation of the intestinal villi.
Enfeeblement and death of the voluntary muscles.
Enfeeblement and death of the involuntary muscles, cessation of discharges, secretion still continuing.

6. That the different grades of severity with which the foregoing symptoms present themselves in different cases accurately correspond to and express the different grades of hyperæmia of the spinal cord and sympathetic ganglia which obtain in different cases.

7. That as the comparative strength of the cerebro-spinal and of the sympathetic nervous system in relation to each other differs aboriginally in different constitutions, so in cases of diarrhœa and cholera, each of the two groups of morbid phenomena produced by each of those systems will relatively to each other present different degrees of development in different patients. Hence it is that sometimes the copiousness and frequency of the discharges, and sometimes the algide symptoms constitute the predominant features of the malady.

8. That any agent capable of producing general hyperæmia of the spinal cord, and of the sympathetic ganglia, is capable, by doing so, of becoming a cause of both diarrhœa and cholera.

9. That some agents increase the circulation in, and therefore the energy of the whole nervous system simultaneously, and consequently engender diarrhœa and cholera without the operation of any apparent exciting cause. Such agents are solar heat and atmospheric electricity. Hence it is that while diarrhœa and cholera are only epidemic in temperate climates, and, exceptions apart, are only epidemic in such climates during the summer months, they are more or less endemic in tropical climates throughout the year.

10. That though great and continuous solar heat is pre-eminently powerful as a cause of diarrhœa and cholera, even the great potency of solar heat as a cause of these diseases is immensely augmented, if, while the days are hot the nights are cold. Wide ranges of temperature, when the average temperature remains high, cause the amount of blood in the surface of the body to vary extremely within each twenty-four hours, and thus by means of the ebb and flow of the blood-currents, as well as by means of the nervous ramifications throughout the surface of the body, exert an oscillating influence on the circulation within the nervous centres themselves, which rendered permanently hyperæmic by the high average temperature, become still more so in the night, owing partly to the influence of sleep, and partly to the fall of the external temperature, which causes the body to become cool, and the surface arteries, therefore, to become contracted. Careful and exact observations, both in India and in England, have demonstrated that when in connexion with a high temperature there is a great range between the degrees of greatest heat and greatest cold within each twenty-four hours, diarrhœa and cholera are likely to prevail most extensively ; and hence it is that in England, as a general rule, September, which is especially notable for its hot days and cold nights, is the month in which those diseases are most prevalent and most fatal.

11. That when a high temperature, with or without great alternations, produces excessive hyperæmia of the nervous centres, the extent of such hyperæmia, and therefore proclivity to diarrhœa or cholera, differs in different persons at the same time, and in the same person at different times, because the constitutional variability of the circulation in the nervous system differs in different persons, and in the same person at different times.

12. That when the spinal cord and sympathetic ganglia have become hyperæmic by the influence of great solar heat, but not sufficiently so to enable them to become self-originative of diarrhœa or cholera, various agents, which, without the co-operation of such hyperæmia of solar origin, would be powerless to produce either of those disorders, are capable, with that co-operation, of becoming exciting causes of both of them.

In India *prolonged marches* of soldiers, *pilgrimages*, and *ordinary travelling on foot*, by bringing into continuous and energetic action the lower segments of the already hyperæmic spinal cord, are notoriously prolific exciting causes of cholera.

Noxious effluvia coming in contact with the great expanse of sensory nerve filaments spread over the nasal and pulmonary mucous membranes, excite the already hyperæsthetic brain and spinal cord of persons exposed to great solar heat, to an extent which would not be possible at other times, and thus become exciting causes of both diarrhœa and cholera. "In spite of exceptions," says Dr. Goodeve, "the places in which the air is most vitiated from privies, cesspools, drains, decaying animal and vegetable refuse, or overcrowding and concentration of human evacuations, are those in which cholera has generally been most fatal and most widely spread."

Impure water, which in England may be drunk during winter with comparative immunity from bowel complaints, quickly induces diarrhœa and even cholera in summer, when, by the action of solar heat, the nervous system is already predisposed to those diseases. Moreover, impure water taken from the same source all the year round is more impure in summer than in winter, because whereas water at 32° Fahr. dissolves scarcely any organic matter, water at temperatures ranging from 60° to 90° Fahr. dissolves it freely.

Bad food and eating to excess are very common exciting causes of cholera in India, where the temperature is always high; generally in temperate climates their morbid influence extends only to the production of diarrhœa; but when, in England, for example, a predisposition to cholera is already established by great heat they very often become the agents of its development.

Alcoholic fluids are notoriously stimulants of the nervous system, and, assuming the truth of the doctrines above propounded, my readers will expect that persons who drink these fluids freely in a region where cholera is epidemic, will incur special risks of losing their lives by doing so, and such is the fact. It was found by Dr. Farr* that, "on Saturday, Monday, Tuesday, and Wednesday, the deaths from cholera were above, and on Thursday, Friday, and Sunday below the average. In the whole country Tuesday was the most, Friday the least fatal day of the week." The remarkable increase of deaths on Tuesday is an instructive consequence of the fact that Monday (*Saint Monday*, as it is called by the working classes) is the day especially devoted to idleness and drinking.

Dental Irritation.—Of all exciting causes of cholera or, if the phrase be preferred, of fatal diarrhœa, in temperate climates at least, the process of teething is at once the most extensively operative, the most insidious, and the most deadly. Comparatively few English children are destroyed during each winter by diarrhœa, but the number which it kills every summer is deplorably great, while in those summers which are remarkable for their great heat the number is enormous; and I often marvel how little professional enquiry and reflection are excited by this great infant mortality. How does it come to pass? The answer seems to me easily given: in ordinary English summers solar heat acting alone or even in combination with any of the exciting causes already mentioned, does not suffice to induce cholera or fatal diarrhœa; and in English winters the nervous irritation incident to the process of teething rarely induces diarrhœa, and when it does so the disease is rarely fatal; but when the two exciting forces—solar heat and the nervous irritation caused by teething—*are combined*, their conjoint force produces that excessive hyperæmia of the already extremely vascular nervous centres of children, which originates the great majority of the very numerous cases called in England "infantile diarrhœa," and in America, where the solar heat is greater, and where, consequently the symptoms of the disease are more pronounced, "cholera infantum."

Purgative Medicines.—Besides the several agents already mentioned which easily become transformed into exciting causes of diarrhœa and cholera when heat has already rendered the nervous centres hyperæmic, there are many others which ought to be referred to, but all of which except purgative medicines I must, for the sake of brevity, pass over in silence. That purgative medicines are capable of inducing cholera when the disease is epidemic is proved by an amount of evidence, from the most impartial and authoritative observers, placing the fact wholly beyond question. Testimony to this effect is given by Sir Ranald Martin, Dr. Macpherson, Dr. Laycock, Dr. Mackintosh, Dr. Goodeve, Dr. Twining, Dr. Morehead, and, in short, we find, as Dr. Macpherson says, "the great majority of writers in all countries pronouncing their opinion that when cholera is prevalent it is not safe to take aperients." The results of the several plans of treatment tabulated by the "Treatment Committee of the Medical Council of the Royal College of Physicians," so as to show the *percentage* of deaths following each plan proved that the *percentage* following the use of eliminants was greatest of all—viz., 71·7, and that the *percentage* of deaths following the treatment by castor oil was even greater than that which followed the use of eliminants in general: it was 77·6 per cent.

(*To be continued.*)

* "Report on the Mortality of Cholera in England." 1848-9.

CLINICAL LECTURES
ON THE
DISEASES PECULIAR TO WOMEN.

By Lombe Atthill, M.D. Dub.,
Fellow and Examiner in Midwifery King and Queen's College of Physicians; Obstetric Physician to the Adelaide Hospital, Dublin.

LECTURE XI.

Inflammation of the Cervix Uteri—Ulceration of—Symptoms of—Treatment of by Depletion, Nitric Acid, and Styptic Colloid—Pelvic Cellulitis—Pelvic Hæmatocele.

The great frequency with which inflammatory affections of the unimpregnated uterus occur, resulting as they do in some of the most distressing and intractable ailments to which women are liable, renders the subject of inflammation of the uterus one of great importance. To it I propose to call your attention to-day.

The interior of the uterus is divided into two parts by the os internum, the upper part that of the body, is triangular in shape and is lined by a very thick mucous membrane, which is abundantly supplied with blood vessels and is smooth on the surface. The lower part, commonly designated the cervical canal, is circular, bulging in its centre, and contracted at each extremity. It too is lined with mucous membrane, continuous with that of the body but differing from it in being thinner, and in being arranged in transverse folds, which form the *arbor vitæ*, the interstices between which conceal numerous mucous follicles and glands. Both these portions may simultaneously be the seat of disease, or one may be attacked independent of the other.

When speaking to you on the subject of menstruation, I pointed out the important part which the mucous membrane lining the cavity of the uterus played in the performance of that function; how easily the discharge which at the catamenial epoch it pours out might be checked, and the ill results to be anticipated from such an occurrence; but in addition to affections following on interrupted or suppressed menstruation, an unhealthy condition of both the body and cervix is likely to occur as the result of abortion, or of imperfect recovery after labour at the full term, when the involution of the uterus being retarded that organ remains in an enlarged and congested condition, one most favourable to the occurrence of inflammation. Other causes too not so clearly traceable produce congestion and inflammation of the cervix, and less frequently of the body of the uterus.

Inflammation of the cervix is never of a very acute character, but the cases we meet with in practice vary greatly in intensity. The more acute form has two well-marked stages, in the one active congestion of the part exists, manifested by great vascularity of the mucous membrane covering the vaginal portion of the organ, which becomes of a bright pink colour, and by engorgement and tumefaction of the substance of the cervix, which however feels soft and elastic to the touch. In the other the mucous membrane being denuded of its epithelial covering, presents the appearance of an irregular abraded surface of a deep red hue which pours out a profuse muco-purulent discharge, and which is studded with numerous papillæ.

The os uteri becomes patulous, and its lips everted, while the cervical canal is blocked up by a thick tenacious discharge which is secreted by the cervical glands. This in appearance resembles the white of egg, and is always pathognomonic of endo-cervical inflammation. If you succeed in removing it, and get a glimpse at the membrane lining the interior of the cervix, you will find it also to be of a bright red colour; we seldom however see a case in the very early stage, the symptoms rarely being sufficiently severe to induce the patient to seek medical aid. But generally ere long the inflammation extends to the cervical canal, and then her sufferings being increased she applies for relief.

We have at present in the house a well-marked example of inflammation of the neck of the womb in an early stage, occurring in an unmarried woman. The mucous membrane covering it is smooth, nor does abrasion at any point exist, the os uteri is patulous and a copious transparent, tenacious, discharge issues from the cervical canal, proving that its lining membrane participates in the disease.

Now contrast the appearances presented in this case with those which you saw to exist in the patient occupying the opposite bed. S—— B——, æt. thirty-four, has had two children, her illness dates from the birth of the last, two years ago. The cervix is greatly thickened and indurated, its vaginal portion which is of a deep red colour, instead of being smooth and even as in the other, is covered over with little red papillæ which bleed on being touched, while a copious muco-purulent discharge which has to be wiped away before you can see the parts, exudes from its whole surface. The os uteri is very patulous, and is plugged with a mass of tenacious opaque mucus, which when removed after much trouble, discloses a cervical canal, the lining membrane of which is seen to be congested, and covered with large vascular elevations. Here you have an example of the second stage of cervical inflammation, the substance of the cervix is thickened as in the former case; but in addition the mucous membrane is denuded of its epithelium. The surface thus exposed is covered with granular-looking elevations, indeed these have been mistaken for granulations, but they are not new growths at all, but merely the papillæ which abound in this situation, and which have become enlarged and hypertrophied by the existence of the surrounding inflammation, then finally you have a profuse muco-purulent discharge secreted from the diseased surface. The roughened condition of the mucous membrane with its enlarged and prominent papillæ secreting a muco-purulent discharge being a secondary condition the result of the previously existing inflammation.

The case I have just been alluding to affords also an excellent illustration of the condition termed "ulceration" of the cervix, a term the accuracy of which has been warmly disputed. Dr. Bennett defends its use, and on the authority of Petit defines ulceration as "a solution of continuity from which is secreted pus, or a puriform sanious or other matter,"* but as we usually associate the idea of ulceration with a loss of substance of greater extent than that produced by the mere removal of the epithelium, and I am inclined to agree with the view held by Dr. Farre, that the term ulceration should only be applied to cases in which the loss of substance extends deeper. But if Dr. Farre's definition be strictly adhered to when speaking of affections of the uterus, examples of ulceration of that organ will prove to be very rare. I have never seen as much as one instance of true ulceration of the cervix uteri as defined by him, unconnected with specific disease; indeed I do not believe that such occurs, all this however is a mere dispute about a term, and although I do not think it to be strictly correct, still to avoid confusion, I shall continue to apply the word ulceration to the condition we are considering.†

* "Inflammations of the Uterus," page 82.

† An admirable summary of the arguments for and against the theory of ulceration will be found in Dr. Graily Hewitt's recently published work "On Diseases of Women."

But cases less severe than the one of which I have been speaking constantly occur, in some there is mere abrasion of the vaginal surface of the cervix, a circle surrounding the os uteri of limited extent, appearing red and abraded, a condition which terminates abruptly just inside the os; or you may have cases intermediate in severity, in which the vaginal portion of the cervix being denuded of its epithelial covering, presents an irregular surface of a deep red colour studded with the hypertrophied papillæ, of which I have already spoken, the cervical canal however not being implicated in the disease, such a surface as that which I have last endeavoured to describe almost invariably secretes a copious purulent discharge. And in addition there is usually a certain amount of vaginitis present. You had an excellent example of this in the case of Mrs. H., the discharge in her was so profuse and weakening that it was for the cure of this that she sought relief.

The milder forms of ulceration of the cervix are not o themselves of any great importance; they seldom give rise to distressing symptoms, nor do they necessarily cause sterility, even when as severe as in the case of Mrs. H., for she became pregnant long before the ulceration was cured; but then the mucous membrane of the vaginal portion of the cervix alone was engaged. It is quite otherwise when that lining the cervical canal is implicated, for then the os becomes patulous, its lips are everted, and a copious, viscid discharge is invariably poured out by the cervical glands; this completely fills up the os, and is seen hanging from it as a rope of thick semi-opaque mucous. This discharge is an effectual bar to conception, and is pathognomic of cervical disease; whenever you see it, you may at once pronounce that the patient is suffering from inflammation of the mucous membrane lining that canal. Perhaps the best term to apply to this condition is cervical catarrh or endocervitis. In it the lining membrane being congested is of a deep-red colour, subsequently hypertrophy takes place, and the rugiæ become prominent, while its surface is covered with numerous vascular papillæ. When this stage is reached, not only is the os patulous but the cervical canal is relaxed throughout its entire length, as high at least as the os internum.

If you proceed to introduce a sound in a case such as I am describing, you will probably find it to be a matter of considerable difficulty; this difficulty is caused by the point of the instrument becoming entangled first in one and then in another of the folds of the hypertrophied mucous membrane, and it is only after the lapse of some time, and the exercise of much patience, that these difficulties can be overcome, and the cavity of the uterus reached. Some drops of blood are nearly certain to follow the withdrawal the sound, which does not occur when the lining membrane of the cervical canal is in a healthy condition.

In addition to these local symptoms, others of a more general character are invariably present, thus the patient is nearly sure to complain of back ache, and of pain and tenderness on pressure over the ovary, especially on the left side; pain too is frequently complained of along the edge of the false ribs. When this is *severe*, and particularly if it becomes *aggravated at the approach of the catamenial period*, I look on it as indicating that the disease has extended up to the os internum. Then irritability of the bladder and often distressing pruritus are frequently present; and, after a time, menstruation is very likely to become profuse and weakening—indeed, not unfrequently it is for the cure of the menorrhagia that we are consulted. This was so in the case of Mrs. B., to whom I alluded when speaking of menorrhagia, and of several others whom from time to time we have had in hospital.

A very instructive case was that of the young married woman, Mrs. —. Her illness commenced soon after marriage; she did not suffer much pain, but latterly had hardly ever been free from a sanguineous discharge; there was also profuse leucorrhœa present. Before coming under my observation she had taken various astringents without benefit. The cause of this was apparent, for on making a

digital examination, the cervix felt as soft as a piece of sponge, and on looking at it through the speculum, it presented an appearance which I can only compare to that of a large raspberry. The slightest touch was followed by copious bleeding. You saw that I brushed over the surface with the saturated solution of perchloride of iron in glycerine; this effectually checked the hæmorrhage for the time, but months elapsed before she was cured. I was inclined to attribute the condition of the cervix in this case, to excessive sexual intercourse in a young woman of delicate constitution.

In the foregoing outline I have endeavoured to trace the progress of a case commencing in inflammatory congestion of the substance of the cervix, in which the mucous membrane, covering its vaginal aspect, participating in the disease, becomes after a time the seat of ulceration, that lining the cervical canal also being implicated in the inflammatory change. This is a very common course for the affection to follow, and an example of it is afforded you in the patient to whose case I have just drawn your attention. It is, however, far from being the invariable one, for without doubt inflammation in many cases first attacks the cervical mucous membrane; ulceration of its vaginal surface follows; the inflammation, and consequent induration, slowly extending into the substance of the cervix.

But we may have cervical catarrh indicating the existence of inflammation of that canal, while the mucous membrane covering the lips of the uterus remains perfectly healthy. When this condition exists we generally find that the case is one of long standing, and that it has crept on slowly and insidiously, the patient dating back the commencement of her illness many years. I shall refer to this condition again by and bye.

Your treatment of cases of inflammation of the cervix uteri must be guided by the stage which the disease has reached, and the form which it has assumed, as well as by the patient's state of health. We seldom see the acute form till the stage of ulceration has been reached. It is too commonly the custom to treat all such cases on one method, namely, by applying nitrate of silver, either solid or in solution, to the surface of the cervix, a treatment in general altogether insufficient, and sometimes positively injurious. Bear in mind that you are dealing with inflammation, or, at least, congestion of the organ, and it is rational that your first step should be to relieve that congestion by local blood-letting. There are two ways of effecting this,—the one by the application of leeches, the other by incising or puncturing the cervix. Leeching is a very troublesome and tedious process, as well as most uncertain in its results: at one time perhaps you cannot get the leeches to take at all, or at most not more than one or two, at another they will bite freely, and perhaps, in spite of all the care you can take, will fasten on the vagina, and profuse bleeding may follow. I have seen the bleeding from this cause so profuse as to compel me to plug the vagina, I therefore now rely altogether on the other method. I practice it very much in the way recommended by Dr. Hall, of Brighton, in the *Lancet* for the 3rd September, 1870. Merely scarifying the surface of the cervix is not sufficient, especially in a case of a very chronic nature and accompanied by induration, I therefore now always puncture the vaginal portion of the cervix tolerably deeply in two or three places. The depth to which I make the point of the knife penetrate varies from $\frac{1}{8}$ to $\frac{1}{4}$ of an inch, or even more, according as the cervix be soft and vascular or firm and indurated, for in the former case it bleeds very freely, in the latter it is sometimes difficult to obtain a sufficient quantity of blood. Dr. Hall has had a knife specially made for the purpose by Coxeter, but I invariably use a long straight-backed French bistoury, which terminates in a very sharp point. One great advantage of this plan of treatment consists in the ease and rapidity with which it can be performed. Having exposed the cervix with an ordinary speculum, you make two or three punctures rapidly; this seldom causes pain, if it does it subsides in a few minutes. You can practice this treatment with equal facility in the wards of the hospital, in the extern department, in your own study, or at the houses of your patients.

You have seen how extensively I have carried out this system of local depletion, and how often considerable relief has followed its use. Of course, it is not invariably successful. I have found it to be on the whole productive of quite as much, or even greater benefit in cases of chronic inflammation of the cervix, as in those of a more acute nature.

My rule then in nearly all cases of inflammation of the cervix uteri, no matter what its stage, is first to relieve the congestion by puncturing the part. I only omit this when menorrhagia is present, for when this exists, depletion is in general unnecessary and appears sometimes to be injurious. Your object in that case should be to check at once the weakening discharge. This is best effected by applying freely to the diseased surface a saturated solution of the perchloride of iron in glycerine, which is much less irritating than either the tincture or the liquor, and is generally sufficient if applied freely to check temporarily the bleeding. To apply it you should always expose the cervix with one of Ferguson's glass speculums, and make your applications through it. However, this proceeding is but palliative, and as in all the severe cases the membrane lining the interior of the cervix is implicated in the disease it is essential to dilate its canal throughout its entire extent, so that you may be able to treat every portion of the unhealthy surface. With this intention I introduce one or two lengths of the compressed sea-tangle, taking care that they pass through the os internum, on withdrawing these my usual treatment has been to apply the strong nitric acid freely to the whole interior of the cervical canal, in the manner recommended in a previous lecture. This was the treatment adopted in the case of the woman S. B., of whom we have been speaking. I confined her to bed for three or four days subsequently and then treated the still ulcerated surface by the application of a solution of tannic acid in glycerine of the strength of ten grains to the ounce. I strongly recommend the use of this application in cases of ulceration and inflammation of the cervix, it is especially useful if vaginitis be present. I saturate a pledget of cotton in the glycerine, pouring about half a drachm of it into the palm of my hand and soak it up with the cotton, I repeat this process several times till the cotton is thoroughly saturated, and then attaching a piece of string to facilitate its removal, introduce it up to the os uteri through the speculum and leave it there for twenty-four hours, the patient can withdraw it herself by means of the string. This treatment is often productive of great benefit, the tannin acts as an astringent, while the glycerine produces a copious watery discharge. The result of this combined action is that the surface of the cervix, on the withdrawal of the cotton looks paler and altogether much cleaner and healthier. If much irritation exist in the vagina, I omit the tannin and use the plain glycerine, as it relieves the vaginal congestion more effectually than when it contains an astringent. It was from Dr. Marion Sims's excellent work on "Uterine Surgery" that I learnt the great value of glycerine in the treatment of uterine disease, and I daily appreciate it more. Remember however the glycerine must be very freely used, I commonly employ an ounce for a single application. The quantity which even a small pledget of cotton will absorb is surprisingly large. If the nitric acid be once freely applied to the whole length of the cervical canal, and that you subsequently dress the ulcerated surface with the glycerine of tannin, you will in many instances effect a cure in the course of a few weeks, you had an example of this in the patient alluded to. If the surface be indolent, it may be necessary to apply to it occasionally a solution of nitrite of silver of the strength of from thirty to forty grains to the ounce, also in cases of less severity I sometimes use, instead of the nitric acid, the zinc points introduced into practice by Dr. Braxton Hicks, or if the nitric acid has failed to effect a cure, I introduce them

subsequently; they are often productive of great benefit, specially when no induration exists. They cause however a good deal of pain and considerable local irritation.

But in the case of G. P., one of the patients I am to-day specially directing your attention to, I have adopted a different treatment. In her you may remember there existed great tumefaction of the cervix and extreme vascularity and congestion of the mucous membrane covering its vaginal surface. With the view of relieving this condition I punctured the cervix on three occasions and abstracted a good deal of blood, but although relief from pain always followed this proceeding, very little improvement took place in the condition of the part, I therefore, a fortnight ago, decided on dilating the canal of the cervix, and accordingly introduced into the uterus two pieces of sea-tangle, on removing them I applied, instead of the nitric acid, a solution lately introduced in imitation of the styptic colloid of Dr. W. B. Richardson, it is made by dissolving ten grains of benzoic acid and fifteen grains of tannic acid in four drachms of collodion, to this should be added in the treatment of uterine disease, twenty-five grains of carbolic acid. This is both a mild caustic and a powerful astringent, it forms a coating too over the congested and ulcerated surface, on which I think it exerts a beneficial influence by its contractile power. This preparation is much more suitable for the treatment of cases in which the cervix is soft and spongy than to those in which induration exists. In the present instance it has proved very successful. I am not aware of the styptic colloid having been used in Great Britain in the treatment of ulcerations of the cervix, but a case is recorded in the "Obstetrical Transactions," vol. xi., in which it was used by Dr. Wynne, of Guatemala, with much success.

The milder cases of ulceration of the cervix will generally yield to the use of nitrate of silver; tincture of iodine sometimes seems to agree, but I do not rely on it. I have however noticed that its use seems sometimes to allay the back-ache from which the subjects of uterine diseases suffer so much. I have also used a saturated solution of carbolic acid in glycerine, and have tried it as a substitute for the nitric acid as an application to the interior of the uterus, but it has not realised my expectations.

In concluding my remarks on the treatment of the more acute forms of cervical inflammation especially when, as nearly always is the case, the disease implicates the membrane lining its canal, I must repeat that you have to deal with a most troublesome and often an intractable affection and one which can only be cured by active and energetic treatment.

I stated just now that I had seen that peculiar form of abdominal inflammation known as *pelvic cellulitis* to occur in a patient suffering from inflammation of the cervix uteri. In one case it evidently followed on the application of the tincture of the perchloride of iron, which had been used with the view of checking severe menorrhagia, but in many instances the exciting cause cannot be clearly traced. As we have at present a case of this affection in the house, and as it sometimes occurs in connection with chronic disease of the uterus, I shall take the opportunity of calling your attention to the subject. This patient was admitted in a very anæmic condition, having lost a great quantity of blood. She stated that she had aborted three weeks previously, and on examining her it was evident that the hæmorrhage was kept up by the retention of a portion of the placenta. I plugged the vagina and directed her to have thirty drops of the liquor ergotæ and three of the solution of strychnia every third hour. This produced sharp uterine action, and on withdrawing the plug, after the lapse of twelve hours, the placenta was found in the vagina. On removing it the hæmorrhage immediately ceased. Three days subsequently she had a rigor and complained of sharp pain in the region of the uterus; pressure over the abdomen however, caused but little distress. Vomiting soon after set in, and for the next twenty-four hours was incessant; indeed this distressing symptom did not entirely cease for five days. The pulse, as it always is in these cases, was very quick. On making a vaginal examination immediately after the rigor had occurred nothing could be detected, but the vagina felt hot and she complained of the pressure of the finger causing pain. On repeating the examination after the lapse of twenty-four hours the uterus was found to be immoveable, being fixed by a firm hard swelling which extended all round it. This in the posterior *cul de sac* assumed the form of a well-defined tumour which pressed against the rectum. This explained a symptom she had latterly complained of, namely, a constant desire to defecate; all her attempts however to do so proved useless. Now what has occurred here is, that inflammation has attacked the cellular tissue situated around the uterus and within the folds of the peritoneum, and this has resulted in the rapid effusion of serum.

In this case there are three points worthy of your special attention, namely, the hardness of the swelling as felt through the vagina, the pressure on the rectum which this swelling caused, and the distressing vomiting from which she suffered. The hardness is due to the infiltration of fluid into the cellular tissue surrounding the uterus. This effusion may be circumscribed so as to form a well-defined tumour or be general, as in the present case, its hardness, the rapidity of its formation, and the little pain which pressure causes being its distinctive features. The pressure which this swelling exercises on the rectum often causes much distress, and may by totally obstructing the bowels even prove fatal. Let me impress on you the necessity in such cases of avoiding the exhibition of purgatives. The obstruction is mechanical, and cannot be overcome by exciting the peristaltic action of the bowels. On the contrary, it is your duty to quiet that action by the exhibition of opiates. This was the treatment adopted in the case at present in the house. She took half a grain of opium every third hour. while injections of tepid water were thrown up twice a day into the Rectum, with the view of aiding the descent of any fæcal matter which might be impacted in the lower part of the bowel, but the opium had no effect in checking the distressing vomiting I therefore tried the subcutaneous injection of morphia with great success; the injection of one-sixth of a grain always quieted her stomach for two or three hours. Now this is a fact worth bearing in mind. Vomiting frequently follows the subcutaneous injection of morphia, but I have several times seen it check reflex irritation of the stomach depending on uterine disease. Vomiting is a frequent, I was almost going to say invariable, accompaniment of pelvic cellulitis. This I believe is usually due to endometritis, which generally also exists. In the case at present in hospital the treatment adopted, in addition to the subcutaneous injection of morphia, was the keeping the abdomen constantly covered with warm linseed-meal poultices, and the internal exhibition of opium and of hydrocyanic acid. Food could not for several days be retained on the stomach. She had milk and lime-water and milk and soda water in small quantities frequently, and also beef-tea; the latter was also administered as an enema per rectum. She is now slowly recovering.

The tendency of *pelvic cellulitis* is to recovery, it is always a tedious disease, but by carefully sustaining the patient's strength by unstimulating nourishment, and by the avoidance of lowering treatment, such as the exhibition of mercury, purgatives, &c., the patient generally recovers. In the great majority of cases restoration takes place, the swelling being slowly absorbed, but sometimes it terminates in the formation of an abscess which may discharge into the rectum, into the bladder, or open externally. The chief danger consists in the risk which always exists, of the inflammation extending to the peritoneum. A little care will enable you to discriminate between peritonitis and an attack of cellulitis, the pain or pressure is in the latter comparatively trifling, and in the former severe and in it vomiting is an early and prominent symptom, by a vaginal examination always sets

the question at rest, by detecting the existence of a firm hard swelling. The patient at present in the house is suffering from an acute attack, but sometimes the disease creeps on insidiously and its existence may for a long time escape notice, a careful vaginal examination should therefore in all cases be instituted.

There is one affection, of rare occurence, however with which pelvic cellulitis may be confounded, I allude to those cases in which an effusion of blood takes place into the pelvic cavity, to this affection the term of *pelvic hæmatocele* is applied. The most prominent symptoms of which are the sudden appearance of a tumour in the pelvis, more frequently in one or the other iliac regions, or behind the uterus. This at first is soft, but in time becomes firm and even hard, pain is generally complained of, and there is always a good deal of febrile action present, sometimes there are symptoms of collapse, and generally those of nervous shock. The source from which the blood is discharged is generally obscure, often it is a mere exudation. On some future occasion I shall again refer to this subject, at present I only allude to it, to warn you against confounding the swelling following on the escape of blood with that due to the occurrence of pelvic cellulitis.

CASE OF RETENTION OF URINE FROM IMPASSABLE STRICTURE, TREATED BY FILIFORM BOUGIES.*

By W. F. Teevan, B.A., F.R.C.S.,

Surgeon to the West London Hospital; Surgeon to St. Peter's Hospital; late Lecturer on Anatomy at the Westminster Hospital.

Robert Greening, æt. forty-six, cab-driver, residing at 13 North Keppel mews, Keppel street, Russell square, a healthy looking man, came to me for retention of urine, May 7, 1868.

Past history.—Was formerly in the army. When twenty-six years old caught a gonorrhœa, which was treated with medicines only by a native doctor in the East Indies. Had gleet on him for ten years. In 1861 (seven years ago), began to notice that he had to urinate oftener than usual, and that he had to strain to expel the last few drops of urine. Gradually got worse, and found that the stream of urine was getting smaller and smaller, so that he could only pass a few drops of urine at a time. Ten months ago, urine began to dribble away from him day and night, so that he was perpetually wet. In April he had to go to the Royal Free Hospital, as he was seized with complete retention. No instrument could be introduced there; was then put into a hot bath, given some medicine, and enough urine passed to give him relief.

On May 4, he came under my care. Considerable fulness in hypogastric region. Man smells very offensively, as all the cloths he has round him are saturated with urine which is continually dribbling away. Much induration in perineum. Penis very congested and eczematous from irritation of urine. Tried for half an hour to pass various kinds of the smallest filiform bougies without success. Could not pass the instrument further than a spot four inches from meatus externus.

On May 6, came to me again, when I again tried in vain for another half hour.

May 8, 4 a.m.—Patient brought to my house with complete retention. Passed no urine since 10 p.m. last night. Weather very warm. Having desired him to stand against the wall, I took the smallest No. 1 filiform bougie, and after one quarter of an hour's trial I succeeded in passing it into the bladder. Left it in for ten minutes, urine began to flow in a very fine stream on its withdrawal. It took one hour nearly to empty the bladder—nearly three quarts of urine came away. The patient standing all the time as he did not feel at all faint. He then went home, rested and slept well for several hours, and again went out with his cab about mid-day.

May 10.—Passed same instrument and left it in for a quarter of an hour, when I was able to put in No. 2, which I left in for ten minutes.

May 12.—No. 3.

May 14.—No. 4.—The after-treatment of this case was a continuation of gradual dilatations for six months, the patient coming to me every other day. By November 1, I had got him up to 25, after that period he came once a week for the next six months, when I had got him up to 27. From that period to the present, he pays me a visit about once in three months to have an instrument passed. From the date of retention to the present, the patient has never lost an hour's work, the treatment in no way interfering with his occupation.

The *bougie à boule* demonstrated the existence of two long tunnel strictures—one penile the other subpubic. At the present time no stricture can be felt in subpubic region, but there is a distinct ring like stricture in penis admitting 27 French bougie with ease.

This case shows the great value of the French elastic bougies in apparently hopeless cases for its use. The retention facilitated its introduction, and the immediate relief which followed its withdrawal, shows that, for the relief of retention it is not absolutely necessary to pass a catheter, a bougie in this case answering as well. The treatment which was so successful for the removal of the urine, was continued for the cure of the stricture. It is very clear that in this case the bougie entirely obviated any recourse to an operative procedure.

I bring forward this case, to show that we ought patiently to try and relieve the retention with the instrument I found so successful, rather than resort to puncture of the bladder per rectum.

* Read before the Clinical Society, March 24th, 1871.

CASE OF PROGRESSIVE LOCOMOTOR ATAXY.—DEATH FROM EPILEPSY AFTER THREE YEARS.

By Dr. Francis M. Luther,

Cappoquin, Waterford.

On the 4th August, 1868, I was called to see Mr. Y., who was suffering from a severe attack of English cholera from which he recovered in a day or two, when he called my attention to his eyes. He said he found it impossible for months past to read even large print, and he could scarcely recognise any one. The pupils of his eyes were a little dilated, but not much. He complained also of loss of memory, darting pains in his legs, general debility, and loss of tone and appetite. He acknowledged that he had had syphilis in his youth (he was about fifty-four when he came under my care); had a good deal of trouble of late years, and used to drink freely while leading a sedentary life. I concluded he was getting amaurosis of cerebral origin induced partly by the syphilitic taint and also by chronic alcoholism. I thought the pains in the legs probably rheumatic. I told him he should be temperate or that his brains would get diseased, and I prescribed a blue-pill every night till the gums should be touched. After taking six he complained of loss of power in the rectum and difficulty of locomotion. I added a little opium to the blue-pill. He took one daily for a fortnight without benefit or any effect on the gums. He then consulted a gentleman who examined his retina with the ophthalmoscope, confirmed my diagnosis, and ordered him to persevere in the mercury, till he should be salivated, and to take likewise iodide of potassium with sarsaparilla, and also to blister the crown of his head. He faithfully followed this treatment for six weeks without being salivated in the slightest degree. The amaurosis was not benefited, but his general health became much improved, probably owing to his abstaining from drink. I told him I thought it useless to continue the treatment any longer, and with my concur-

rence he went to the Dublin Hospital to consult an eminent specialist who told him that the amaurosis would probably remain stationary, at all events not get worse. Having heard Mr. Y. describe his other symptoms, difficulty of locomotion, loss of memory, electric darts of pain in the calves of his legs, the oculist bade him come again that he might consult with another physician on his case. This he did, and was told to shut his eyes and put his hands over his head. Having done so he nearly fell, and found that unless he looked at the ground he could only stagger as one drunk. He was asked had he spermatorrhœa ; he confessed that he had, and was ordered for this latter bromide of potassæ in infusion of hops. He told the oculist of what a quantity of mercury he had taken, but nevertheless was directed to take night and morning a pill containing one-fifteenth of a grain of corrosive sublimate, one grain of valerianate of quinine, and one and a half grain of valerianate of zinc, and also to keep a constant blister over the anterior fontanelle. Neither gentlemen told him the name of his malady, but I guessed that they considered, and indeed that it was, a case of progressive locomotor ataxy. I told Mr. Y. of my conclusion, adding that it was a very intractable disease usually progressing from bad to worse in spite of medical treatment, that the spinal cord was involved as well as a portion of the brain ; that nitrate of silver in pills might be tried if the prescription of the Dublin doctors failed to benefit him, but that the true prescription for such cases was "temperance, industry, chastity," as Lindley Murray says. At the time we held the conversation he had been taking the bromide of potassæ and the corrosive sublimate with valerianate of zinc for some weeks with little if any improvement. I ceased my attendance, but was surprised to see by him after some months that his sight was manifestly better, and his carriage very much so. I believe this was brought about by his becoming temperate, but for aught I know he may have been under other medical treatment as well. However, after twelve or eighteen months I fancy he began to drink again.

July 19th, 1871.—I was called to see Mr. Y. this evening. He said "I feel rather uneasy, as during the day my hands begin to twitch every now and then, and at same time I find myself unable to speak. This lasts for some moments, when it passes off. He also complained that for a week previous he saw objects double, not constantly but several times. He said that he had been vomiting very often during the week. I asked had he been drinking? His answer was "not more than usual." How much may that be, enquired I. "Well, from three to five glasses a day," was his answer. I protested that he would kill himself if he did not give up drink. "Strange, how you doctors differ!" said Mr. Y, "Dr. So and so," naming an eminent medical man whom he had consulted about his eyes, "told me I would get *delirium tremens* if I stopped." I greatly doubt the truth of this statement, since Mr. Y. had been temperate for some months when he consulted this gentleman. If it really occurred it was unpardonably indiscreet on the physician's part. I proceeded to tell Mr. Y. that I did not anticipate an attack of *delirium tremens* so much as a fit of apoplexy, and that though I hoped to avert it, yet it would be better to take some necessary steps, such as seeing a clergyman. He expressed great alarm, and agreed to do so. While thus agitated his hands began to tremble, and he began to mumble quite unintelligibly. This passed off in half a minute, and he expressed himself glad that I had witnessed it. I prescribed six grains of calomel and eight grains of scammony, to be taken at once, and a mixture of sal-volatile with tincture of orange and infusion of cascarilla, to be taken at intervals in lieu of his accustomed stimulants. I forgot to say he complained of numbness of the abdomen and calves of his legs. Next morning I was called to see him in haste, and found him livid, pulseless, bathed in sweat, his eyes turned up, respiration gasping, sibilant, interrupted, unable to move or articulate a syllable. I thought him dying, but dashed some water in his face, and after a little his breathing got more natural, his colour better, and his pulse perceptible and gradually stronger. He moved his tongue about in his mouth, opened his eyes, gave a look of recognition, after some minutes spake and sat up in bed, looking much as usual. He was not paralysed, nor did he speak thick. In half an hour he got a second fit preceded by convulsive tremor of the hands. From this, too, he rallied. Its epileptic character being manifest, I gave half a drachm of bromide of potassæ. (I should mention that the calomel and scammony given on the previous night had purged him once and that the discharges were dark. He had vomited often during the night.) He shortly threw this up, and got the twitchings in his hands. I applied a tourniquet tightly upon each arm, but it failed to arrest the fit which was of an awful character, asphyxia seeming complete, breathing and pulse becoming arrested for nigh a minute. However, a dash of cold water made him breathe again, and his pulse got strong. Believing the attack would end fatally, I called in another medical man, who recommended 10 grains of calomel to be put on the tongue, and a terebinthinate enema to be administered. This was done but fit after fit came in rapid succession, consciousness no longer returned, and after an hour and a half of insensibility Mr. Y. died quietly. I regret I did not, when I ascertained its epileptic character, upon the second fit threatening, make him inhale chloroform, or give a large dose of chloral between the fits. This epilepsy of the intemperate is, I think, a disease *sui generis*. At least, it differs from ordinary epilepsy in its extraordinary fatality. I would liken it to puerperal convulsions. About six cases which I met all died. None were subject to epilepsy previously, but some were supposed to have had a fit once only before. One would be tempted to perform laryngotomy to prevent asphyxia, but that the intemperate bear operation so ill. It was worthy of note that the progressive locomotor ataxy which Mr. Y had suffered from three years before should get better and the sight improve. I asked him about this the night before he died. He said he could read pretty well, but that he had lately begun to stagger again. Had my prognosis as to his ataxy when I first attended him been less gloomy perhaps I might have retained some influence over him, and persuaded him to keep temperate permanently. His urine, three years ago, was not albuminous, but I had no time to test it on the last occasion.

CASE OF SYPHILITIC IRITIS ATTACKING BOTH EYES IN SUCCESSION, TREATED PRINCIPALLY BY OIL OF TURPENTINE AND BLISTERS.

By J. Smith Chartres, M.A., M.D. (Univ. Dub.),
Surgeon 8th Hussars.

Private J. De C., 8th Hussars, admitted on the 8th October, 1870, with primary syphilis, viz., an infecting sore, indurated, inflamed, fissured, oval, excavated in centre, discharging thin yellow purulent matter; inguinal glands of both sides enlarged, hard, prominent, those of left groin threatening to suppurate; date of last intercourse, 26th August, 1870; date of first appearance of sore, 7th October, 1870; treated locally; mercury not exhibited in any form; discharged 26th November, 1870 well, sore healed, induration of it, and inguinal glands which had suppurated on both sides, quite gone; fifty days in hospital with primary disease.

Re-admitted on 1st December, 1870, with secondary syphilis, viz., mulberry-looking copper-coloured patches on trunk and thighs, periostites of thighs and legs, congestion of tonsils, treated by warm baths, Dover's powder at bed time, and eight grain doses of iodide of potassium thrice daily; discharged apparently well on 30th January, 1871, a few skin stains alone remaining, sixty-one days in hospital with secondary disease.

Re-admitted on 4th February, 1871, with well-marked iritis of *left* eye, treated by a solution of atrophine, gr. iv. to ℥j., dropped into the eye occasionally, so as to keep the pupil well dilated; eight grain doses of iodide of potassium thrice daily, combined with (for ten days) three grain doses of quinine; blisters to temple, and behind left ear, but without any benefit up to 23rd February, 1871, on which day being delicate and anæmic, he was put upon drachm doses of oil of turpentine in mucilage thrice daily; on the 27th February, 1871, marked improvement having resulted, half drachm doses thrice daily were substituted until 2nd March, 1871, when all the signs of iritis and conjunctivitis having quickly subsided, the drug was omitted; some periostites still remaining, five grain doses of iodide of potassium in two doses of infusion of bark were administered thrice daily, under the use of which it soon disappeared.

I was congratulating myself on his speedy cure, when on the 14th March, iritis of *right* eye supervened in an aggravated form, he was ordered a drachm of oil of turpentine in two ounces of mucilage thrice daily. Atropine drops as before, blisters behind right ear.

March 16th.—Eye no better, sick from turpentine, omit it until night, when one dose is to be administered.

March 17th.—Eye in same state, continue medicine thrice daily.

March 18th.—Turpentine again disagreeing, omit it. One grain of opium at bed time.

March 19th.—Eye not improving; half a drachm of oil of turpentine in mucilage thrice to day.

March 20th.—Eye looks somewhat better; blocks of lymph still in iris, pupil irregular; continue atropine drops, half a drachm of oil of turpentine four times a day, blister behind right ear.

March 21st.—One drachm of turpentine thrice daily.

March 22nd.—The first dose yesterday having sickened him, medicine was omitted, to be resumed in half drachm doses four times; or, fifteen minims eight times in twenty-four hours, should the half drachm doses disagree.

March 23rd.—Very sick from turpentine, to have fifteen minims of it four times a day; disguised with yolk of egg and cinnamon.

March 24th.—Continue medicine, twenty drops to each dose.

March 25th.—Continue medicine.

March 26th.—Continue medicine.

March 27th.—Iritis better, some photo-phobia, turpentine to be increased by ten minims up to half drachm doses thrice daily.

March 28th.—Continue medicine, forty minims four times, blister behind right ear, atropine drops.

March 29th.—Forty minims of turpentine thrice daily.

March 30th—Continue medicine as on yesterday, eye slowly improving, pupil more irregular, lymph being absorbed, intolerance of light, a prominent symptom, conjunctiva red and injected, continue atropine drops.

March 31st.—Not better to day, omit turpentine, which sickens him, to have gr. ⅛ of chloride of mercury, and a drachm of tincture of cinchona twice to day, *ex aquâ*.

April 1st.—Omit all medicines, eye better, blister to nape of neck.

April 3rd.—Very much better, a sudden and most marked increase of improvement took place yesterday afternoon at 4 o'clock, which is progressive to day, continue drops, no medicine, had but two doses of the chloride altogether, and no medicine since the evening of 31st ult.

April 6th.—Improving, no medicine.

April 11th.—Eye now almost quite well, but he continues delicate-looking and weak, to take iodide of potassium and quinine mixture, which was resumed on 7th instant.

April 14th.—Eye quite well, recommended for a sick furlough on account of his general delicacy.

April 21st.—Improving generally, eyes quite well

April 27th.—Discharged to proceed on sick furlough.

Summary of treatment, and total amount of each drug administered, viz.:

Iodide of Potassium.—From admission, to 10th March, commenced on day of admission, omitted occasionally and resumed: 585 grains.

Iodide of Potassium.—From 11th March, to 27th April, commenced on 7th April, after eye got well: 171 grains.

Total amount of *Iodide of Potassium:* 756 grains.

Quinine.—From admission, to 10th March, commenced on 15th February. Omitted occasionally, and resumed. 42 grains.

Quinine.—From 11th March, to 25th April, re-commenced on 7th April. 114 grains.

Total amount of *Quinine.* 156 grains.

Turpentine.—From admission, to 10th March, commenced on 23rd February. ℥xv. gs.

Turpentine.—From 11th March, to 27th April, re-commenced on 14th March; omitted occasionally, and resumed. ℥ij. gs., p., ℥ij. gs.

Total amount of *Turpentine.* ℥iv., gs., ℥ij.

Chloride of Mercury.—Two doses on 31st March. Gr. ¼.

Opium.—One dose on 17th March. Gr. j.

Number of *Blisters* from admission, to 10th March. 2.

Number of *Blisters* from 11th March, to 27th April. 4.

Total amount of *Blisters.* 6.

Solution of *Atropine*, gr. iv. to ℥j., with which the pupils were kept dilated. A sufficiency.

It may, I think, be fairly concluded from the above case, that syphilitic iritis can be cured without mercury, as the quarter grain of the chloride could have played no part in the process.

How much of the recovery of the *left* eye was due to the 585 grains of the iodide of potassium? and how much to the ℥xv. gs. of turpentine? it is difficult to determine, the former produced no appreciable result during nineteen days, the latter *apparently* cured the iritis in eight days.

Neither iodide of potassium or turpentine displayed any prophylactic power.

Oil of turpentine persisted in under difficulties, was chiefly instrumented in curing the right eye. Iodide of potassium, with quinine, not having been administered until after it was almost quite well.

It is not easy to account for the fact of the turpentine agreeing with the patient when exhibited for the cure of the *left* eye, and disagreeing with the stomach afterwards so frequently. It is, I think, proved that the drug can be *pushed*, and ought not to be lightly discarded, when the stomach alone suffers somewhat from its use.

It may be affirmed that the blisters were most important items in the treatment of both eyes, but more especially in the case of the right, but it is impossible to isolate their exact share in the cure of the disease. The grain of opium may safely be omitted from our calculations.

The atropine as usual was highly serviceable chiefly as a mechanical agent.

It is satisfactory to reflect that the patient was saved from a combination of mercury poison with the syphilitic poison, to the future integrity, perhaps of his arterial system, as well as general health.

Chloral in Tetanus.

M. Benasson relates a case of traumatic tetanus occurring in a lad thirteen years of age, to whom he was called the third day after the appearance of the symptoms. He found him in a state of almost complete opisthotonos, and determined to try the effects of choral, and by about the thirty-fifth day the patient had completely recovered. The entire quantity of chloral administered amounted to 180 grammes, commencing with 4 grammes in the twenty-four hours, which almost immediately procured him the sleep he had been so long utterly deprived of. The dose was gradually increased to 8 and 10 grammes in the twenty-four hours.—*Med. and Surg. Reporter.*

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 6, 1871.

HOSPITALS FOR INFECTIOUS DISEASES.

The Privy Council has issued a Minute on this subject, tending to show the great mortality caused by the spread of infection, and the measures that should be taken to prevent the rapid spread of infectious diseases. The people are reminded that the Sanitary Act of 1866 makes provision for such cases, by empowering the local authorities to provide the accommodation and Justices of the Peace to order the removal of persons suffering from infectious diseases to hospitals set apart for them. The kind of hospital accommodation required, is treated of separately as regards villages and towns.

A. Villages.—"As regards villages, each village ought to have the means of accommodating instantly or at a few hours' notice, say, four cases of infectious disease in at least two separate rooms, without requiring their removal to a distance. A decent four-room or a six-room cottage, at the disposal of the authority, would answer the purpose, or permanent arrangements might be made beforehand with trustworthy cottage-holders not having children, to receive and nurse, in case of need, patients requiring such accommodation. Two small adjacent villages (if under the same nuisance authority) might often be regarded as one. When in a village such provision as this has been made by the authority, and cases of disease in excess of the accommodation occur, the sick must not be crowded together, but temporary further provision must be made for them. The most rapid and the cheapest way of obtaining this further accommodation may often be to hire other neighbouring cottages; or in default of this, tents or huts may be erected upon adjacent ground."

It may be objected to this plan that such cottages are not usually so well adapted for the purpose as those expressly built for hospitals. But then it should be remembered that small villages cannot expect to be able to afford buildings set apart for such uses. Indeed, the whole scheme is directed towards temporary accommodation, and we are, therefore, inclined to think the Medical Department of the Privy Council has done a wise thing in suggesting so simple and economical a precautionary measure. If the ventilation, lighting, and drainage of such cottages prove inferior to those of hospitals erected for the purpose, it should be remembered that, by acting on these directions, villages may not only prevent the spread of diseases, but may really add vastly to the comfort of those attacked; for it is undeniable that, in default of some such action the sufferers would be left in a much worse condition in their own cottages, and would, moreover, be spreading disease to all those crowded about them. Now, let us turn to the advice offered to larger places. *In towns*, we are reminded

"Hospital accommodation for infectious diseases is wanted more constantly, as well as in larger amount, than in villages; and in towns there is greater probability that room will be wanted at the same time for two or more infectious diseases which ought not to be treated in the same ward. The permanent provision to be made in a town, in order to obtain reasonable security against the spread of infectious diseases, should consist of not less than four rooms, in two separated pairs, each pair to receive the sufferers from one infectious disease, the men and women, of course, separately. The number of permanent beds to be supplied must depend upon various circumstances, chiefly upon the size of the town; but, as no reasonable amount of permanent accommodation could be trusted always to supply the requirements of a place when infectious disease has actually become epidemic, foresight must in the first instance be used, how, in emergency, additional accommodation can be temporarily given to meet requirements in excess of the permanent provision: otherwise, the authorities may unexpectedly find themselves obliged to leave ill-lodged infectious cases at their homes, much as if no hospital had been provided. Accordingly, for a town of any importance, the hospital provision ought to consist of a permanent building, having around it space enough for the erection of temporary structures as occasion may require. Considerations of ultimate economy make it wise to have the permanent building equal to somewhat more than the average necessities of the place, so that recourse to temporary extensions may less often be wanted. In small towns, for instance, if an hospital consisting of four wards and the necessary administrative offices, is to be provided, the original expense of making each ward serve for (say) eight persons will be far less than double that of making the wards for four. And in any case it is well to make the administrative offices somewhat in excess of the wants of the permanent wards; because thus, at little additional first cost, they will be ready to serve, when occasion comes, for the wants of the temporary extensions, and so save great inconvenience and outlay."

In planning these hospitals several points are insisted on as necessary and with all these we cordially agree. Thus they should be accessible, so as to spare the sick the fatigue and danger that would be incurred by too great distance. They should be located in open spaces. Not less than 2,000 cubic feet of ward space should be ensured for every patient, and 144 square feet of floor space should be allotted to each bed. The temperature should be kept up to 60° F. in the winter. Ventilation should be free. Disinfection should be thoroughly carried out, and cleanliness insisted on in everything. On a sudden emergency huts or in summer tents could be erected on the adjacent ground. The army tents are spoken of as good models. Dryness of site is of the highest importance, and the floors should be raised so that the air can freely pass beneath them.

"In huts, as in permanent buildings for the treatment of infectious diseases, not less than 2,000 feet cubic space, with 144 square feet of floor, should be given to each patient. The ventilation of huts, also, is of equal importance with that of permanent hospital buildings. It is best secured by the combination of side windows with

roof-openings, the latter protected from rain, and running the whole length of the ridge of the roof. The windows, capable of being opened top and bottom, should not be fewer than one to each pair of beds, or in large huts one to each bed, nor should be of less size than the sash window in common use for houses. The ventilating opening beneath the ridge may have flaps, moveable from within the tent by ropes and pulleys, so that the opening to windward can be closed, if necessary, in high winds. Double-walled wood huts may have additional ventilation by the admission of air beneath this outer and inner wall, and its passage into the interior of the hut through openings with moveable covers at the top of the inner lining. The roof should be covered with waterproof felt; the edges of the felt fastened down by strips of wood, not by nails. The hut should be warmed by open fire places, fixed in brick stove-stacks, placed in the centre of the floor, the flue being carried through the roof."

Then comes a consideration of the great trouble that managers will dread. We allude to drainage.

"The sewerage and scavenging arrangements, both of tents and huts, demand very careful consideration. When the tents or huts are placed within the area of a public system of sewerage and water supply, no difficulty will arise; for drains may be laid into the public sewer, and water closets may be easily adapted. But where no system of sewerage exists, the disposal of excremental matters and other refuse will require special provisions. In regard to excrement-disposal under such circumstances, the best method is to adopt the dry-earth system, or, failing this, a pail system, with careful arrangements for the disinfection and subsequent disposal of the excrementitious matter. (See the Departmental Reports, 'On Certain Means of Preventing Excrement Nuisances in Towns and Villages.') All slops and other refuse should be deposited in metal pails, and removed from the tents and huts at frequent intervals, and so diposed of as not to become a nuisance. Too much attention cannot be given to the careful scavenging of tents and huts, and to the proper disposal of the refuse from them; and the servant or servants to whom the duty is assigned should be under very vigilant supervision."

We think it unquestionable that these instructions will prove useful to local authorities, especially as plans and sections are appended, and we most earnestly hope they will generally be acted upon; for it is certain that prompt action in this way would tend greatly to lessen the mortality from infectious disease—might even stay an epidemic at the outset. Besides this the existence of these hospitals in all directions would be the best mode of promoting the education of the poor in all that relates to the prevention of disease. Every such hospital and possibly still more every such cottage set apart in a village, would act as a centre of education in respect to disinfection, cleanliness, ventilation, over-crowding, and other sanitary matters concerning which the poor are so lamentably ignorant. Every such hospital then tends to promote the civilisation of the masses.

CHOLERA.

According to some, it would appear that cholera is really approaching. Many, however,—especially in London—maintain that we are in no immediate danger of an epidemic. Konigsberg has suffered severely, and the disease has extended to Altona, Elbing, and other places. If it should appear about the recent battle-fields, it may assume greater malignancy than it has as yet exhibited. In France, the chief of the health department does not consider it has appeared, but some would attribute the recent deaths from diarrhœa and *cholerine* to the Indian disease. A morning paper has, in fact, printed an extract from Dr. Decaisne's alarming article in *La France* to this effect:—

"I should very much like to know what it is the official bulletin means by cholerine and diarrhœa. What can this diarrhœa be that kills seventy-nine persons in six days? Whatever may be said to the contrary, the choleraic 'situation' is becoming very clearly defined, and for my part I consider as utterly idle any discussion as to a difference between 'cholera nostras," as it is barbarously called, and Asiatic cholera, and the doctrines of importation and non-importation. I should be very curious to know in what the fatal cases that have been recorded differ from the Indian epidemic. There is no certain remedy against cholera in its last stage, but if taken in time, it is almost always possible to check the disease before it has reached its fatal stage. One of our medical celebrities, Dr. Jules Guérin, was the first to point this out, as long ago as 1832:—'The careful examination of upwards of 600 cases (says Dr. Guérin) has established the fact, that about nine cholera patients out of ten brought to the hospitals had all experienced the symptoms of cholerine before being attacked by cholera. Most of them admitted that for four or five days before they had suffered from intestinal derangement, nausea, spontaneous perspiration, and a tendency to fainting. A few had suffered from cramps, pain in the stomach and abdomen, &c., to such a degree that it was impossible not to recognise the symptoms which form the first result of the general cause which culminates in cholera. It is needless to point out the importance of checking the progress of cholerine immediately.'"

The report of our own Registrar-General assumes a greater importance, but we question the wisdom of issuing in such form some of the recommendations that appear. The Post-office experience of sulphuric acid has previously been made widely known, and in the opinion of many need not have been put so prominently forward. How will every one accept the dictum that the epidemic is sure to reach us?

We append a few extracts from the official document.

Asiatic cholera has made further advances; Dr. Zuelzer reports that it is now at Elbing and at Dantzig. In Konigsberg from fifty to sixty cases occur daily, forty-five to fifty per cent. of which prove fatal. Four cases with three deaths are reported in Berlin.

In London 2,103 births and 1,682 deaths were registered last week. After making due allowance for increase of population, the births were fifty-seven below, and the deaths 218 above the average numbers in the corresponding week of the last ten years.

The 1,682 deaths in London, included 82 from small-pox, 20 from measles, 24 from scarlet fever, 6 from diphtheria, 25 from whooping-cough, 22 from different forms of fever (of which 4 were certified as typhus, 11 as enteric or typhoid, and 7 as simple continued fever), and 487 from diarrhœa; thus to the seven principal diseases of the zymotic class 666 deaths were referred last week, against 525 and 610 in the two preceding weeks.

The mean temperature last week, although showing a decline upon the previous week, exceeded the average on each day of the week.

The deaths referred to cholera and choleraic diarrhœa in London declined from 40 in the previous week to 28 last week. All who died were children, mostly infants.

The fatal cases of small-pox in London, which had been 87, 96, and 80 in the three previous weeks, were 82 last week.

The cholera epidemic now in Prussia will probably in its destined season enter England, as it has hitherto done, in spite of quarantine.

It is now known that where a place is clean, where the

waters are pure, where the people are not crowded, where good administrative arrangements are made for the early treatment of attacks in the first stage of diarrhœa, the epidemic is disarmed of nearly all its terrors.

But as English towns are still dirty, are dotted over with cesspools or fouled by bad drains, and the waters alike of wells and of rivers from which towns draw their supplies are soiled to some extent by sewage, we can at present expect no absolute immunity. Commissions and committees have left our water supply much as it was; the hard waters of the rivers are not purified by Clark's process, nor are the pure unpolluted streams brought uncontaminated down to the cities in the plains.

Still, much may be done, if cholera pursue its customary course, by commencing at once all useful works of purification, so as to mitigate its virulence when it attains its highest development next year. To the able engineers of the water companies we must trust for much valuable assistance.

Town councils and local boards should organise their medical staff at once, in order to carry out a proper system of relief in conformity with the principles prescribed by the Local Government Board.

Some of the cholera cases in London are severe, but they are not of the Asiatic type. They demand the same kind of precautions. The thing to bear in mind is, that diarrhœa prevails; that unless this diarrhœa is cured—as it can be near its origin—it turns in a certain number of cases into cholera, over which medicine exercises less control. The serum escapes with great velocity, and when once out it is as difficult to replace as the blood from a bleeding wound.

Why did 487 persons, chiefly children, die of diarrhœa, twenty-eight of simple cholera last week, and why will, probably, as many die of the same disease next week? Chiefly because the cases are not treated in their early stages.

Not only the ignorant, but educated people neglect due precautions: the inconvenience is so slight until it is too late.

SENSATIONAL STATISTICAL SANITATION.

The British Medical Association mourning over the sanitary destitution of the poor Irish savages, detached at its Plymouth meeting one of its members—Mr. Benson Baker—that he might illume the benighted world across the Channel with the benignant rays of the all-benevolent Association. Mr. Benson Baker's function would, of course, be a nullity unless he established an epidemic of sanitary horror by which to work himself into a little notoriety, so a couple of days after his arrival, before he had time to rub his eyes after the journey, he writes to the Dublin papers a violent attack on the Sanitation of Dublin, and on the Public Health Committee of the Corporation. He says that "no one passing through the streets can fail not only to see, but to be informed by another sense that excreta and decomposing refuse are producing *excrement reeking air*. Thirteen thousand of the citizens of Dublin suffer from fever annually, and in a period of twenty-five years every citizen of Dublin will have had fever; that is, the gross total of fever will equal the population."

The first sentence of this sensation statement is simply and absolutely untrue—a preposterous hyperbole, which nothing could prompt but the necessity for getting up sanitary steam to hoist Mr. Benson Baker and the unappreciated British Medical Association. Dublin is muddy as to its thoroughfares, and no cleaner in its purlieus than other large cities; but it is an outrageous misrepresentation to talk of its "excrement reeking air." As far as anyone can judge, by sight or smell, its streets are neither better nor worse than similar streets elsewhere.

We are, however, relieved of the necessity of dealing further with Mr. Benson Baker's statements, for they have been completely and curtly disposed of by Dr. Mapother, the Dublin Health Medical Officer of the City. He shows that Mr. Benson Baker has credited the City of Dublin with the fever of all Ireland, and made other errors in figures of such gravity as totally to discredit him if his exaggeration failed to do so.

The British Medical Journal, while it repeats in its last issue these untrue and libellous statements, administers a cutting rebuke to its *harum scarum* delegate. It says: "Mr. Baker's statistical observations are *not* without flaw, but his strictures are *well-intended*, and they are *likely* to be found based upon facts, and worth serious consideration."

The fact briefly stated is, that the street scavenging of Dublin is abominable, but the Public Health Committee has done and is doing its very best for the sanitation of the city and the Corporation, and the ratepayers are being educated up to sanitary reform as quickly as can be expected.

SCOTLAND.

EDINBURGH.

Craig v. Blake.—It is stated that of the nine hundred pounds to which Miss Jex Blake costs in the action of Craig *v.* Blake amounted eight hundred pounds are already subscribed.

Lady Medical Students.—According to recently-published statistics of the University of Edinburgh Botanical Class, in the session of 1871 the number of pupils was 306. Of these, 241 (including 5 ladies) were medical students, 12 pharmaceutical students and 53 general students.

THERAPEUTIC ACTIONS AND USES OF TURPENTINE.

At the last meeting of the Edinburgh Medico-Chirurgical Society—Dr. H. Bennett in the chair—Dr. Warburton Begbie read a paper on the above subject. He gave a brief sketch of the ancient history of the drug from the time of Hippocrates, with a notice of the various forms in which the oleo-resins of the coniferæ are used or have been used in therapeutics. Oil of turpentine was described as being irritant and stimulant, quickening the circulation and augmenting the temperature of the body. In larger doses it produces a sort of intoxication; in drachm doses it is hypnotic. Externally it is a valuable rubefacient, and is absorbed by the skin so as very soon to be recognised in the breath, and by its characteristic violacous odour in the urine. The production of this violaceous odour in its perfection seems to be a test of the integrity of the urinary organs, as it is less marked or absent in disease of the kidneys. The therapeutic actions and uses of turpentine are various. 1. As a cathartic it is uncertain, but along with castor oil it is useful in cases of obstinate obstruction and tympanitis. 2. As an anthelmintic it is chiefly used as a cure for tapeworm; also, in the form of enema it destroys ascarides and lumbrici. 3. Though turpentine sometimes causes hæmaturia, it cures certain passive hæmorrhages. It is useful in purpura, probably acting through the nervous system; and is useful also in hæmoptysis, hæmaturia, and uterine hæmorrhages. 4. As a stimulant, it is especially valuable in adynamic fevers; as in the stupor

of typhus, in certain kinds of delirium, and in the later stages of enteric fever with a dry tongue. 5. In certain nervous diseases, such as epilepsy and chorea, it is said to be very useful ; but in epilepsy it is supplanted by bromide of potassium, and in chorea by arsenic. In certain forms of sciatica and crural or brachial neuralgia in the aged, twenty minim doses thrice daily have a very good effect. In the nervous headache of delicate females, and the headache which is induced by fatigue, it is a better stimulant even than strong tea, and without the effect which tea so often has of banishing sleep. 6. In all chronic discharges from mucous membranes, such as chronic and fœtid bronchitis, it is very useful, and even is advantageous in gangrene of the lung in checking the fœtor. Under this head some interesting cases were given of gangrene of lung depending on the presence of foreign bodies.—A discussion followed, in which the Chairman, Mr. B. Bell, Dr. T. R. Fraser, Mr. Lister, Dr. Smart, Dr. T. G. Stewart, and Dr. Joseph Bell took part. Additional evidence as to the value of turpentine in hæmorrhage and in chronic mucous discharges was elicited.

Notes on Current Topics.

Vaccination Law in the House of Peers.

If the House of Lords were placed on its trial as to its *raison d'etre*, no more cogent instance of its value as a check on impulsive legislation could be adduced than is afforded by its action in reference to the new Vaccination Act. Yielding weakly to the unreasoning clamour of the mob, the Government consented to the appointment of a Commission to enquire into the necessity and efficacy of compulsory vaccination. To do so was a fatal mistake, a step for which the Government well knew that there was no reason whatever, and which it conceded simply for the purpose of conciliating the clamorous democracy which Mr. Gladstone avows it is his cue to cultivate. By granting an enquiry into facts respecting which we solemnly declare that no thinking man who took the trouble to inform his mind could have the slightest doubt, the Government shook that public confidence which it has been the whole aim of vaccination legislation to establish, and left it open to general suspicion that there might really be something more in the anti-vaccination outcry than the doctors admitted.

The doubt thus thrown upon vaccination it will take years to efface, and those who know nothing of the subject will naturally conceive that if there be so much to be said against the practice, it may be safely put off, if not abandoned altogether. We repeat, then, that the Government conceded the enquiry in the full conviction that there was nothing to enquire into, but simply to satisfy the dupes of the professional agitators, who had taken this road to notoriety.

The Commission sat, and the result was, as might have been expected. The evidence, *pro.* and *con.*, was in the proportion of infinity to nothing ; indeed, no evidence against vaccination was produced, but many of the vaccinophobiacs declared that however they might be "persuaded against their will, they'd be of the same opinion still ;" and, as a matter of course, the representatives of that view dissented from the report of the Commission, just as they would have done if the investigation had occupied a century, and if it had been possible for the evidence against them to be more conclusive.

But the inevitable "working man," the political *arbiter elegantium* of all matters scientific or social, had to be satisfied, so the Commission resolved to the effect that though small-pox was a disgusting and dangerous disease, and though persons who refused to vaccinate their children were guilty of propagating it, yet, nevertheless, any fanatic twice convicted and thereby proved beyond doubt to be dangerous to society, should thenceforth be allowed to continue the dissemination of the disease to all time.

This, however paradoxical it may appear in all practical respects, was the advice of the Commission, and the Government accordingly made it part of their Bill that no person should be prosecuted oftener than twice for refusing to vaccinate.

The House of Lords, untrammelled by the terror of the "working man," and under no political compulsion to keep professional stump-orators in humour, have rejected this ridiculous proviso, and compulsory vaccination thus happily escapes emasculation.

The Government and the Commission admit that the scourge of small-pox is such as to justify interference with the liberty of the subject, and they admit also that to refuse vaccination is to propagate small-pox. Why in the name of common sense, should a wrong-doer be absolved from punishment because he has been guilty, not once, but several times ?

Use of Methylated Spirit for Tinctures.

The fraudulent use of methylated spirit in medicine has been repeatedly exposed in this Journal, and has become in Irish Poor-law pharmacy so much a matter of course, that it now hardly attracts attention. The Commissioners of Inland Revenue, in their last Report, notices that during the past year eight samples of medicines for internal use were found to have been prepared from methylated spirit. They comprised sweet spirits of nitre, paregoric, and the tinctures of catechu, rhubarb, and cardamoms.

Substitutions for Anti-Scorbutics for Shipping Purposes.

During the last year 635 samples of lime and lemon-juice, and 100 samples of spirits for fortifying the same, have been examined by the Inland Revenue Commissioners. Eighty of the former, and seven of the latter, were recommended for rejection.

Adulteration in the Custom-House.

Of tobacco 152 samples have been examined by the Custom-House Commissioners ; 28 contained adulterants such as sugar, liquorice, and logwood. In one case the sample was adulterated with 30 per cent. of liquorice. The amount of tobacco cleared for consumption during the year 1869 gave an average of 1 lb 5⅝ oz. per head of the population, against 13¾ oz. in 1841. Adulterated samples of snuff have been found to contain oxide of iron, alumina, glass, coal, pinewood, fustic, straw, and an excessive amount of sand.

Sixty-three samples of coffee have been examined during the year, of which thirty-two were genuine ; thirty were adulterated with roasted locust beans to an extent varying from 10 to 30 per cent., and one with a vegetable substance that could not be identified.

The Vaccination Amendment Act.

THE Act which received the Royal Assent on the 21st ult., and which is to come into operation on the 1st of January, 1872, makes some important changes for the more effectual carrying out of vaccination in this country. In the first place, it is rendered compulsory upon guardians to appoint one or more persons as vaccination officers, whose duty it shall be to prosecute persons charged with offences against the act, or otherwise to enforce its provisions. The Local Government Board are to have equal powers in matters relating to the officers as they have with regard to other officers in matters relating to the relief of the poor. The vaccination officer is to perform all the duties imposed by the original act on the registrar of births and deaths, except as to the duty of giving notices, but all the fees received by such vaccination officer are to be accounted for to the guardians. Public vaccinators are to be compelled to give a certificate in the case of every child unfit for, or insusceptible of, successful vaccination to the vaccination officer, and deliver to the parent of such child a duplicate, and every certificate of successful vaccination is to be transmitted within seven days after it is ascertained that the operation has been successfully performed to the vaccination officer and parent of the child, and a penalty not exceeding 20s. may be inflicted on every person who prevents a public vaccinator from taking from any child lymph, as provided by the 17th section of the principal act. When any parent of a child fails to produce any child for vaccination when summoned, such parent shall also be liable to a penalty of 20s., and also for not transmitting a certificate of vaccination to the officer. Registrars of births and deaths are to transmit once a month to the vaccination officer a return of all births and all deaths of infants under twelve months, and for which the registrar is entitled to receive a fee of twopence for every birth and death included in that return, to be paid to him by the guardians of the parish in which his district lies. Persons who undergo the operation of re-vaccination by a public vaccinator can claim to have it performed without charge, and in cases were persons are re-vaccinated in houses where others may be sick of small-pox, the vaccinator can claim to be paid for his services by the guardians. In all matters relating to vaccination the Local Governments Board is substituted for the Poor-law Board and Privy Council.

The Cholera.

THE Berlin Correspondent of the *Times*, under date of August 23, reports that the central and north-western portions of Russia continue to be ravaged by cholera. Moscow, Vladimir, and Suwalki—the latter bordering on East Prussia has spread the disease to German territory—are at present the districts most severely visited by the plague. Poland proper is as yet exempt. Reliable statistics as to the number of cases are wanting, but the vast extent of its area, together with what we hear, leads to the conclusion that the disease this time is not to be made light of. In Prussia, Konigsberg, remains the hotbed of the epidemic. In the seven days ending the 18th, that city had 130 deaths by cholera, among which were fifty-one children below the age of fourteen. The preceding week but one-third this number had succumbed to the scourge. Since the last returns were published there seems to have been an improvement. As a precautionary measure the police authorities throughout Prussia have been directed by the Home Office to pay the strictest attention to the state of the sewers and cesspools, which have to be daily disinfected and deodorised, and frequently emptied. It will be an Herculean task to cleanse the Augean stables of Berlin. Perhaps the Town Council, who have been so long wavering as to which system to choose, will now at last realise the necessity of selecting one among the various modern methods of drainage. The antiquated cesspools and sewers we have are simply an abomination. The sale of unripe or rotten fruit is prohibited.

Hampstead Small-pox Hospital.

A LITTLE while ago we reported a case of mistaken identity which was contradicted "by authority." We did not wish to enter into controversy on the subject and said no more. But as usual we were right. The case was not "impossible" our opponents alleged. We now have "by authority" the confession that a child has been lost. We do not propose to supersede the action of the Asylums Board in the enquiry, that must be made into the allegations respecting the Hampstead Asylum. Some contemporaries have pronounced an opinion before the case was in court. We hope they will not be too hasty in contradicting us, as they may if they persist in this plan, have to contradict themselves more frequently than ever.

A New Mode for Cleansing Closet Pans.

MESSRS. HARRISON & SONS, of 26 Change alley, London, have forwarded us an appliance, designed to close the aperture in the pans of water-closets for their more effectual cleansing. The insertion of the plug preventing the escape of the water until the pan is filled, on its removal, the water rushes down, carrying with it any foul matter which may have accumulated on the pan.

The plug, which consists of a band of India rubber around a block of wood, with a handle in the centre, can be made by any turner, the inventors liberally offering patterns to medical men, sanitary inspectors, and others.

It will be found serviceable in places where only a limited supply of water is obtainable; but like a great many new inventions so-called is not in our opinion any improvement upon the existing mode of cleansing pans by a good stiff brush.

Coma from fifteen grains Chloral Hydrate.

DR. SHAW, in the Philadelphia *Medical and Surgical Reporter*, describes the effect of a fifteen-grain dose of this substance, given to a paralytic patient for severe abdominal pain. The man soon lapsed into deep coma, with spasmodic and occasionally suspended respiration, which continued eight hours, during which time his life was despaired of. He then recovered.

The Physiological Action of the Codeia Derivatives.

DR. MICHAEL FOSTER has investigated the physiological properties of the derivatives of codeia, as we have given an account of their chemical properties as stated in Professor Wright's paper, we complete the subject by noting some of Dr. Foster's experiments.

The hydrochlorate of chlorotetracodeia, and the hydrobromate of bromotetramorphia, in doses of a decigramme by subcutaneous injection or by the mouth, produced in adult cats in a very few minutes a condition of great excitement, almost amounting to delirium, accompanied by a copious flow of saliva and great dilatation of the pupils. Micturition and defæcation occurred in some instances, and vomiting was observed on two occasions with the morphia-salt, but was very slight. The excitement was very peculiar, being apparently due partly to increased sensitiveness to noises, and partly to an impulse to rush about.

The same doses of the morphia-salt given to a young kitten produced the same flow of saliva, dilatation of pupils, and excitement (without vomiting) ; but the stage of excitement, which in adult cats passed gradually off in a few hours, was followed by a condition marked by a want of co-ordination of muscular movements, and presenting the most grotesque resemblance to certain stages of alcoholic intoxication. This stage was followed in turn by sleepiness and stupor, in which the kitten was left at night ; in the morning it was found dead.

Two observations have shown these salts paralyse (in dogs and cats) the inhibitory fibres of the pneumogastric ; they also seem to lower the internal tension, but want of material has prevented from ascertaining how this is brought about.

On *rabbits* neither salt, even in doses of a decigramme, seems to have any effect, except perhaps a slight excitement. There is no dilatation of the pupils, no flow of saliva, and, if one observation can be trusted, no paralysis of the inhibitory fibres of the pneumogastric.

No marked difference was observable between the two salts, except that the morphia salts seemed rather more potent than the corresponding codeia bodies.

The salts of deoxycodeia and deoxymorphia given by mouth or by subcutaneous injection, in doses of a decigramme, produced in adult cats, almost immediately after exhibition, a series of convulsions much more epileptic in character than tetanic. In one case there was a distinct rotatory movement.

In a few minutes these convulsions passed away, leaving the animal exhausted and frightened. Then followed a state of excitement with dilated pupils and flow of saliva, very similar to the effects of the tetracodeia and tetramorphia salts, but less marked.

The Medical Staff of the Camp.

The corps taking part in the Autumn manœuvres which commence on Saturday next will be under the medical charge of Inspector-General R. Lawson, Staff-Surgeons Major H. Kendall, M.D., — Sinclair, M.D., and J. J. Clifford, and Staff Assistant-Surgeon Martin.

Safety from Drowning.

The importance of teaching the young of both sexes to swim cannot be over estimated. In many Continental States the art is a necessary and almost compulsory part of education, yet we, who have a continuous sea-board, and to whom our mercantile and other pursuits naturally give more of an aquatic character than other nations, so far neglect this simple yet invaluable accomplishment as to make its possessor appear almost a *rara avis*. Any one who is in the habit of visiting the sea-side will readily perceive that not more than one in every hundred bathers can boast of this acquirement.

Until this inexplicable state of things, which is daily becoming a greater reproach to us, be removed by a clause in our educational code, it is well to look for some mode of saving the lives of the untutored and to enforce upon the owners of bathing machines the necessity of keeping some handy life-belt or buoy ready for instant use by any person who may be nearest to the scene of accident. The most simple and, at the same time, the most effective appliance we have yet seen is a waterproof belt which opens and closes in the quickest and most simple way imaginable. When closed it occupies a very small space, but by giving one turn to a brass screw at the end the air instantly rushes in and inflates the belt to a length sufficient to encircle the body. The lifting power of this belt in the water is about 16 lbs., and as 5 lbs. will keep a man of 12 stone from sinking, any one swimming out with one of these, or if thrown out to drowning persons, would save three from a watery grave. The writer can speak from experience of this appliance. Being a good swimmer he has tested it in various ways : in one instance he swam into deep water with three others—non-swimmers—all of whom were supported by it with their heads above water for some minutes, and then without difficulty pushed themselves to shore. We believe the invention is by Count de Liancourt, and certainly when daily reports reach us of innumerable deaths while bathing it does seem extraordinary that some such appliance which costs but a few shillings is not found in every spot where bathers congregate.

London Water.

It appears that Clark's process for softening water has been represented in official quarters as very effectual. It is mentioned this week in the Registrar-General's returns from which we learn that the following valuable facts have been communicated by Mr. Robert Rawlinson, C.B., C.E.

"The average daily water supply to the metropolis was 111,292,104 gallons in June, and 112,107,697 gallons in July. Now in each million gallons of these waters there is about one ton of bicarbonate of lime, or 111¼ tons in June, and 112 in July. About two-thirds of this weight of lime or chalk would be removed by Dr. Clark's softening process ; that is, in June 74 tons, and in July about 75 tons. In each year about 25,000 tons of useless lime would be removed from the Metropolitan waters by the simple and easy process now in use at Canterbury."

The riddance of the foreign matter which deprives water of some of its cleansing properties is in itself an advantage ; but besides this, the fine precipitate of chalk carries down with it suspended impurities and probably frees it from choleraic and other contagions. It is a most effective filtration.

Mammary Abscess and its Remedy.

Dr. Joseph R. Beck, of Lancaster, Ohio, states in the *Philadelphia Medical Times*, his mode of effectually preventing any abscess of the mammary gland from troubling either the patient or the obstetrician. Whenever symptoms of inflammation of the gland arise, every effort should be made to arrest the secretion of milk ; this will relieve the mother, and not necessarily interfere with the well-being of the child.

As soon as there are any symptoms that mammary abscess is likely to occur, he orders alcoholic extract of belladonna, four drachms ; glycerine, a sufficient quantity to mix them to the consistence of a moderately thin paste. This is to be spread in a medium thick layer with a spatula, over and upon both mammary glands, from the sternum to the axilla. Cover with a cloth dipped in olive oil, and this in turn with oiled silk. Allow the dressing to remain undisturbed during a variable period of from two to three or four weeks, inasmuch as it can be worn by the patient for any length of time without inconvenience.

The argument in the case is directed, of course, to threatening abscesses : but all will at once recognise the appropriateness of the treatment in cases of still-born children, where it is certainly desirable to arrest the secretion of the milk at once. In these cases apply the remedy within an hour or two after the birth of the child. Dr. Beck never knew this treatment to fail of its desired effects, where it was used in time.

Electricity in Sickness of Pregnancy.

Dr. S. Iffla lately read before the Medical Association of Victoria, "Some Observations on the Use of Electricity in Medicine," which are printed in full in the *Australian Medical Gazette*. He directed attention to the use of this agent in the sickness of pregnancy, and assured the Society in those intractable cases of sickness and vomiting during pregnancy, where no food can be retained in the stomach, he had found it succeed when everything else had failed. He related one of his most remarkable cases. Nothing afforded the patient the slightest relief ; she was wasted to a mere skeleton. Dr. Iffla says he never beheld a living object so ghastly ; her face was of a livid hue, the surface of her body was bedewed with a cold moisture ; she had not retained a particle of food for many days. He transmitted a steady current of electricity through the epigastric region ; relief was prompt, the patient rallied, and was soon able to retain a small quantity of bland aliment. After a few more applications the sickness entirely ceased, and did not return. About three months afterwards she was safely delivered of a healthy child. In a later pregnancy of this patient the same treatment was adopted with success.

Chloral Hydrate in Large Doses.

Dr. J. G. Rogers, of Madison, Ind., writes in the *American Practitioner* for August, "Observing in the June number of the *American Practitioner* some considerations on the maximum dose of chloral, in which it is concluded that one hundred and twenty grains is probably as much as the vital powers will bear at one time, I am induced to state that in a case of *mania à potu* in an adult man I have given *one ounce* in six doses, *all within one hour*. It is a well-established law that *effect*, and *not weight or measure*, should limit or fix the dose of any medicine. In the case referred to I proposed to quiet the patient *tuto, cito et jucunde*. To do this one ounce of chloral and an hour's time was required. The patient slept naturally, to all appearance, during three hours, and awoke well but weak, with no nausea, and only a slight headache. Next day he went to his work. The preparation used was of the usual strength. In a case of terrible headache, recurring weekly, in which morphia or chloral could not be satisfactorily used, I gave the lady *one ounce* of bromide of potassium in two doses within an hour. The non-effect of the first half justified the second dose. The headache ceased in fifteen minutes after, and she slept naturally for four days and nights. This rather extraordinary slumber, however, was easily interrupted, and the patient took her meals regularly and went to sleep again. During these short wakings the mind was rational but slow. No functions were interrupted or changed, but the appetite, which before was poor, was much improved. The effect wore off gradually on the fourth day. Since then the attacks have yielded to smaller doses."

Dr. Dalrymple, M.P., of Bath, has gone on a visit to the United States for the purpose of collecting evidence as to the treatment of habitual drunkards.

Dr. Kirk writes to Sir R. Murchison that he has no further account of Dr. Livingstone. Latest information leads him to suppose that the traveller is moving slowly but safely.

By the lamented death of Dr. Hyde Salter, the senior physiciancy to Charing cross Hospital, and the lectureship "On the Principles and Practice of Medicine" to the school attached to that hospital have become vacant.

The vacancy created in the staff of the Middlesex Hospital, by the election of Dr. Murchison at St. Thomas's, has been filled by the appointment of Dr. Headlam Greenhow.

The will of the late Mr. Loder has just been proved under £40,000 personalty. The Salisbury General Infirmary receives the magnificent bequest of £5,000 therefrom.

The mortality in Paris during the week ending the 2nd of September was 846 ; 35 persons died from dysentery, 91 from diarrhœa, 36 from cholerine, and 4 from cholera.

A fire broke out in the laundry of the Portsmouth and Gosport Hospital on Thursday, which at one time threatened the destruction of the whole building, but owing to the promptitude of the troops and the authorities this calamity was fortunately averted. The wards of the hospital were full of inmates.

The "Medical Register and Directory of the United States" will shortly be issued by Dr. J. M. Toner, of Washington, and will include the names of 50,000 physicians. It will, moreover, contain statistics relating to all the medical schools, hospitals, medical societies and institutions of the country, and will, in this way, embrace information of value to medical men.

SPECIAL CORRESPONDENCE.

PARIS AND THE RHINE IN 1871.

[LETTERS FROM DR. CHARLES R. DRYSDALE.]

To the London Editor of the Medical Press.

August 10, 1871.

On approaching the frontiers of France, I found the station-master of Appenweier (Baden), like many of us in

London, entirely opposed, although a German, to the holding of Alsace and Lorraine by the Germans. Living quite on the frontier, he was convinced that the Alsacians and others would not submit to leave France. The noise of the bombardment of Strasbourg was heard well at this station, ten miles off. On reaching Kehl, the devastation caused by war became everywhere visible. In a walk from Kehl to Strasbourg, the Rhine railway bridge was seen to be, on the German side, composed of wood, The miseries sustained by Strasbourg you know well. A lady told me that 800 persons were killed during the siege. The houses shattered seemed endless. German soldiers everywhere, and business broken up ; dissatisfaction on most faces. Such are the impressions of a visit to Strasbourg. Every man I spoke to breathed revenge ; only the women seemed to have had enough of starvation and sorrow.

The German soldiers, too, are terribly tired of remaining away from home so long ; and not a few, when they found I was not a Frenchman, cursed their Emperor as a Spitzbube, a word which, I suppose, may be translated as a rascal. The poor French soldiers I spoke with in Alsace and Lorraine had most of them been prisoners in Germany, and still burned for *la revanche*. What a strange thing it is, that two such able nations cannot learn to give up such painful thoughts, and take to fighting nature instead of each other.

Excellent as are the Prussians, and much to be admired in many ways for their learning, abilities, and universal education, there is something most truly fascinating in French manners, which strikes one on leaving Germany and suddenly entering France. Both of these nations have much to learn of one another. The French have to adopt, as ourselves, obligatory education, and the Prussian military system ; but, again, the Germans have even more valuable lessons, perhaps, to learn from their enemies, *i.e.*, how to diminish indigence, and make social life more agreeable and artistic. There is a *brusquerie* in Prussian manners, which is a little repulsive sometimes until the stranger becomes well acquainted, which is rare, indeed, in polished France.

There are German troops, fair-haired, good-natured looking boys most of them now-a-days, posted all along the line, at every station from Strasbourg to Pantin, near Paris. Most of them look rather dirty, and too fond of tobacco, but in good health, although terribly in want of amusement and their usual beverage, beer. The French mutter curses upon them at all of the stations, and express the eager wish to destroy the poor young men, who, on their side, desire nothing better than to be away out of the country ; and, some express the hope, shared by most of the German soldiers I spoke with, that the new empire of Germany may soon break up and end in a Republic, which shall restore to France her provinces, and live in *liberté egalité*, and *fraternité* with her. Such are the dreams of good and true men ; but the fiercer sort of soldiers and citizens swear to be avenged, and to carry war into Germany, killing right and left, in a few years.

A band of young French gentlemen who had defended Toul, near Nancy, seemed to have quite enjoyed the excitement of the siege, and were especially glad that 1,800 poor Germans had been killed by their guns from behind the ramparts. They, too, were anxious to renew the fight in two years or so. At Epernay, the smiling centre of the Champagne wine district, there were 2,000 German troops, and those with whom I spoke were especially dissatisfied with their long absence from home, sweethearts, and wives. Their captain, a very able gentleman, evidently was in favour of three years' service as a *minimum;* and thought that less would not do for a country like Prussia or France, although it sufficed for a small republic like Switzerland ; England, he thought, did not require such a stringent system, or, indeed, any obligatory service. The Prussian soldiers costs the state, he said, not more than £30 a year. I did not ask him his opinion of German policy out of delicacy to his position. There were numbers of Germans at Meaux, and even at Pantin, the suburb of Paris, made famous by the murder of two years ago. By the-way, I was never asked for any passport, either in Belgium, Prussia, Germany, or in any part of France ; although provided with that antique paper before leaving London, and having paid 10s. for the privilege of entering poor France. It does seem needless for M. Thiers to tax his allies of the British islands in this way, when Germans still lie at the very gates of Paris ; but no one can understand Thiers, who is, I presume, like many more of his day, without any fixed principles of economy or policy.

And, now, on entering Paris, commenced tales of the terrible years, 1870-71. One lady and her daughter told us how they had begun quite to like horseflesh before the end of the siege ; whilst another could never bear to eat such detestable food. There was a chorus among the ladies of detestation of the Commune, and of all those engaged in that revolt. In walking along the streets from the Strasbourg station, nothing was seen until the Boulevards were reached ; and then, the Theâtre of the Porte St. Martin was seen in ruins, whilst the gates of St. Denis and St. Martin were covered with marks of rifle balls. Next came in sight the sad ruins of the Hôtel de Ville, and of the Theâtres du Châtelet and Lyrique, and of some splendid shops at the corner of the Rue de Rivoli. Marks of bullets everywhere. A large portion of the far-famed Prefecture of Police burnt, and of the Palais de Justice next were seen. Examination of prostitutes and raids on the young women still go on, as they did before the siege ; but I have not yet heard where the examinations are now made. Death and destruction seem to have been everywhere in this still most beautiful of all modern cities. In the Rue Soufflot, the number of bodies carried away, after lying there and in the Plâce du Pantheon for three days, amounted to some five hundred. I have seen the wall, against which the Communists were placed in batches, and shot, during the live-long May days of 1871. The Luxemburg Palace is intact, but you know that the Tuileries are a wreck, and are being taken down, possibly not to be entirely rebuilt. With the exception of public buildings, there are comparatively few parts of Paris much injured by either the siege or the Commune ; and although the people are certainly dull, and a little downcast, Paris is still the charming city that it has always been. It is very healthy, too, just now ; only 850 deaths a week, as compared, M. Mauriac says (and I forget my statistics) with some 4,000 weekly in some periods of January last.

I find some of the ablest medical men in Paris quite as anxious to renew the war as the poor soldiers I spoke with in Alsace and elsewhere. One most distinguished gentleman told me in his carriage this morning that he only wished some German would consult him, and he would have him shown to the door at once ; and, also, that inoculation experiments on German patients would not be at all disagreeable to him. "Tantaene animis caelestibus irae ?" I told him that I had no sympathy with any war that I had known of, except the slave war in the United States ; but still he asserted that the Germans had behaved so brutally, and robbed so frightfully, that they must be punished *à outrance*. So that we cannot expect, Mr. Editor, that Europe will be a pleasant residence, even perhaps in our quiet little islands, for many a year to come. The first hospital I visited, the Midi, had received many obuses in its gardens, and two had come through the walls, killing two patients, and wounding more ; so that seven died of the effects of it. This hospital was used during the siege as a receptacle for poor infirm old men from Bicêtre ; and, when the horrible bread of the latter part of the time was given to them they could not eat it, and died 40 per cent. of them of inanition and diarrhœa. This, and such facts, doubtless account for the healthiness of the present moment, as the feeblest died at once in that terrible time. There were many amusing tales by M. Mauriac

and others about the eating of cats, dogs, and other delicacies during the siege. Some liked cats very much, others objected to their flavour; but dogs were much esteemed. As to horseflesh, a beefsteak of the filet is pronounced very good; but the bouillon poor, and stews of horseflesh not good. The largest and best restaurants were open always, and seemed to have had always a good supply of dogs and cats. Everyone cordially curses the recollection of the bread, however. Scurvy was very common.

There was very little venereal disease at Paris during the siege, if we may judge from the consultations at the Hospital du Midi. Thus, according to statistics kindly called for by M. Charles Mauriac, in the months of October, November, December, and January, 1869-70, there were 2,314, 2,198, 1,907, 2,074 out-patients, whilst in the corresponding months of 1870-71, there were only 1,668, 1,658, 1,634, 1,191. In the ten months (beginning with August) 1869-70, there were 21,524 out-patients; whilst in a similar period of 1870-71, there were only 14,705. This of course may be partly owing to the fact that the soldiers were greatly at the ramparts; but, also, because balls and such like places were all shut. I was surprised to find that out of about seventy out-patients there were only one or two cases of indurated sores; all the rest being simple, non-infecting chancres, and gonorrhœa, &c. M. Mauriac praises highly the use of a concentrated solution of chloride of zinc in soft sores. It is, he affirms, by far the best application to that species of sores. Dr. A. Fournier showed me a case of extensive sloughing phagedæna cured in two days by the powder called iodoform at the Lourcine. He praises this remedy very greatly for such cases. Dr. Mauriac's wards at the Midi are in repair, owing to the destruction caused by the siege, and there are scarcely any in-patients at that hospital at present. The Lourcine, however, is full, and Dr. Fournier kindly showed me some most interesting facts as to the analgesia of the skin of the back of the hand and of the mammary gland, &c., in secondary cases of syphilis among his female patients. According to Fournier, chancres of the os uteri, both simple and indurated, are common enough at the Lourcine, and he showed me some wax models of both these affections. He had not yet heard of Mr. Morgan's experiments, and I hope that that gentleman will send his pamphlets to the Lourcine, in order that Dr. Fournier may try to verify his facts in the large field of that hospital. I spoke of them, but, of course, Dr. Fournier was sceptical.

During the siege many bombs fell in the gardens of the Lourcine hospital, and many houses in the neighbourhood were knocked down. Dr. Fournier was at the Ambulances, and was much injured by the cold, which gave him articular rheumatism, laying him up in bed for two months. He was, it seems, the physician of the celebrated Henri Rochefort. I was glad to find M. Fournier an ardent republican, although, as he says, this is a rare enough thing in France. On the other hand, M. Mauriac is sceptical as to republican constitutions succeeding in France; although, of course, he remarked, that it is the best Government for a really free country. However, this may be, we see the words *liberté, égalité, fraternité*, on the walls of the Luxemburg, the Tuileries, and all public buildings, and many hope that at last the republic will succeed. I re-echo that sentiment, for I hear that under Napoléon "none but flatterers and valets succeeded."

There are some of the lectures at the Faculté de Medicine going on just now. Cliniques are held at the Charité, Hotel Dieu, &c., by Gosselin, Pajot, Lasegue, and others, and some lectures are delivered on hygiene, &c. The Ecole Libre, too, is represented by some lecturers; but my short stay in Paris prevented me attending many of these. I was surprised at the Midi to see how much copaiba and cubebs are still used in the out-patients' cases. It seems to me that in London we are not very fond of these drugs now. Also, I regretted to see that large incisions are still made in cases of suppurating buboes. The system of small punctures on the healthy skin, with pressure, is so very superior, in my opinion, to the "heroic" practice of Ricord. The liquor of Van-Swieten, the pills of pro-iodide of mercury, friction, and subcutaneous injections, are all still in honour in the Midi, but large doses of iodide of potassium are spoken of with very great affection in rupia, in gummy tumours, and in ozæna syphilitica. In my next epistle I will, with your permission, give you some more details of a lecture given to the students by Dr. A. Fournier, and relate some of the observations of Dr. Mauriac upon syphilis, and his experiences during the two sieges.

HOMŒOPATHY—ITS PRINCIPLES EXPLAINED

(*Concluded.*)

LECTURE IV.

The concluding lecture is devoted to the purpose of answering the objections brought against homœopathy. If our previous remarks will stand the test of logic and truth, this cannot be of much consequence, but as our plan requires it we shall briefly notice them, leaving the readers to judge whether Dr. Epps has brought forward the most weighty, or evaded them and noticed the less important.

I. "The Diet cures the Patient." This Dr. Epps says is "the objection most frequently urged." In reply he says, that those who "believe that diet is the cause of cure are robbers if continuing to give physic."

Of course we are not responsible for the manner in which others use the "diet argument." For our own part we do not propose to assert that diet would cure cases "that had resisted every other kind of treatment," but perhaps all will allow it may have been the agent in cases in which no other treatment has been tried. We must differ from Dr. Epps, when he tries to brand every man a "rogue" who mentions the diet argument. Dr. Epps asks me if I can account for people getting well under homœopathic treatment. I reply, "Well, many cases which come under a physician's notice merely require attention to diet, and perhaps some cures may proceed from such attention." The incensed homœopath immediately calls me a "rogue," because I use physic, forgetting that in those very cases I should trust to the diet and not give physic, unless required—or that in many cases a little physic would expedite cure. Of course the doctor would not be a "rogue" for giving (and charging for) globules, because they can scarcely be called "physic." The words of Pereira moveover are not they cure by diet, but "aided by a strict attention to diet."

II. "Imagination Cures." Dr. Epps says, "this is a better argument; because imagination is indeed a powerful agent: it will explain many cures." He proceeds to relate several cases to prove this, but no one will dou the point. As he himself acknowledges the fact, we may just ask him, will it not then account for some of the cas attributed to homœopathy? It has been stated on credible authority that the French homœopathic chemists have been selling the sugar globules without submitting them first to the necessary process, or as Dr. Epps would ter it, before "medicating" them. If this cannot be contradicted, how can we explain their cures? We do not deny that any man's patients have recovered from imaginati but for the same reason why may not some patients of homœopathists? Dr. Epps supposes that all his cas were to the allopathists incurable. This is a very gratu ous assumption; we are all aware that very few ha derived benefit from any system after a skilful physici has pronounced it hopeless. If he can cure what oth cannot, let him prove his power by curing those giv up to him as incurable, and not state that patients w go to him in the first instance are incurable by oth

methods. Proof, not assumption, is what we ask and it is our due. "Another form this argument takes," says Dr. Epps, "it is faith that cures," and then he goes on to say that "imagination and faith are both valuable auxiliaries." This is just what we say. It may be the cause in some cases. Since the doctor says he cures by them, perhaps he will inform us to what particular diseases diet, imagination, faith, &c., are the homœopathic cures. What diseases do diet, imagination, &c., produce in order to be homœopathic thereto. Oh! Dr. Epps, do you use any agents, the homœopathic action of which you cannot prove, and the homœopathic dose of which you cannot adjust? He declares he can cure "croup," &c., in children when there is no imagination. Many cases of croup will get well spontaneously. Can he cure those that will not? If not his boastings are but empty sounds.

III. "It will do in chronic, but not in acute cases." This is a gross misrepresentation. The only ground for stating such an objection is that some persons have said it would not be right to experiment on those acute cases which without instant relief must die, until we have seen it do some good in those chronic cases in which the experiment can be made without material injury in case of its not succeeding. Ask the patients themselves if this is not right. Would Dr. Epps like to submit himself to any new treatment, at a time when every moment was of vital import?

IV. "Nature" is another "ally" of our opponents, but on what homœopathic principle we are unable to discover. The same remarks apply as under the last head.

V. "Homœopathy has been tried and found wanting." "It was tried, they say, in Paris and in Russia, and it failed." This is a grave objection. It is indeed the whole practical part, and we believe the objection is valid. Dr. Epps says, it "was tried and found wanting by those who wanted to find it wanting, and who themselves wanted the necessary knowledge." But let him remember, a few lines afterwards he shows that though M. Andral was watching the result to form an opinion of its merits, two professors of this doctrine undertook to prescribe, one of whom he informs us "is now practising with great success." If these were not the parties possessed with knowledge who were? He complains that Dr. Bailey's "note-book has been mislaid." We can only assure him that homœopathists ought to have taken their own notes of the cases. He thinks the experiments were not fair, but we can only say that if any results were vitiated by accidental circumstances they should have been noted at the time, and not years afterwards. If they had not deemed it a fair chance for investigation, the professors of homœopathy would not have accepted, or rather petitioned for the opportunity. We have dwelt thus upon this because we esteem it as a fair trial of the subject. Even Dr. Epps cannot complain of the experiments made in Russia; he says nothing about them. These we believe are quite conclusive.

Lastly. Two other objections are produced, viz.:—"Homœopathists are rogues," and it "comes from abroad." As we are not aware of having used these, it is useless to notice his replies to them. We strongly suspect they were invented by the doctor for the sake of getting pity for his persecution, or to show his sound logic in replying to them. To conclude, he tells us who will oppose homœopathy. Of course no man in his senses will do so. But says he, "those who have reached the top of the allopathic tree will." Does he mean those who are the acknowledged physicians of the day and have seen the most practice? "The lazy" will, as if it were harder work to practice homœopathically than otherwise. "The get money men, who sell as much physic as they can." Of course it would not pay to sell sugar globules at the price of physic. "The witty oppose the doctrine, cannot resist the opportunity it affords." No mention of the reasonable. No doubt he thinks that all good reasoners will embrace it, though he only tells us that "children are its friends." Why? because the globules are nice and physic is nasty. Well, very good. Further, he believes the "fashionable" will befriend it "when it becomes fashionable;" and the "public" when they find it "cheaper." That is, we presume, when homœopathic physicians take less fees than others. The book winds up with the names of several homœopathists, a list of their hospitals, &c., and a hope that the doctrine "has taken a hold upon our minds so strong that no antipathic anodynes, nor allopathic counteractions, will be able to drive it from such delightful resting places."

Our task is now finished, and we hope our readers are satisfied. It has required much patience to follow the doctor through his "devious ways." Our chief difficulty has been that he never went straight into a subject, and, according to our plan, we were compelled to "follow our leader." We are not conscious of having passed over a single argument without notice. The soundness of our logic we leave to the reader's judgment. "Personal feeling" has not animated us, at least that we are aware of, but it is very possible that as we follow, every moment expecting to meet with some argument, we have expressed disappointment and even displeasure to see our opponent turn off on some frivolous pretence in quite an opposite direction.

Correspondence.

PECULIAR PATHOLOGICAL AND PHYSIOLOGICAL SYMPTOMS OCCURRING IN ONE OF THE LOWER ANIMALS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Believing that a case which presents either peculiar pathological or physiological symptoms, although occurring in one of the lower animals, may nevertheless tend to illustrate some function or principle of organic life which may be enjoyed in common by the lowest creature as well as the highest organised being. If you accept this as a correct conclusion, may I ask you courteously to insert in your Medical Journal the following compressed account of disease, with its symptoms, observed in a heifer, sixteen months old. On the 13th inst., when I first saw the animal, she was lying on her side, with the posterior half of her body quite paralysed. She had been in this state about two months. On puncturing her hind limbs with a pin they showed signs of sensibility, but no voluntary motion. With the view of experimenting, gave strychnine daily for a week. On repeatedly pricking the hind parts found complete sensibility, with a slight, though unmistakeable degree of voluntary motion, and treading on the hind nails produced twitching of the tail.

On destruction of the animal, found the bladder full of urine and muco-purulent matter, its inner lining being almost similar to a pyrogenic membrane, excepting vascular patches. On dissection, the vertebral column presented signs of disease between the last dorsal and first lumbar vertebræ. Had them removed, believing that here the spinal cord might present morbid features of interest on being submitted to the microscope. I asked Dr. Grey to examine it, who kindly consented to do so. On exposing the spinal cord in his and Dr. Leslie's presence, found in the bollies of the vertebræ a large cavity (as if formed by carious action) communicating with the spinal canal, filled with the *débris* of medullary and osseous matter, with complete obliteration of the cord for three inches, lying on one side, and connecting indirectly the divided ends lacerated. Folds of the investing membranes in their track. No trace of medullary matter or nervous filament. Here they dipped into the orifices of the pillars, the nervous tissue of which was entirely absorbed.

Seeing, then, that the spinal cord was completely divided, it is difficult, nay, if not impossible, to conceive by what means the posterior parts communicated with the brain. That the morbid lesions and phenomena did exist as I have stated, I am prepared to give an amount of reasonable evidence sufficient to satisfy the most incredulous, and should you wish to examine the morbid specimen, it will afford me great pleasure to present it to you.

Yours very respectfully,

J. MOIR, Veterinary Surgeon.

Armagh: 8 Palace row; August 25th, 1871.

HEALTH OF SOUTHAMPTON.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The people of Southampton having passed through a somewhat severe ordeal, may congratulate themselves, on having (they might hope) seen almost the last of small-pox—the number of deaths having dwindled to two *weekly* during the last month—whilst they amounted to *ten* for the two weeks preceding, and to *twenty* for the two previous weeks, making in the aggregate, thirty-eight deaths in the two months.

Hence, there are grounds for satisfaction at the prospect of having seen almost the last of the disease for the present. and for ever beyond an exceptional case, provided vaccination be carred out effectively. But that such an improvement will be effected until the legislature shall have entrusted the carrying out of sanitary measures to a better informed class than at present controls them, it is impossible to entertain the shadow of a hope.

The Doctor would get into a fearful muddle in endeavouring to carry on shop business, or most of the mechanical occupations. So is it with Boards of Health, as at present constituted—for as a general rule, a few intelligent druggists are regarded as authorities, and rule the Board.

EDWIN HEARNE, M.B.

Southampton, Sept. 4th, 1871.

OBITUARY.

DR. HYDE SALTER, F.R.S.

A LITTLE while ago we announced the retirement of Dr. Hyde Salter from the Physiciancy to Charing Cross Hospital and the Lectureship in Medicine at the School. We were then aware that the illness which induced him to retire was likely to prove fatal, and that his own prognosis of his case was of the gloomiest. Indeed, the conviction in his own mind that he would not recover was, in the opinion of some of his medical friends, a very unfavourable feature of his case—which, it may be remarked, was of a rather unusual kind, and gave rise to various conjectures as to its exact nature.

Dr. Salter was always delicate. He was a martyr to asthma, the disease upon which he wrote his *magnum opus*. He was, however, the author of other papers—all of them the product of a careful mind—all pre-eminently worthy of attentive study. Some of his revised lectures have recently appeared in a contemporary. His papers in the "Medico-Chirurgical Transactions" are of the very highest value.

Thus passes from us an able physician in his prime. At forty-seven a doctor is young. Had he been spared no one can tell to what height he might have risen; for his compeers in the great world of London all regarded him as sure to advance.

During his last illness he seemed, as we have already intimated, to entertain scarcely any hope of being restored to usefulness, but exhibited at the same time resignation and fortitude.

In private life he was esteemed as an upright man, and the writer well remembers the sentiment of respect inspired by the conviction that he acted in accordance with his convictions, and that his judgment could not be warped by private influence.

Medical News.

Apothecaries' Hall, London.—At a Court of Examiners, held on Thursday, the 31st August, the following gentlemen, having passed the necessary examinations, were admitted Licentiates of the Society of Apothecaries, viz.:—Messrs. Moses Blok, Charing-cross Hospital; Gordon Cleghorn Day, St. Mary's Hospital; John Jessop, Glasgow School of Medicine; and Horace Turner, of the Middlesex Hospital. And at the same court the following passed the primary professional examination, viz.:—Messrs. John Batley Bradbury, of the Leeds School of Medicine; Luther Eminson, of University College; Frank Greaves, of the Middlesex Hospital; Montagu H. C. Palmer, of St. Thomas's Hospital; and Joseph Ward, of Queen's College, Birmingham.

How to Disinfect.—The following directions as to the mode in which persons and things can be readily and satisfactorily disinfected have been circulated at Oxford:—(1.) Rooms can be disinfected by burning brimstone in them. Doors, chimneys, and windows must be shut whilst this is being done, and any clothes or carpets belonging to such rooms may, previously to further disinfection (for which see below), be with advantage spread out on ropes in such rooms during the process. No disinfection of this kind is thorough if a man can live in the room whilst it is going on. Some volatile agents may perhaps protect against certain infectious diseases; but small-pox and cholera have never been shown to be controllable by such means within rooms occupied by human beings without being at the same time injurious to their lungs and lives. Hence may be seen the inexpediency of recommending for our purposes at the present time certain substances commonly used in such rooms, which may be pleasant as deodorisers, but are known to fail as disinfectants. For living rooms whilst occupied it is all important to insist upon good ventilation, and for such good ventilation it is requisite that all the air of such rooms should be changed. This is best done by seeing that fresh air is admitted as nearly as possible on a level with the ceiling. In every such room one or other of the solutions mentioned below should be placed in any utensil which is liable to be used by any person suffering from any infectious disorder. Thus the evacuations can be disinfected before they can become mischievous. (2). Water closets, privies, cesspools, and drains can be disinfected by copperas (sulphate of iron). Carbolic acid can be used with advantage in company with or after, but not without copperas. A certain quantity of disinfectant will disinfect only a certain quantity of foul matter, and disinfection is imperfect till all "hot" smell or alkaline reaction is abolished. For the disinfection of a cubic foot of filth ½lb. of copperas in a couple of quarts of soft water is sufficient. The daily addition by each individual using a water closet or privy of two-thirds of an ounce of solid copperas to such privy, or one-third of a pint of the above solution to such water closet will keep it wholesome, if any accumulation of filth which it may contain or communicate with has been previously disinfected, according to the directions given. Carbolic acid can be used after the addition of copperas till the place smells strongly of it. It should be used in the fluid state, its combination with lime and magnesia having an alkaline reaction and being, therefore, unsuitable. It may be diluted by being shaken up with twenty times its volume of water, and poured from a watering pot with a rose nozzle over the sides of a recently emptied cesspool will do great good. Sawdust or sand strongly impregnated with carbolic acid may be used also. Chloralum will acidify ordinary sewage, and destroy its living organism when added in the proportion of one part to forty. It may be expected therefore to act as a disinfectant. This cannot be said of chloride of lime. All water-closets and privies should when epidemics or typhoid fever may be expected be disinfected whether they are offensive or not. It is well at such periods to avoid using any such conveniences which have not been disinfected, especially if, at hotels and railway stations, they may have been used by persons from infected localities. All the conveniences mentioned need ventilation as much as living rooms do. (3). Body and bed clothes should be disinfected by immersion in Burnett's solution (chloride of zinc), diluted in the proportion of a pint to a gallon of water, and kept in a glazed vessel, by prolonged boiling. (4.) Woollen clothes may be disinfected in an oven at a temperature of 250 deg. Fahr. It is well to burn anything infectious which we can afford to burn.

Precautions against Cholera.—On Monday, the first meeting of the sub-committee, appointed to carry out a system of inspection and general sanitary supervision of the port of London, between London bridge and Gravesend, was held. The authorities amongst whom united action will be taken for the prevention of a spread of cholera, through the arrival of any infected ship in the river, are of five classes, viz.:—1st, the Board of Trade; 2nd, the Commissioners of Customs; 3rd, the Trinity Board; 4th, the Thames Conservancy Board; and 5th, the local authorities of the following districts through which, below bridge, the river Thames flows:—The

City of London, Bermondsey, Rotherhithe, Greenwich, Woolwich, Plumstead, Gravesend, St. Olave's, Whitechapel, St. George-in-the-East, Limehouse, Poplar, and East Ham.

Gleanings.

Treatment of Croup by Inhalation of Glycerine.

A GERMAN physician, Dr. Stehverger, recommends the treatment of croup by the inhalation of pure glycerine through one or other of the well-known forms of atomizing apparatus. He was led to try this remedy for croup from observing its good effects in cases of hoarseness and loss of voice. After application, the cough becomes more free and moist, and children are enabled to sleep almost immediately upon being relieved by the inhalation. It is, however, believed to be of no importance to make use of the remedy early and frequently, as, if delayed, it may have no effect whatever. If the glycerine be pure, it may be used unmixed; if not, it should be diluted with a little water. The inhalations are repeated, according to the necessity of the case, at intervals of from half an hour to an hour and a half, and for about fifteen minutes at a time. The effect of the glycerine in this case is supposed to be due to the fact that the secretions of the mucous membrane are thereby increased, and tumefaction reduced.—*Harper's Magazine* (*Scientific Record*).

Influence of the Nervous System on the Temperature and Circulation.

R. HEIDENHAIN (*Pflüger's Archiv.*, iii. 504) was led to researches on this subject from experiments made with a view to determine the temperature of the brain in different conditions. He found that the brain always possesses a higher temperature than arterial blood, and that this difference is markedly increased on stimulation of sensory nerves. There is a fall of temperature in the arterial blood, but this does not take place if the spinal cord is severed from the medulla oblongata. Along with the fall in temperature there is increase of blood-pressure. He believes that the fall of temperature is not due to mere disturbance of the circulation effected through the medulla. He finds (in opposition to Dogiel and Kowalesky) that with the rise in arterial pressure, the pressure in the veins is also increased, and *also the velocity of the blood-current*. Hence he concludes that, as the fall of temperature is not due to slowing of the blood-current through the influence of the sensory nerves on the medulla, it must be due to increased radiation from the surface. He finds a confirmation of this view in the fact that, when the body is immersed in a cold bath, the internal temperature rapidly sinks on irritation of sensory nerves, while the reverse is the case in a warm bath where no radiation from the surface is allowed.—*Jour. Anat. and Physiol.*

Cut the Leaves!

WILL our professional co-temporaries confer a favour on their readers, as well as add to the beauty of their periodicals, by giving a clean cut to their leaves?—*Boston Medical and Surgical Journal.*

NOTICES TO CORRESPONDENTS.

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Full price will be given for THE MEDICAL PRESS AND CIRCULAR of November 23, 1870, and February 1, 1871, on receipt of same with name and address of sender, at the London offices of this paper, 20 King William street, Strand.

"THE case of Cholera in London," by Dr. Edmunds, to which we promised insertion in our present number, did not come to hand until Tuesday morning, after the first sheet of the journal was worked. Also received, "On the Treatment of Eczema," being a continuation of the papers on this subject by Mr. J. L. Milton.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Report on the Sanitary Condition of the St. Giles', Westminster, District. By Dr. Ross.

Thirteenth Report of the Medical Officer of the Privy Council, with Appendix.

Sanitary Precautions against Cholera. By M. A. B. London: Lewis.

Disinfectants; and How to Uuse Them. By E. T. Wilson, M.B., F.R.C.S.

Glasgow Medical Journal; Pacific Medical Journal; The Practitioner; Boston Medical Journal; British Journal of Dental Science; Le Mouvement Medical.

VACANCIES.

Dover Hospital. House Surgeon. Salary to commence at £80, with residence, &c. (See advertisement.)

Islington. Vestry of St. Mary. Medical Officer of Health and Analyst. Salary £250 per annum. Election Monday, 18th inst.

Southwark. St. Saviour's Union. District Medical Officer. Salary £130.

Canterbury Hospital. Assistant House-Surgeon. Salary £50, with board.

Bristol Lunatic Asylum. Assistant Medical Superintendent. Salary £70 per annum, with board and residence.

Towcester Union. Medical Officer. Salary £110, exclusive of fees.

Reeth Union, Yorkshire. Medical Officer. Salary £22 10s., with extras.

Northern Hospital, Liverpool. Physician.

Cork. Medical Officer of Health.

Exeter Dispensary. Surgeon.

North Riding Infirmary, Middlesbrough-on-Tees. Medical Officer.

Westmeath County Infirmary, Mullingar. Surgeon.

APPOINTMENTS.

ALEXANDER, R. G., M.B., Physician to the Infirmary, Bradford, Yorks.

CURRAN, H. G., Medical Officer for District No. 2 of the Bodmin Union.

MACEWAN, W., M.B., Casualty Surgeon to the Glasgow Police.

MACLACHLAN, J., M.D., Medical Officer of Health for Walsall.

MOORE, S. W., L.R.C.P.Ed., Lecturer on, and Teacher of, Physiological Chemistry at St. George's Hospital.

MORISON, Mr. R. P., House-Surgeon to the Hereford Infirmary.

PAYNE, G. S., M.R.C.S., House-Surgeon to St. Bartholomew's Hospital.

SHEPMAN, Mr. G. W., Surgeon to the Grantham District of the Great Northern Railway.

THOMAS, W. H., Medical Officer of Health for Maesteg, Glamorganshire.

GREENHOW, E. H., M.D., F.R.C.P., F.R.S., a Physician and Lecturer on the Practice of Medicine to the Middlesex Hospital.

MORRIS, H., M.B., University of London, M.R.C.S., an Assistant Surgeon and Joint Lecturer on Pathology, and Teacher of Bandaging and Minor Surgery at the Middlesex Hospital.

LOWNE, B. T., M.R.C.S., Lecturer on Physiology, including Practical Physiology, at the Middlesex Hospital.

MANSON, A. J. Dr., and CLAYTON, J. Dr. Visiting Physicians of the Banff District Lunatic Asylum.

HARRIS, J. A., M.B., London, M.R.C.S. Eng., Assistant Medical Officer to the Mill-road Workhouse, Everton, West Derby Union

Deaths.

BEBBINGTON.—On the 22nd ult., Thomas Bebbington, L.F.P. and S. Glas., of Great Howard street, Liverpool.

BARRACK.—On the 21st ult., Dr. Alex. Barrak, of Camberwell, aged 71.

BOLT.—On the 23rd ult., at Ramsgate, R. A. Bolt, M.R.C.S.E., of Blackman street, Southwark.

ELLIS.—On the 21st ult., J. R. Ellis, M.R.C.S., of Mirfield, Yorkshire, aged 37.

FAVELL.—On the 25th ult., W. Favell, M.R.C.S., of Sheffield, aged 75.

GREENHILL.—On the 20th ult., Duncan Greenhill, L.F.P. and S. Glas., of Main street, Rutherglen, Glasgow.

GRYLLS.—On the 1st of July, at Gocanada, Madras, W. R. Grylls, M.R.C.S., Civil Surgeon, late of the Enniskillen Dragoons, aged 41.

KNOWLES.—On the 26th ult., Edmund Yalden Knowles, M.R.C.S.E., of Farnham, Surrey, aged 58.

SALTER.—On the 30th ult., at Harley street, W., Henry Hyde Salter, M.D., B.A., F.R.C.P., F.R.S., &c., Senior Physician to Charing cross Hospital, aged 47.

Advertisements.

—o—

APOTHECARIES' HALL, BLACKFRIARS.—The next EXAMINATION in ARTS will be held at the HALL on FRIDAY and SATURDAY, the 29th and 30th SEPTEMBER, 1871. A Syllabus of the Subjects for Examination may be had on application.

An Examination in ARTS will again be held in the month of JANUARY, 1872.

R. H. ROBERTSON, Secretary to the Board.

PRIZES IN MATERIA MEDICA AND PHARMACEUTICAL CHEMISTRY.—The next Examination for the Society of Apothecaries' Annual Distribution of Prizes in Materia Medica and Pharmaceutical Chemistry will be held at the Hall of the Society, on Wednesday the 18th and Friday the 20th of October, at 10 A.M. The Prizes consist of a Gold Medal and a Silver Medal with a Book. Gentlemen intending to compete for these Prizes must send a written notice of their intention to the Beadle, before the 7th day of October, which notice must be accompanied by evidence of their being in attendance on the Third Winter Session of their Medical Studies.

By order of the Court of Assistants,

R. B. UPTON, Clerk to the Society.

Apothecaries' Hall, London,
August, 1871.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

FIRST OR PRIMARY PROFESSIONAL EXAMINATION for the LICENCE.—The next Examination will commence on MONDAY, OCTOBER 2nd. Students are admitted to this Examination after the termination of the Second Winter Session of Professional Study at a recognised Medical School.

SECOND or PASS EXAMINATION for the LICENCE.—The next Examination will commence on MONDAY, OCTOBER 9th. Gentlemen who have completed four years of Professional Study according to the College regulations are eligible for admission to this Examination.

Registered Medical Practitioners, qualified before January, 1861, are admitted to examination under special by-law.

Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all certificates and testimonials required by the by-laws are to be left at the same time.

Pall Mall East, 1871. H. A. PITMAN, M.D., Registrar.

CHARING CROSS HOSPITAL SCHOOL OF MEDICINE.

The WINTER SESSION will commence on MONDAY, the 2nd of October.

An Introductory Address will be given by T. HENRY GREEN, M.D., at 8 p.m.

The New School Buildings afford every convenience for study, and the increased hospital accommodation has greatly augmented the means of clinical instruction.

Three Resident Medical Officers are selected from among the Senior Students every six months.

Fees, including Matriculation, £76 5s., which may be paid in five instalments.

Further information and prospectus may be obtained by application to the Dean, at the Hospital.

A. J. POLLOCK, Dean.

ST. BARTHOLOMEW'S HOSPITAL AND COLLEGE.—The WINTER SESSION will commence on MONDAY, October 2nd.

Students can reside within the Hospital walls, subject to the College regulations.

For all particulars concerning either the Hospital or College, application may be made, personally, or by letter, to the Resident Warden of the College, or at the Museum or Library.

A Handbook will be forwarded on application.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS of EDINBURGH.—Notice is hereby given that the Preliminary Examinations in General Education by the Royal Colleges of Physicians and Surgeons of Edinburgh, during the Session 1871-72, will be held on the following days, viz. :—Saturday, the 21st of October, and Saturday, the 4th November, 1871, and Saturday, the 20th April, and Saturday, the 20th July, 1872, at 12 o'clock noon, and on each occasion the Examination will be continued on the following Monday at 1 o'clock. The Examinations are held alternately at either College.

Intending Students of Medicine are reminded that they must pass the above Examination, or one of those recognised by the General Medical Council of Education and Registration as equivalent to it, before they can be registered as Medical Students.

Information as to the Subjects of Examination, Books prescribed, &c., may be obtained, on application, from the Officer of either College.

D. R. HALDANE, Sec. Royal College of Physicians.
JAMES SIMSON, Sec. Royal College of Surgeons.

ST. THOMAS'S HOSPITAL.

THE MEDICAL SESSION for 1871 and 1872, will commence at the NEW HOSPITAL on the Albert Embankment, Westminster Bridge, S.E., on MONDAY, the 2nd OCTOBER, 1871, on which occasion an INAUGURAL ADDRESS will be delivered by Mr. LE GROS CLARK, at Two o'clock, after which the DISTRIBUTION OF PRIZES will be made by SIR FRANCIS HICKS, Treasurer.

Gentlemen entering have the option of paying £40 for the first year, a similar sum for the second, £20 for the third, and £10 for each succeeding year; or, by paying £105, at once of becoming perpetual Students.

PRIZES & APPOINTMENTS FOR THE SESSION.

First Year's Students. WINTER PRIZES—£20, £15, and £10. SUMMER PRIZES—£15, £10, and £5.

THE WM. TITE SCHOLARSHIP, founded by Sir WM. TITE, C.B., M.P., F.R.S, the proceeds of £1,000 Consols, tenable for three years, is awarded every third year.

Second Year's Students. WINTER PRIZES—£20, £15, and £10. SUMMER PRIZES—£15, £10. £5. The DRESSERSHIPS, and the CLINICAL and OBSTETRIC CLERKSHIPS.

Third Year's Students. WINTER PRIZES—£20, £15, and £10. MR. GEORGE VAUGHAN'S CHESELDEN MEDAL. THE TREASURER'S GOLD MEDAL. THE GRAINGER TESTIMONIAL PRIZE. THE TWO HOUSE PHYSICIANSHIPS. THE TWO HOUSE SURGEONCIES. THE RESIDENT ACCOUCHEURSHIPS. TWO MEDICAL REGISTRARSHIPS, at a Salary of £40 each, or one at £80, are awarded to 3rd and 4th years' Students, according to merit.

MEDICAL OFFICERS.

Honorary Consulting Physicians.—Dr. Barker and Dr. J. Risden Bennett. Dr. Peacock, Dr. Bristowe, Dr. Clapton, Dr. Murchison, Dr. Barnes. Mr. Le Gros Clark, Mr. Simon, Mr. Sydney Jones, Mr. Croft, Mr. Liebreich, Dr. Stone, Dr. Ord, Dr. John Harley, Dr. Payne, Dr. Gervis, Mr. MacCormac, Mr. Francis Mason, Mr. Hy. Arnott, Mr. J. W. Elliott

Medicine.—Dr. Peacock and Dr. Murchison. *Surgery.*—Mr. Le Gros Clark and Mr. Sydney Jones. *General Pathology.*—Dr. Bristowe. *Physiology and Practical Physiology.*—Dr. Ord and Dr. John Harley. *Descriptive Anatomy.*—Mr. Francis Mason and Mr. W. W. Wagstaffe. *Anatomy in the Dissecting Room.*—Anatomical Lectures—Mr. Rainey and Mr. Wm. Anderson. *Chemistry and Practical Chemistry.*—Dr. A. J. Bernays. *Midwifery.*—Dr. Barnes. *Practical and Manipulative Surgery.*—Mr. Croft and Mr. MacCormac. *Physics and Natural Philosophy.*—Dr. Stone. *Materia Medica.*—Dr. Clapton. *Forensic Medicine and Hygiene.*—Dr. Stone and Dr. Gervis. *Comparative Anatomy.*—Mr. C. Stewart. *Ophthalmic Surgery.*—Mr. Liebreich. *Botany.*—Dr. Wale Hicks. *Dental Surgery.*—Mr. J. W. Elliott. *Demonstrations Morbid Anatomy.*—Dr. Payne. *Mental Diseases.*—Dr. Wm. Rhys Williams. *Geographical Distribution of Diseases in England and Wales.*—Mr. A. Haviland.

R. G. WHITFIELD, Medical Secretary.

T. B. PEACOCK, M.D., DEAN.

For entrance or Prospectuses, and for information relating to Prizes and all other matters, apply to Mr. WHITFIELD, Medical Secretary, The Manor House, St. Thomas's Hospital, Newington, Surrey, S.E.

ROYAL FREE HOSPITAL, GRAY'S INN ROAD.

MEDICAL OFFICERS.

Physicians—Dr. O'Connor, Dr. Cockle, Dr. Rickards.

Surgeons—Victor de Méric, F.R.C.S., Alex. Marsden, F.R.C.S, F. J. Gant, F.R.C.S., J. D. Hill, F.R.C.S.

There being a wide field for Medical and Surgical Practice at this Hospital Students have excellent opportunities of obtaining a bedside knowledge of Medicine and Surgery, and for the study of Pathology, and prepare for examinations by attending a course of three or six months' Clinical Instructihn.

Vacancies for Clinical Clerks and Dressers.

For particulars apply to the Hon. Sec. of the Medical Staff, at the Hospital, daily at 10.30 A.M. precisely.

PUBLIC SCHOOL EDUCATION IN IRELAND.

COLLEGE OF ST. COLUMBIA, RATHFARNHAM, COUNTY DUBLIN.

VISITOR—THE LORD PRIMATE.

The College is intended for the Education of Boys from the age of nine years and upwards. The Course of Instruction is of the same nature as that of the great Public Schools in England, in which Classical Studies are made the chief foundation. Particular attention is also paid to Mathematics, English, French, German, Drawing, and Vocal Music.

Boys are prepared for the Universities of Dublin, Oxford, and Cambridge, or for the Military and Civil Service.

Terms for Boarders—Sixty Guineas. A limited number of Sons of Clergymen can be received at Forty Guineas.

There are two Exhibitions attached to the School, tenable at the University of Dublin, value not less than £20 a year.

Lists of the School, and of recent honours gained by former pupils, together with all other particulars, may be had on application to the Rev. ROBERT RICE, M.A., of Christ Church, Oxford, Warden; or at Messrs. HODGES, FOSTER, & Co.'s, Publishers to the University, 104 Grafton street, Dublid.

The Summer Vacation ends on August 16.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 13, 1871.

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CASE OF CHOLERA IN LONDON.

BY JAMES EDMUNDS, M.D., L.R.C.P., ETC.,

Late Senior Physician to the British Lying-in Hospital.

The following report will be of interest at this juncture.

The patient (William C.), was a respectable married man, twenty-eight years of age, residing at 65 Charlotte street, Portland place, and by occupation a storekeeper at a builder's yard, near Regent street. His occupation kept him so much at the yard, that he took some of his meals there, and was in the habit of using water from a pump to make his tea with. The attack of cholera supervened on the night of Monday, August 14. On that morning he had his breakfast at the yard as usual, and afterwards returned to his home in order to go with an excursion of the Fitzroy Band of Hope to some grounds connected with *The Green Man*, at Whembley hill, near Harrow. They went by rail from Euston square, and arrived at Whembley hill soon after eleven o'clock a.m. The patient spent the morning with the children, and joined actively in their amusements, including several games of cricket. He made his dinner from food brought from his own home, but he bought a bottle of lemonade at *The Green Man*, and afterwards got the bottle filled with water twice from the bar. He states that this water was very foul and so nasty that some of the excursionists spat it out, and others refused to drink it, or disguised it with sherbet powder. He then tried a bottle of ginger beer which he also thought nasty. During the afternoon he was several times dreadfully griped, and had copious watery dejections. Still he played at cricket and skittles very actively all the afternoon, and drank more water. At five o'clock he had tea, supplied by *The Green Man*, and probably made from the same water. After tea he was several times griped, but not again purged, and he returned home by train at 8.15 p.m. In the train he felt generally unwell and very sick, but he reached home at 9.30 p.m. without vomiting or dejection. Immediately after reaching home he was dreadfully purged and vomited, the evacuations being discharged "like water from a tap," this occurred continually, and about 11 p.m. while making his way to the closet he was obliged to stop in the passage and vomit on to the floor. He emitted "fully a quart of fluid quite watery and tasting slightly bitter," after this he got into bed, he then vomited twice into a basin, and about 11.30 he was seized in the left leg with cramp so painful as to make him jump out of bed. While sitting on the side of the bed he vomited again, and reaching towards the basin he fainted and fell over it. His wife got out to help him, and when he recovered he drank a large quantity of cold water and returned into bed. From that time he was excruciated with cramp across the stomach and in the legs. He was also purged from twelve to twenty times more, but being unable to rise the dejections passed under him. The people in the house ran to all the neighbouring medical practitioners, but unfortunately could get no one to come; about two o'clock the father arrived and he called me up. I knew nothing of the patient, and had never attended any of his friends professionally, but hearing that it was a case of cholera I dressed and went at once. As nearly as practicable I have, up to this point, recited the words of the patient and his friends. They are intelligent and reliable people.

It was about half-past two o'clock on Tuesday morning when I saw the patient. The shrunken livid face and the characteristic hoarseness of the voice were so marked that, having seen a great deal of cholera, I had no need to ask myself the nature of the disease before me, and I addressed myself to investigate the probable origin of the disease, so as to look after the safety of others. The water in the house proved excellent, the cistern was lined with concrete and, having no waste pipe, was exceptionally safe from contamination with sewer gas. The basement also appeared free from bad smells or sanitary defects, and the only points on which I could fix were the pump water at the builder's yard, and the foul water at Whembley hill. I then examined the patient more minutely. A utensil half full of rice-water vomit stood on a

chair by his side, and on lifting up the clothes from the foot of the bed I saw the body resting in a pool of dejection of a similar character. I dipped out a saucerful of this fluid from between the patient's thighs, and it proved to be characteristic rice-water discharge. There were also the low hoarse voice, the sunken areolæ round the eyes, the pinched livid countenance, the cold whitish ears, and agonising muscular cramps. The case was certainly one of true cholera, and one in which probably a few more discharges would cause hopeless collapse, but I learned that he had joined a Band of Hope at ten years of age, and since then had taken no intoxicating liquors, while his parents were also old abstainers. Of course these antecedents were immensely in his favour, and being a man of small lithe active frame, I thought he would rapidly rally, if the effusion of blood-fluid were stopped. I therefore prescribed the following medicine which I have long relied upon in such cases :—

Spir. chloroformi, ℥j.; acid. sulph. dil. ℥ss., misce.

Take thirty to sixty drops in water every ten or fifteen minutes until the discharges are checked. He was also to suck ice and drink pure cold water *ad libitum*, and though the feather bed was saturated with choleraic dejection, I directed him to be well covered up and to remain where he was, the limbs to be carefully chafed, without exposing him to the cold, and a free current of fresh air to pass through the room. He was to take no other drugs and no alcoholic liquor. At four o'clock I saw him again, he had vomited after the first dose of the medicine, but not since, and the dejections were less frequent, and the cramps less distressing. They had carried out the treatment well. The father was to call me up and report progress at six o'clock, I learnt that the cramps were still distressing, but otherwise that he was better. To give the drops more largely and drink the iced water very freely, to continue the other treatment and to take no food. At 10.30 I saw the patient again in company with Dr. Buchanan, who, having seen the case announced in that morning's *Times*, dropped in at my house after breakfast to ask how the patient was going, and I induced him to visit the case and investigate the circumstances. The patient was immensely better, and had taken about eleven drachms of the medicine before they stopped it. There had been neither purging nor vomiting for some three hours, and he had kept down a great quantity of water. He had passed no urine. In reference to the question of infection Dr. Buchanan urged that, as soon as the patient could be moved, the bedding should be destroyed, instead of any attempt being made to disinfect it. This point had not yet arisen, but I at once concurred in the suggestion, and the friends undertook to have the bedding destroyed when the time arrived. Dr. Buchanan also advised that the strong white carbolic acid should be used instead of the common article for disinfecting the discharges. This seemed almost an unnecessary precaution, but it also was adopted. I ordered the patient to take no more medicine unless the discharges recurred, to lie scrupulously still in bed, and go on as before. But if his stomach continued quiet to drink cold barley water gradually strengthened with a little good milk. Dr. Thomas Stevenson, Health Officer of St. Pancras, having seen the announcement in the *Times*, also called upon me about one o'clock, and I invited him to see the patient and accompanied him to the house. The patient was still better and his voice was now almost natural. To continue the same treatment. I saw him several times during the after part of the day, he went on well, but had a great deal of rumbling in the bowels and was very prostrate. At night he had that hebetude of countenance and ferrety sclerotic which ushers in the reactionary fever of cholera. He had passed no urine. To continuethe barley water and milk, and to go on precisely as before. He slept well that night.

On Wednesday at 8 a.m. he passed "quite a quart" of urine with some scalding. It was "very dark and thick," it had been carbolised and thrown away, so that I did not see it. On Wednesday night he passed "a pint and a half more dark but clear." He slept badly that night and had much rumbling in the bowels.

On Thursday morning he passed about a pint of urine. The heaviness of features and redness of the eyeballls having pretty well cleared off, he was shifted into another bed in the next room. The Marylebone Sanitary Inspector immediately afterwards saw the bedding and took it away to destroy it. The bowels acted of themselves on the fifth day, the motion being described as small tape-like matter. Afterwards the motions became normal. He was kept in bed some days longer, and then gradually got about his room. He was confined rigidly to milk and farinacious diet till the eighth day, when broth and vegetables were added, and he was left to return to his ordinary diet gradually and report progress to me.

On Friday, August 25, he reported himself at my house, It was then the twelfth day of his illness. He was weak and very pale, but going off to Torquay next morning. He has since written to say that he is convalescent.

This patient took no alcoholic liquor during the attack or in his convalescence. It will also be observed that he took no drugs, except during the first four hours of my attendance, when the sulphuric acid and chloroform were energetically administered.

The practical treatment of cholera is a subject to which my attention has been actively called. I saw much of the epidemic in Whitechapel, in 1849. In the autumn of 1853 I was sent by the General Board of Health to Newcastle, and there I had charge of the notorious and filthy district called Sandgate, the focus of an epidemic that killed over 1,000 persons in eleven days. Afterwards I was sent to Dundee on similar duty, and some years later I had charge of cholera wards in Whitechapel. Having also seen a full proportion of cases in private practice ; the subject is one in which I have had unusual experience. The following seem to me to be the practical points :—

1. To maintain the warmth of the body by proper clothing, avoidance of exposure, and heated applications if necessary.

2. To economise the muscular power by keeping the patients in bed, and not allowing them to rise for the discharges.

3. To promote the circulation by rubbing the limbs. This must be done carefully as the patients have little feeling on the surface of the body. I have often seen the skin actually rubbed off their limbs by friends in their anxiety to relieve the excruciating cramps.

4. To restrain "the rapid current of fluid from the blood into the intestinal canal." It may be argued that this current is "a salutary effort of nature" to expel a morbid poison, but certain it is that the patient is too often killed by the effort, and that the drain of fluid produces an abnormal condition of blood, and is followed by stoppage of the circulation at the pulmonary arterioles. Whether this stoppage occur from the blood being too thick to pass, or from the arterioles being tetanised by a hypothetical morbid poison, is much the same as the difference between tweedle-dum and tweedle-dee. Probably the abnormal state of the blood and a tetanised state of the arterioles are both factors in the stoppage. In my hands the dilute sulphuric acid given in full and frequent doses has proved the best means of checking the osmotic transudation of liquid, while drinking iced water has been the best means of restoring the fluidity of blood.

5. To relieve the cramps and thus prevent exhaustion, chloroform—the most active and diffusible of the antispasmodics—is the safest and most efficient remedy, and I now never administer any alcoholic liquor, or opium, or any other drugs.

6. While vomiting continues, the administration of food is useless and mischievous, rest is the one thing wanted in addition to the other points.

In the case here reported, the symptoms of collapse followed step by step upon the emission of fluid from the blood and the symptoms passed away, as these emissions were checked and as fluid was reabsorbed. I believe this

fairly represents the history of all cases in which the symptoms are those of pure cholera in a subject of sound constitution, well conditioned tissues, and vigorous age. Under other conditions the pure symptoms of cholera do not develope themselves, and the case is blurred by anomalies, which, though incidental to the attack, are really due to defects of the patient's constitution. Thus, in extreme temperatures, subjects who are aged or weak-hearted, or whose tissues have been damaged by the use of alcohol often die from syncope after discharges that would not have seriously disturbed a healthy subject at an age more tenacious of life. Only the night before my patient was attacked, a widow, over sixty years of age, died from cholera close by at 75 George street, Euston road. In the same house there was then convalescing from cholera a younger woman, a member of the same family, who had been attacked just as badly a week before, but had survived, doubtless, owing to her comparative youthfulness and greater vitality. In the epidemic of 1853 I remember a publican and his wife in the Whitechapel district who died in the same night after a very few hours' illness from cholera with comparatively little purging. But the fact was that they were both past middle age, and, though ruddy, and what is called healthy-looking, their tissues were so unsound that they at once broke down under the onset of the disease. Such casualties often throw valuable light upon the disease itself, but they do not furnish the materials for its true theory.

CLINICAL LECTURES
ON THE
DISEASES PECULIAR TO WOMEN.

By Lombe Atthill, M.D. Dub.,
Fellow and Examiner in Midwifery King and Queen's College of Physicians; Obstetric Physician to the Adelaide Hospital, Dublin.

LECTURE XII.

Chronic Inflammation of the Cervix Uteri—Induration of Cervix—Treatment of, by Potassa fusa, by Local Blood-letting—Endo-metritis—Endo-cervicitis.

In my last lecture I gave you an outline of the natural history and treatment of the severe and more acute forms of inflammation of the cervix, terminating in congestion and thickness of the mucous membrane lining its canal, and of the follicles with which that membrane is studded, while its vaginal portion denuded of its epithelial coat is covered with numerous vascular papillæ; these little bodies projecting as they do from a rough and abraded surface, which secretes a copious muco-purulent discharge, have been mistaken for granulations. The term ulceration is generally applied to the condition I have described, a term, the correctness of which is very doubtful, there being no excavation and but little loss of substance present, while the discharge is merely the ordinary product of inflammation of a mucous membrane.

I shall now proceed to direct your attention to those still more common cases of what we must call chronic inflammation of the cervix. In it you have considerable thickening and induration of the whole substance of the cervix which feels hard, and frequently is very sensitive to the touch. A vaginal examination or the introduction of a speculum causing considerable pain, while sexual intercourse may for the same reason be unbearable. We frequently find this condition associated with flexions of the uterus, when these occur the fundus generally participates in the sensitive condition of the cervix.

On exposing the cervix with a speculum, its surface will frequently be found to present its normal appearance. If any ulceration exist it will generally be confined to a narrow rim surrounding the os uteri, which is frequently tuberculous, and in women who have borne many children sometimes nodulated and irregular, this condition being apparently due to the slight lacerations which may have taken place during labour. In addition you not unfrequently have the glary discharge pathognomonic of disease of the cervical canal issuing from the lips of the os uteri. These cases of chronic inflammation and induration of the cervix, with little or no abrasion of the mucous membrane are met with constantly, especially among women of the lower class, who leave the recumbent posture and engage in their ordinary avocations a few days subsequent to delivery or abortion. But it is far from being restricted to them; you will met with numerous examples of it in the upper classes also.

I do not think that there is any affection more distressing than chronic inflammation of the cervix. The pain in the back, the ovarian pain, and the pain felt along the inside of the thigh, is often even more severe than that experienced in the acute form. The unfortunate patient never seems to lose it even for a day, while it is sure to become aggravated by fatigue, by exposure to cold, and by the approach of each menstrual period. In addition irritation of the bladder manifested by frequent desire to micturate often becomes a very troublesome and distressing symptom. This symptom as pointed out by Dr. Churchill is one common no doubt to other affections of the uterus, but I think I have observed it more frequently in conjunction with chronic inflammation of the cervix than with any other. In fine though not likely in itself to shorten life chronic inflammation of the uterus often renders the patient little better than a confirmed invalid, and makes life itself a burthen.

The constant distress and even actual pain which patients suffer when labouring under chronic inflammation of the cervix, frequently gives rise to the suspicion of the existence of cancer; but the mobility of the uterus, the absence of hæmorrhage, and of a fœtid discharge, will generally enable you to assure your patient that, though likely to be for a long time a sufferer, she is not labouring under malignant disease. The induration too resulting from chronic inflammation of the cervix is very different from that caused by the deposit of cancerous matter, the surface of the former being smooth, of the latter nearly always nodulated and frequently presenting at one point a sharp well-defined edge, indicative of the existence of cancerous ulceration. I have known the irregular feel which the os uteri sometimes communicates to the finger when induration has occurred in a woman who has borne many children, to be mistaken for that due to the existence of malignant disease, but these irregular projections surrounding as they do the os uteri, are very different in feel from those produced by cancer. The induration which takes place in cases of chronic inflammation of the cervix, is according to Dr. Bennet, due to the effusion of plastic-lymph into the tissue of the cervix.

I have already noticed that the occurrence of extensive ulceration of the vaginal surface of the cervix is comparatively rare in these cases, it is not easy to explain this circumstance. I am however inclined to think that the access of the disease is so very slow that while lymph is gradually deposited in the tissue of the cervix, the mucous membrane escapes being implicated; it is different however with respect to the lining membrane of the cervical canal, that is nearly invariably engaged to a greater or less degree, it is not vascular and engorged as in the more acute forms, but thickened and hypertrophied. In fact while in the acute form you have a soft tumified cervix, its surface denuded of epithelium, and secreting a copious muco-purulent discharge, the cervical canal participating in the disease, while menstruation is nearly always profuse; you have in the chronic form, a hard indurated neck, frequently covered with an apparently healthy mucous membrane, while a copious glary discharge indicative of chronic inflammation of its lining membrane is seen to issue from the cervical canal—menstruation being invariably diminished in quantity. These cases have long been the opprobrium of obstetric physicians, while their extreme frequency gives to them an im-

portance which the direct effects they exercise on the duration of life does not warrant.

The modes of treatment suggested for the cure of this affection have been very numerous. Nitrate of silver, nitric acid, the nitrate of mercury, and iodine have been all repeatedly tried with the like result, and that generally is—failure.. Equally inefficacious as far as the local disease is concerned, but probably more injurious to the general health, have been the long courses of the iodide of potassium, and of the bichloride of mercury to which patients have been subjected. In my opinion medicines are useless in this disease. The failure of all ordinary means induced Sir James Simpson to try what good could be effected by the employment of the *potassa fusa* applied directly to the indurated cervix. With the view partly of "destroying the indurated tissues by direct decomposition, and partly to soften down the remainder by new inflammatory action." He found it "far more manageable, speedy, and certain than any other method." I have myself used the *potassa fusa* with great success, for the destruction of indurated growths springing from the surface of the cervix, and I have never seen any unpleasant consequences resulting from its application. I do not however rely on it in cases of chronic inflammation of the cervix; still I should not hesitate to use it, did the means I usually employ fail to effect good results.

Whenever this caustic is used it should be applied through a glass speculum, and be rubbed freely against the part till you are satisfied that the tissues have been destroyed to a considerable depth. The vagina must then be washed out with vinegar to neutralise any of the potash which remains, and which otherwise would irritate that canal. The process can be repeated after the interval of a week or so if necessary. I find however that so much relief can be obtained by repeatedly puncturing the cervix and abstracting by this means blood locally that I generally practice, as you all are aware, this treatment in preference to any other.

Let me call your attention to some of the cases which have recently been treated in this manner in our extern department. M. W., five years married has never been pregnant. For two years past she has suffered constantly from pain in left side, from pain along the edge of the false ribs on that side, and from the back-ache, pain always more severe before and during each menstrual period; the flow has greatly diminished in quantity, and is still gradually lessening; cervix elongated, indurated, thickened, and very tender to the touch; copious cervical catarrh present. The diagnosis was obvious, chronic inflammation and induration of the cervix uteri with inflammatory hypertrophy of the mucous membrane lining the cervical canal existed. March 7th.—Cervix punctured and operation repeated at intervals of a week; pain steadily decreased in severity. After the lapse of six weeks she had obtained such relief that she considered herself to be perfectly well, no other treatment was adopted. This patient was not cured, but like most persons of her class could not be induced to continue to attend when once the urgent symptoms were relieved.

Here is another example in which the same treatment was adopted:—Mrs. W., æt. forty, had one child nineteen years ago, never pregnant since. Catamenia regular till seven months ago, since then they have appeared but twice. Complained of back-ache and pain in right side, shooting down into hip; she also suffered from profuse leucorrhœa. Cervix in a state exactly similar with that which I pointed out to you as existing in the last case. She first presented herself on the 22nd of April. On that day I punctured the cervix which bled freely. May 2nd.—Again extracted blood by puncturing cervix; *states that she menstruated two days after last visit.* May 13th.—Much freer from pain; local depletion by puncturing; cervix again practiced; this was treated weekly till the 20th June.—On that day I find the following entry in my note-book:—Is much easier; has menstruated again without pain. June 27th.—Quite free from pain; cervix still indurated but no longer tender to the touch. Here was a woman in whom previous to the adoption of this treatment menstruation was irregular, scanty and painful, while she suffered constantly from distressing back-ache and left side pain. You have seen the benefit she has derived from it.

But I should only weary you by detailing the particulars of the numerous cases which I have treated in this manner. Most of you have seen them and are capable of judging of the effects for yourselves; but I cannot help alluding to that of one woman whose sufferings were extreme.

J. D., æt. thirty, married seven years, has never been pregnant, for the past year has suffered from constant and severe pain in the left groin, also over left ovary, and above the pubes. Bladder extremely irritable, micturition painful, catamenia very scanty and irregular, sometimes not appearing at all for several months; uterus low in pelvis and very tender to the touch, fundus retroflected. Sexual intercourse has become so painful that she cannot now permit it at all. On the occasion of her first visit, on the 12th of February, I ordered her to have a saline purgative, and introduced a small sized Hodge's pessary hoping that the support it would give the retroflected womb would afford some relief. In this I was disappointed, that organ was too tender to admit of the instrument being worn for any length of time and I had to remove it after the lapse of three days. For the four following months she presented herself at least once a week in the out-patients' room, but her condition did not improve, indeed she became worse and often she could not straighten herself so great was the pain she suffered. During this period I tried every possible form of medical treatment without effect. On the 20th June I decided on puncturing the cervix and from that day she steadily improved. I repeated the operation at intervals of five or six days. After a few weeks she was so much easier that she only attended about once a month. On each occasion the treatment was repeated with marked benefit. Menstruation though scanty appeared at regular intervals and she was so much better as to be able to resume her regular occupation, that of working in a market garden. She presented herself the other day, after an interval of three months. She then stated that the menstrual flow now appears regularly, that she suffers but little pain and can permit sexual intercourse. The uterus is still retroflected and will I believe always remain so, but it is not painful to the touch. It is well worth your while bearing this case in mind. Previous to my practising local depletion I had for four months tried every other means I could think of without affecting the least good. You all have seen the benefit resulting from that finally adopted. This case is instructive too in another point of view, as proving that the patient's sufferings were due to the state of chronic inflammation which was present and not to the retroflexion.

I have hitherto spoken only of inflammation of the cervix uteri and of the lining membrane of its canal, but the fundus though more rarely affected, may participate in the disease, and cases of chronic endo-metritis are by no means uncommon. I wish you to understand that when I speak of endo-metritis I refer to inflammation of the interior of the body of the uterus only, that is of the part lying above the os internum. This term is used by some I think erroneously to include inflammation of the canal of the cervix also. Inflammation of this latter portion should be spoken of as uterine catarrh or perhaps as endo-cervicitis, a term made use of by Dr. Marion Sims, and which I prefer to the former as being more definite.

Endo-metritis may occur in conjunction with, or be independent of endo-cervicitis, the former being the most common. In addition to the symptoms which are almost invariably associated with all the forms of uterine disease we have certain others which I think are specially referable to the inflammation of the body of the uterus. The pain is much more liable to be paroxysmal, the patient will obtain

relief sometimes for days at a time, then her sufferings will return with increased severity, the approach of menstruation being invariably attended with pain while the appearance of the flow generally brings temporary relief. In fact, endo-metritis is one of the causes of painful menstruation, this is pointed out in a former lecture. When endo-metritis is present I have also remarked that pain of an unusually severe character is felt along the edge of the false ribs. I do not remember to have seen endo-metritis in an unmarried woman, while on the other hand cervical catarrh is occasionally seen even in virgins. So much for the general symptoms. The local ones are also sufficiently pronounced; in endo-metritis the fundus is tender to the touch, and frequently retro- or ante-flected, and when this is the case defæcation is often painful, irritability of the bladder also being frequently present; the discharge too is generally sanious, while the introduction of the uterine sound into the cavity of the uterus invariably gives pain, and if its point touch the fundus this becomes very severe. Dr. Routh, in an elaborate and able paper has endeavoured to prove that the portion of the fundus lying between the Fallopian tubes is the seat of a special inflammation which gives rise to symptoms distinct from those met with when other parts of the body are affected. But while admitting that this portion of the uterus is highly sensitive, I am hardly prepared to allow that it can be the seat of disease, the adjacent portion of the mucous lining of the uterus remaining normal.

Whenever endo-metritis exists for any considerable length of time the mucous membrane lining the cavity of the uterus is thickened and is liable to become covered with numerous elevations, sometimes minute, sometimes so large as to be distinctly felt by the finger introduced through the cervix. The occurrence of this condition I have already dwelt on when speaking of menorrhagia, to which it nearly invariably gives origin. We have recently had in our ward a well-marked example of this, I have detailed the particulars of the case in a former lecture (Lecture v.) The patient suffered from such irritability of the bladder that for years past she had been obliged, even during the night, to micturate at least every hour. This was her most distressing symptom, but of even more importance was the menorrhagia which had gone on increasing in severity for ten years and had rendered her perfectly exsanguine. In this case I dilated the cervix, passed my finger up to the fundus and found the lining membrane of the cavity to be in a roughened, granular condition. I cauterised the whole interior of the uterus freely with the strong nitric acid, and had the satisfaction of seeing her perfectly relieved from the vesical irritation from which she had so long suffered, and of discharging her after the lapse of a few weeks perfectly cured of the menorrhagia from which she had so long suffered.

In cases then of endo-metritis in which menorrhagia is present I recommend you to dilate the cervix and to cauterise the interior of the uterus with nitric acid, but if menstruation be diminished, I advise you to rely on local depletion, on rest, and on the injection into the cavity of the uterus of a few drops once or twice a week of pure glycerine; but if you do this later you must first take care that the cervical canal is very patulous, for if the fluid have not a free exit you may bring on, as happened in my own practice, a severe attack of uterine colic. I generally inject the glycerine through a *porte caustique*, passing the point of the instrument through the os internum, and then force a few drops of the glycerine through it by means of a small syringe.

But you may, and frequently have, endo-metritis associated with endo-cervicitis, and as the latter is the most obvious, may possibly refer all the symptoms to it, and overlook the existence of the former. Consequently you may be surprised to find when you have cured the cervical affection that the patient's sufferings are not alleviated. Dr. Marion Sims points this out in his work on "Uterine Surgery," and I am able to confirm the accuracy of his observations.

I have recently had under my care an interesting example of endo-metritis occurring in conjunction with endo-cervicitis. In this patient the cervix was slightly anteflected and the fundus as well as the neck very tender to the touch. The discharge pathognomonic of endo-cervical inflammation was present, menstruation was profuse and its advent attended with much suffering. She also complained of pain along the edge of the false ribs on the left side. The introduction of the uterine sound caused her much suffering, but this was not experienced till the point of the instrument reached the os internum. I commenced my treatment by puncturing the cervix, and thereby relieved the well-marked congestion which existed. I then dilated the cervical canal, introducing for this purpose two pieces of sea-tangle and subsequently cauterised the whole interior of the uterus with the fuming nitric acid. Afterwards I treated her by applying pledgets of cotton soaked in tannate of glycerine to the cervix. Under this treatment she rapidly improved, the endo-cervical inflammation disappeared, the fundus however was still tender to the touch, proving that the endo-metritis was not yet perfectly cured. I now injected a few drops of glycerine two or three times into the cavity, and finally, immediately before the menstrual period again practised local depletion, by puncturing the cervix. The two last menstrual periods have been perfectly free from pain, the flow is normal in quantity, and the infra-mammary pain quite gone. Unfortunately these cases have a tendency to relapse, and in young women such as this patient, the occurrence of pregnancy, or even less marked cause may rekindle all the bad symptoms.

Acute endo-metritis excepting when it occurs after abortion or delivery at the full term is not common. When it does occur it is liable to be mistaken for peritonitis, to which however it presents a marked contrast in two respects—namely, that the pain is nearly always paroxysmal in character, and is generally accompanied by a sanguineous discharge.

The following case presents a good illustration of this affection:—A lady who had suffered from post-partum hæmorrhage, and in whom involution of the uterus had never been perfectly accomplished having been exposed to cold some months subsequent to delivery, was attacked with severe pain in the region of the uterus. There was also well-marked tenderness on pressure over the pubes. This attack took place just before the occurrence of a menstrual period, but the flow, instead of being checked, appeared in increased quantities and continued persistently. This lady resided in a remote part of the country, and I did not see her till after the lapse of about ten days. I found her in great agony, but ascertained that this was not incessant, that she had intervals of nearly perfect freedom from suffering, lasting sometimes for several hours, then the pain would return with great violence. Pressure over the uterus was always productive of distress, and increased the pain, but elsewhere the abdomen was not tender to the touch. The pulse was rapid, but not of the character which accompanies peritonitis; there was no vomiting but a continuous though not copious hæmorrhagic discharge was present. On making a vaginal examination the uterus proved to be tender to the touch; it was evidently enlarged, and on introducing the uterine sound it passed without difficulty to the depth of five inches. I had no hesitation in pronouncing the case to be one of metritis. As already mentioned the pain was of a well-marked paroxysmal character; the tenderness on pressure over the uterus was also present, but if the abdomen were not touched, she would have long intervals of nearly perfect freedom from suffering; then however it would come on and last for hours without intermission, a characteristic of metritic inflammation, to which Dr. West specially alludes in his valuable work on "Diseases of Women." He states that "the tenderness of the uterus in these cases always led him to abstain from measuring its depth by means of the sound." In the case I have just narrated however its introduction caused no pain. The distance at which this

lady resided from town precluded me seeing her again till she was able to travel, which was not for four weeks. On examining her on her arrival in Dublin I was agreeably surprised to find that the uterus, although not of its normal size, was much smaller than I could have anticipated it would be, the cavity measuring about three inches in depth.

In this case I enjoined perfect rest, applied poultices over the abdomen and administered opiates. Leeches could not be obtained or I should have applied three or four. Mercury in such a case as this would have been in my opinion absolutely injurious.

DIARRHŒA AND CHOLERA:

THEIR SUCCESSFUL TREATMENT BY MEANS OF THE SPINAL ICE-BAG.

A SUMMARY RECORD OF

CASES AND RESULTS.

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(Continued from Page 199.)

The principles propounded in the previous part of this paper are sustained by an extensive array of facts and arguments in my work, entitled, "Diarrhœa and Cholera: their Nature, Origin, and Treatment through the Agency of the Nervous System;" * and to that work I must refer to such of my readers who are disposed to learn what those facts and arguments are. But in order to assure those readers who are not so disposed that the principles in question are fairly established, and are therefore worthy of at least *provisional* acceptance, I am induced to cite an authoritative judgment published in the form of a review of that work, in the *Medical Times and Gazette*, November the 3rd, 1866, and written, as I am enabled to state, by one of the most eminent of English pathologists, whose practical experience of cholera has been peculiarly great, and whose very valuable contributions to the science of medicine, conjoined with his high personal character, ensure him the general respect of the profession. Of the doctrine in question, concerning the nature and causes of diarrhœa and cholera, that "it is in harmony with the results of the most recent physiological investigations," that "it is only by a close examination of the detailed application of the hypothesis as a means of rendering intelligible the proximate cause of every special symptom, that a comprehensive conception of the hypothesis becomes possible," that each special symptom "receives a consistent and intelligible explanation," and that "the strength of the theory lies in its comprehensive and simple explanation of seemingly contradictory phenomena, by the application of a recognised general truth." Knowing that to no other hypothesis yet propounded concerning the diseases in question could these words be correctly applied, and that many thousands of lives now sacrificed every year, might be saved if only we could divine the mystery which has hitherto veiled the real nature of those diseases, I feel constrained to avail myself of the authoritative testimony which these words contain in order to enforce attention to a doctrine which, though revolutionary of prevailing opinions and practices, will, I believe, when once generally recognised, confer a power of preventing and curing those diseases, in the great majority of cases, as easily and effectually as that disease which in many respects resembles them very closely, and which hitherto has defied the power of medical art, viz., sea-sickness, can now be prevented and cured by means of the Spinal Ice-bag.

Assuming the truth of the principles already affirmed, we are led inevitably to the conclusion, that any agent which is capable of abolishing that state of hyperæmia of the spinal cord and of the sympathetic ganglia constituting, as alleged, the proximate cause of diarrhœa and cholera, is capable of curing those diseases; and that any agent capable even of *lessening* that hyperæmia, may so lessen the force of those diseases as, in the battle for life, to enable the *vis medicatrix naturæ* to become victorious.

English summer diarrhœa may, in a large proportion of cases, be completely arrested by suitable medicines, but that in a very large number of cases it cannot be thus arrested is, I presume, fairly proven by its great destruction of life, and especially of infant life, during the months of August and September of almost every year; for I suppose that in the majority of fatal cases, the medical attendants have exhausted their resources in endeavouring to avert death. In England and Wales during the twenty years 1847-66, diarrhœa and cholera destroyed 417,199 persons, and of this vast number about three-fourths, or 311,200, were destroyed by diarrhœa. In London during the twenty-one years, 1847-67, these diseases destroyed 88,247 persons, and of this number nearly two-thirds, or 53,706 were victims of diarrhœa. As is well known, a very large proportion of these victims are children. I should, however, expect, inasmuch as the exciting cause of the summer diarrhœa of infants is in almost every case dental irritation, that the disorder when presenting itself in them would be far less amenable to the curative power of any drug, than the summer diarrhœa of adults is actually found to be; and though, so far as I am aware, no statistics have yet been tabulated by which I can test the accuracy of my opinion on this point, I am persuaded of its truth by considering that, whereas the action of any exciting cause of summer diarrhœa in adults is likely to be temporary and easily removeable, the action of the most common exciting cause of the malady in children—dental irritation, is prolonged, and though it may be lessened, is generally irremoveable. Hence it is, I believe, that astringents which, in cases of summer diarrhœa in adults generally act beneficially, prove useless when prescribed for children suffering from the same malady. Acting on this opinion, I am in the habit, when obliged to treat infantile diarrhœa, whether merging into cholera or not, by means of medicines only, of prescribing those which are known to exert a special influence on the nervous system, viz., bromide and iodide of potassium. My experience leads me to believe that these drugs are far more effective than are any astringents, or any eliminants in counteracting the cause of the disorder when a consequence of teething; and were I compelled to trust to drugs alone in the treatment of cholera, I should, with my present knowledge, place my chief trust, which, however, would not be great, in bromide of potassium.

The summer diarrhœa of adults may in many cases be arrested by astringents: chalk and opium very often prove efficient—restraining the discharges, while the proximate cause of the malady subsides; but knowing that, in those cases in which, notwithstanding this treatment, the disease increases, the opium already given is likely to augment its virulence, I, as a general rule, avoid that drug, and have recourse to frequent doses of sulphuric acid with or without *very small* quantities of quinine, according to the peculiarities of the case. And this treatment I find so often successful, and, unlike the treatment involving the use of opium, so free from danger, *in cases of simple diarrhœa*, that when compelled to trust to drugs only, my main reliance is on sulphuric acid. When, however, decided choleraic symptoms—especially cramps—present themselves, sulphuric acid appears to me for *à priori* reasons (expressed in my work on "Diarrhœa and Cholera") the most dangerous of medicines, and a large experience confirms my theoretical conclusion in the most decisive manner. According to the report of the Treatment Committee of the Medical Council of the Royal College of Physicians, when the different plans of treatment were tested in respect to their relative efficacy in cases of choleraic collapse, it was found that the percentage of deaths following the use of sulphuric acid was 78·9, or 1·3 greater even than that following the treatment by

* Second Edition, enlarged, in 8vo. pp. 268. London: Trubner and Co.

castor-oil. This conclusion was confirmed by the experience of the cholera epidemic of 1866 : Dr. Andrew Clark informed me that, while he had found at the London Hospital, sulphuric acid extremely beneficial in the treatment of diarrhœa, it proved quite the contrary in the treatment of cholera. I may add that the numerous and careful experiments made at that hospital in 1866, in order to determine the efficacy of various drugs said to be curative of cholera, resulted only in confirming the mournful conclusion arrived at during the previous epidemics, viz., that no drug yet discovered exerts any appreciable power in rescuing patients from the state of choleraic collapse.

In several cases I have produced faintness, nausea, vomiting, diarrhœa, sweat, coldness of the surface, and contracted or pinched aspect of the countenance by the application of heat along the spine. In some cases these conditions, or several of them, are induced as accompaniments of the arrest of hæmorrhage (pulmonary or uterine) by the application of the Spinal warm water-bag. Now these experiments prove (1) that the spinal and sympathetic nervous centres can be powerfully affected by the application of heat along the surface of the spine ; and (2) that by means of heat thus applied the phenomena of summer diarrhœa and of cholera can, in fact, be artificially imitated in persons of preternatural nervous susceptibility at all events. These experiences also suggest the idea that if heat thus applied will produce these phenomena, their analogues — summer diarrhœa and cholera—are really, as I have already asserted, expressions of hyperæmia of the spinal and sympathetic nervous centres, and that both they and the artificial imitations of them are likely to be abolished by cold applied in the same way. And that cold thus applied will abolish them my experience, in a large number of cases, enables me to affirm is a thoroughly established fact. I have proved over and over again, and many other persons have proved since I first announced the discovery, that when these several symptoms present themselves as the constituent elements of sea-sickness, the nature of which is, as I maintain, very closely allied to that of summer diarrhœa and cholera, they can, as a general rule, be thoroughly subdued by the application of the Spinal Ice-bag. Moreover, when each of these symptoms presents itself associated with some other disease it can, I affirm, be more easily controlled or got rid of by the use of the Spinal Ice-bag than by any other agent; and, as vomiting is one of the formidable symptoms of cholera, I may add that that troublesome form of vomiting so often experienced by pregnant women, and so notoriously uncontrollable by drugs, can be completely put an end to by the Spinal Ice-bag, and, if it be judiciously used, with perfect safety.

The foregoing facts, as well as many others of different kinds, which, if space permitted, I might adduce, justify the expectation that the Spinal Ice-bag will prove a powerful remedy of both diarrhœa and cholera. That it is so I now proceed to show.

Cases of Diarrhœa.

Case I.—Mrs. T. æt. sixty, suffering from diarrhœa, consulted me July 22nd, 1865, 11 a.m. Her bowels had been moved that morning four or five times. She complained of feeling excessively " low " and of slight abdominal pain. She was remarkably pale, and looked very ill. I prescribed the application of the Spinal Ice-bag, containing ice in each of its three cells, along the spine from the middle of the cervical to the middle of the lumbar region, the application to be continued until the symptoms should subside. The bag was immediately applied, but only during one hour. From the time it was applied until 8 p.m. the bowels were not moved at all, and no pain was felt.

Meanwhile she was extremely excited and troubled by hearing a piercing scream from a lady in the same house who had been seriously hurt, and at 8 p.m. the diarrhœa recurred, the bowels being moved again three times. At 9.30 p.m. the patient went to bed, applied the Spinal Ice-bag by lying upon it and fell asleep. In about an hour she awoke, removed the bag, and then slept continuously till 6 o'clock the next morning.

July 23.—Between 7 and 11 a.m. the diarrhœa returned vehemently, the bowels being moved six or seven times. The patient felt cold ; her arms and hands were covered with a cold sweat ; the features were sunken ; and she felt so ill as to be seriously alarmed. At 11 a.m. the Spinal Ice-bag was applied as before. At first the feeling of coldness seemed to increase, but at the end of ten minutes, her whole body had become warm. " I felt," she said (July 25th), " a glow of heat all over me, which has continued ever since." Meanwhile she had no return of the diarrhœa, and became in all respects quite well.

Comment.—This case shows the necessity of continuing to use the Ice-bag for sometime after the bowels have ceased to be moved, otherwise the malady may recur : in fact, such a sedative influence should be made by the ice on the nervous system as will put an end to its excessive stimulation, not only of the mucous membrane and muscular coat of the intestines, but also of the muscular coat of the arteries in all parts of the body. Not until the morbidly excessive energy of the sympathetic ganglia, which holds the arteries throughout the body in a state of spasmodic contraction, has been so subdued as to facilitate the re establishment of a free and vigorous circulation of blood through the peripheral blood-vessels, is the disorder completely overcome. How admirably the ice fulfils this indispensable condition is well exemplified in this case by the " glow of heat " which the patient felt " all over " her ; and my experience justifies me in saying that had she, on the occasion of the first attack, used ice during several hours instead of during only one, the surface " glow " would probably have been induced during the first day, and that the diarrhœa would not have recurred at all.

Case II.—C. T., æt. forty-four, was attacked July 24th, 1865, with violent diarrhœa. During several days previously he had not felt well, and his bowels had been open more freely than usual. A three-celled Spinal Ice-bag was applied from the middle of the cervical to the middle of the lumbar region. At the time the ice was applied he felt an urgent need to go again to the water-closet, but the first effect of the ice was to cause that feeling to subside. Only in half-an-hour afterwards were the bowels again moved, and from that time he did not experience an unpleasant symptom.

Comment.—The " first effect " said to have been produced by the ice in this case is often experienced by patients suffering from diarrhœa, and who use the Spinal Ice-bag, and is a striking exemplification of its power over the nervous system.

Case III.—D. D., male, æt. forty, consulted me in August, 1866, when he was suffering from diarrhœa, which had continued, more or less, during several days, but which had at length become severe. His skin was cold and peculiarly clammy ; his features were pinched and sunken ; he was altogether much enfeebled, and his abdomen was especially cold. I ordered heat to be applied over it and to the extremities, and ice to be applied simultaneously and continuously along the spine —the bag to be replenished with ice each time the previous supply should have melted. Ice was thus applied about eight hours uninterruptedly, and afterwards a short interval was allowed to elapse between the application of each bag. The purging became gradually less frequent, and by the following morning had wholly ceased. It was not until the purging, which left him extremely weak, had quite ceased that the surface of the body regained its natural warmth. The patient used the Spinal Ice-bag afterwards during a few days, at increasingly wider intervals, and then left it off. His strength was quickly restored, and he continued quite well.

[Cases IV, V, and VI, which, being described *in extenso*, are peculiarly instructive, I am obliged, owing to want of space, to omit from this narrative.]

Case VII.—July 8, 1867.—William P——, æt. seven months, has suffered from diarrhœa during the last six days. Spinal Ice-bag to be applied at frequent intervals till the ice melts, so long as the flux continues.

July 10th.—Ice was applied till it melted only once daily; but the diarrhœa ceased completely on the 6th inst. The child is quite well in all respects.

Case VIII.—Sept. 14, 1867.—H. B., æt. eleven months, has suffered during the last fortnight from diarrhœa, which, during the last few days, has become increasingly severe. The discharges, the mother says, are almost transparent like water; they are very frequent, but most so in the night. The skin is dry and hot; to apply an eight-inch ice-bag along the whole spine, until the ice has melted, every two hours, and continue to do so till the diarrhœa abates, then gradually increase the time between the applications.

Sept. 18.—The child became much worse before the ice was applied; it was purged at least fourteen times in the daytime of the 14th before the ice was procured. It was applied four times on the 15th. The child slept each time he was laid on the ice-bag over two hours at a time; the bowels were moved about six times. On the 16th the improvement continued; on the 17th he was still better, the motions having more substance in them again, To-day he has had no ice, and is very irritable. The child's mother is greatly astonished by the fact she attests, that on *every occasion* the child slept on the ice. To continue its use as before.

Sept. 28.—The ice was applied only three times after last visit; the child has had no diarrhœa since, and is well, except that the fæces, which are now quite solid, were tinged with blood to-day. This was also observed before the diarrhœa came on.

Case IX.—Sept. 14, 1867.—F. S., æt. two years and three months. Has been ill three weeks; became feverish; a week afterwards diarrhœa set in, and has continued with but slight relief from medicine. Four days ago blood and mucous began to appear in the stools, which approach the rice-water character. To apply a ten-inch ice-bag along the whole spine, until the ice shall have melted, three times a day.

Sept. 18.—The ice has been applied only twice a day, but each time until it was melted. The blood disappeared from the stools on the 15th, that was about four motions daily; they are of a more natural character, but still fluid. The child has slept each time the ice has been applied. To apply it four times daily.

Oct. 9.—After last date the ice was used a full week—four times daily, for two or three days, then twice or three times daily. By degrees the diarrhœa lessened, and had quite ceased at the end of the fourth day; since then the bowels have continued quite regular. The child has slept well, and has a good appetite. Her mother says, "She was well contented with the ice, and each time it was applied slept on it."

Case X.—Sept. 21, 1867.—G. M., printer, æt. forty, began to be ill on the 18th; has been up two nights, nearly the whole of each night suffering from excessive diarrhœa; during the last twenty-four hours has had sixteen motions tinged with blood. He complains of nausea, but is not actually sick. To apply a twenty-four inch ice-bag along the whole spine, till the ice melts, four times daily; oftener if the diarrhœa continues.

Sept. 25.—Applied ice only twice altogether—once September 21st, after which the diarrhœa stopped. It inclined to recur on the 23rd, when the ice-bag was again applied, and again it relieved him at once. On the 21st, the patient slept during the whole time the ice was applied, and a long time afterwards. His wife remarked, "he dropped asleep at once, and he said 'the ice makes me warm.'"

Case XI.—Sept. 28, 1867.—A. P., æt. twenty-three, has recently suffered from an inflamed breast, and now she is troubled with shingles over the whole body, even on the scalp, and with profuse diarrhœa, which began at 6 a.m., yesterday. She thinks her bowels have been moved "quite twenty times" during the last twenty-four hours. Fæces very dark and watery; to apply ice along the lower half of the spine continuously until the diarrhœa abates.

Oct. 2.—The diarrhœa stopped completely within three hours from the time when the application of the ice was begun. The shingles also disappeared with almost equal rapidity, and no trace of them remains. The patient feels and looks wonderfully better.

Case XII.—October 2, 1867.—Gabriel T——, æt. five, suffering from very severe choleraic diarrhœa. Skin cold, clammy and dark-coloured; features sunken; patient extremely enfeebled. The treatment I prescribed consisted only in the application of a Spinal Ice-bag several times a day, and of heat to the extremities and general surface of the body. At the end of three days from the time the treatment began the patient had completely recovered.

Case XIII.—E. W., male, æt. nineteen, came to me July 22nd, 1868, stating that he had been suffering during three days from diarrhœa, and that he had about six movements of the bowels a day. He said, "I've awful sharp pains in my inside." Became *very* cold each night during the attack, up to the time I saw him. I advised the application of the Spinal Ice-bag along the whole spine three times a day until the ice should melt. July 25th.—The patient applied the ice during an hour on the 22nd and 23rd, and yesterday, the 24th, he applied it at 10 a.m., 3 p.m. and 9 p.m. also, during an hour each time. On the 23rd he had about six motions; yesterday three, and to-day none at all. Says that he became very warm after the application of the ice, and felt strongly that he was deriving great benefit from the use of it. He declares that he has not been cold at all during the last two nights. He now looks well and says he feels so.

Case XIV.—July 29, 1868.—John Tovey, adult, complains of having suffered from diarrhœa during the last three nights—worse at nights. Bowels moved about six times in the twenty-four hours. Breaks out in a cold sweat, after which he shivers. Has become extremely weak. Pulse 60. To apply ice till it melts, three times a day.—Aug. 5. Has used ice six times. Applied it for the first time in the evening of July 29. That night his bowels were not moved at all. On the 30th the bowels were moved three times, and since then, only once each day. Has neither had "the cold sweat" nor the "cold feeling" about his body since. Pulse 68.

Case XV.—August 26th, 1868.—Ann Ansell, æt. fifty-five, had severe diarrhœa, with cramps, a month ago. Was three days in bed with "dreadful cold perspirations." Says "she felt as cold as a stone." She has never been free from diarrhœa since, and is often purged four or five times a day. Is very weak; no appetite; sometimes feels extremely cold. Apply ice till it melts along lower two-thirds of spine twice a day.—September 2nd. Diarrhœa much lessened. The stools have become more solid. To-day the bowels were opened twice; yesterday, three times. She feels stronger; continue the same treatment during another week. No medicine.—September 9th. Bowels no longer relaxed; treatment discontinued.—September 26th. Has continued quite free from diarrhœa.

A large number of similar cases are scatttered through my Case-book, but I have not now time to collect them, or even to ascertain their number. I trust, however, that the foregoing will suffice to produce the conviction that we have within our reach a remedy for diarrhœa which, while not open to any objection of the kind which may be urged against even the most efficacious drugs, is precisely adapted to counteract all the symptoms of the disease, acting directly upon, and restoring to health the nervous centres, the disorders of which originate those symptoms.

I am glad, however, to be able to say that the method of treatment exemplified by these cases has already been

tried and emphatically approved by several medical men, some of whom have supplied me with records of their observations, which I here give in an abridged form :—

Case XVI. (under the care of Dr. J. C. Williams, of Liverpool).—July 12, 1865.—George B., æt. eighteen months, was suffering from severe diarrhœa. He had been ailing for some time previously. Astringent mixtures proved of no avail ; vomiting came on, and by July 28th serious fears for the child's life were entertained by the parents. All medicines were then stopped, and a spinal ice-bag was applied, the child being well wrapped up meanwhile. "While the ice was on the child became quite warm and free from pain, and in fifteen minutes was asleep, whereas it was crying bitterly before the application."—July 29th., 10 a.m.—"After the ice was applied last night the child fell into a comfortable sleep, which continued till 7 o'clock this morning. An hour afterwards the bowels were moved once, a tolerable firm stool. Nothing more was done, and the child remained quite well when I left home, August 9th."

Case XVII (also under the care of Dr. J. C. Williams). —July 28, 1865.— J. J., male, æt. thirty-seven, was attacked with Summer cholera. I saw him first on the 30th. He was then so bad that I should have considered the cholera Asiatic, but for the bile vomited. He had three doses of chlorodyne to relieve the cramps, and ice was applied to the spine. He was quickly relieved of the vomiting and purging, but the cramps were very troublesome on the 31st. He applied the ice three times, for an hour each time. August 1st.—"Cramps gone ; skin warm ; bowels not moved ; no vomiting, but the patient continues thirsty. Nothing further was done, and he was quickly well."

Case XVIII.—Dr. J. Moorhead, of Weymouth, in a letter which he addressed to me, Oct. 31, 1865, says :—"Having recently suffered from a most severe attack of diarrhœa, for which I took largely the usual astringents, with opium, but without avail. I applied an ice-bag to the lumbar region, which proved most grateful, and *immediately* arrested all the symptoms.

Case XIX. (under the care of Mr. Munro, Director of the Hydropathic Establishment, Melrose, N.B.)—"A very intelligent gentleman, who for a long time suffered from chest disease, had an attack of sickness and diarrhœa." After the spinal ice-bag had been applied to the middle and lower third of the spine during about an hour, while the patient was in bed, "he was able to report the removal of sickness and pain, a warm glow over the limbs, and, ere long, the entire removal of the diarrhœa. On a subsequent occasion, when the same disorder was brought on by over fatigue, the same remedy was employed with like success."

Case XX.—Dr. H. Fitzgibbon, of the West Indian Steamship, *St. Thomas*, published in the Medical Press and Circular, April 1, 1868, an important case of "diarrhœa" with vomiting, cramps, and abdominal gripings, cured by means of the Spinal Ice-bag. Dr. Fitzgibbon says of the case,—"It seems to me interesting as supporting Dr. Chapman's statement, that cases of diarrhœa which resist the usual treatment, and even threaten to terminate fatally, as cholera, may be subdued by the application of an ice-bag along the spine."

I have been informed by Mr. J. Mardon Wilson, of Philadelphia, that his brother, Dr. Wilson of that city, has found by experience of *many cases*, that my method of treating *cholera infantine* is very successful.

Dr. J. S. Hackett, of New Amsterdam, Berbice, British Guiana, has stated in a letter addressed to a friend of mine, that he treated several cases of diarrhœa by means of the Spinal Ice-bag, and invariably with success.

Dr. J. Waring-Curran, has published in the *Medical Times and Gazette*, seven cases of "*Infantile Diarrhœa*," complicated with, or accompanied by, convulsive seizures, and which were treated by the same method. "The result of that experience was," he says, "that I found that the ice controlled the diarrhœa in a striking manner, and that it ultimately arrested it. Moreover the power of the ice in subduing the convulsions, was most forcibly demonstrated ; kept in abeyance when the ice was applied, they recommenced when it was removed."

M. GUERIN'S MODE OF EMPLOYING COTTON WADDING AS A DRESSING FOR WOUNDS, AND IN AMPUTATION CASES.*

For several months the sanitary state of the hospitals, and particularly that of St. Louis, was absolutely deplorable ; conservative surgery gave the saddest results, and amputations were commonly followed by death. After having vainly sought in the recognised methods of treatment for something which should offer a protection against purulent infection, M. Guérin conceived the idea of a wadding dressing as the remedy which best harmonised with his theory of that disease. We stated before that he views this accident as the result of the contact of the wound with an atmospheric miasma generated by the wounds in the patients' vicinity.

In order to make the wadding dressing, the wound is washed with an antiseptic liquid, then a sheet of wadding is applied immediately upon it ; over this more sheets of wadding are rolled so as to envelop the limb in a kind of sheath, as voluminous and even more voluminous than that by which the limbs are protected in Burgraeve's apparatus. That done, several rollers are wound round it one after another compressing the whole tightly ; the softness and resistency of the cotton allowing of its being tightened as much as one pleases : it is essential to squeeze it as much as possible. When completed the dressing should be hard, it may be struck with the hand.

Once applied the dressing should remain on as long as possible. In amputation cases the mean time has been from twenty to twenty-five days ; with some the abundant suppuration, pain, a slipping of the bandages, caused the dressing to be taken off a little sooner ; with others it has been possible to leave it on longer, thirty-three days in the case of a child who had undergone amputation.

This dressing, thus constituted, answers three fundamental indications.

It is a dressing requiring to be but seldom renewed. In this respect it excels all others yet invented. For twenty days and more the wound is left at rest, sheltered from all hurtful contact, protected from shocks of any kind.

In the second place, if the air should reach the wound it does so after having filtered through the wadding. It has been ascertained that wadding is an air filter. In all physical or meteorological experiments it is cotton that is employed for this purpose. This enormous mass of compressed wadding appears to realise the ideal filter ; it is conceivable that if the air reaches the wound it must do so freed from all the impurities which it holds suspended. Then, the access of air, already rendered difficult by the layer of cotton, is made still more difficult by the secretions from the wound which agglutinate the fibres of the cotton, and drying form a hard crust under the pieces of dressing.

Finally, the third condition to which M. Guérin attaches great importance is elastic compression. In fact, under this cuirass the parts undergo, without pain, an energetic compression. Now compression enjoys powerful antiphlogistic properties, which bear their fruit. This compression being equally diffused over the limb, prevents all chance of strangulation ; if pus had any tendency to form in the tendinous sheaths and create purulent depôts it would constitute a complete obstacle. It is doubtless to elastic compression that one must ascribe the

* Translated from the July number of the "Journal de Médicine et de Chirurgie Pratiques," by Francis M. Luther, M.D., Cappoquin.

surprising results that when one uncovers the limb, no trace of inflammatory swelling can be perceived.

To these very characteristic properties a fourth ought probably to be added. The parts shut in are constantly maintained at the temperature of the body, perfectly protected from all causes of refrigeration.

The wadding dressing should answer all those indications; to secure its doing so in practice, one must take a great number of precautions, without which success would be absolutely compromised. First, it must be applied upon a much more extensive surface than that of the wound. Thus, for amputation of the foot and leg, the sleeve of wadding must include the thigh; for that of the thigh, the abdomen, and the loins must be included within the layer of wadding; so with the arm. For short stumps and disarticulation of the shoulder extreme attention must be paid to having the mass of wadding considerable, the stump fixed, and the thorax and shoulder enveloped in the wadding. The dressing must be inspected daily, for it loosens with much facility. A bandage has then to be wound over all, tightened and fastened with pins, and if it is supposed that air can get in at top, fresh sheets of wadding must be super-posed and again rollers.

Although in those conditions little pus is found upon the surface of the wound, yet it is well to moisten the dressing every day with some disinfectant solution, for the fluids soaking through the cotton, on arriving at the exterior surface of the dressing, putrefy upon contact with air, and may give a bad smell.

[This drawback to M. Guérin's method may be met and the plan improved upon by using chloralum wool in lieu of the common kind of wadding.—F. M. L.]

By this new method, it must be well understood, primary union is not to be expected; still, M. Guérin remarks that in a flap amputation, he had introduced cotton between the two flaps, and when he took off the first dressing he found that the cotton had slipped and the flaps become agglutinated.

In his first experiments M. Guérin hesitated to leave his patients without being dressed for a fortnight, the more so as they often complained, saying they were neglected. He has regretted having yielded too soon to their desires, and now for an amputation twenty days is an early term to uncover the wound. The first patients had been re-dressed in the wards which has the serious inconvenience of uselessly exposing the wound to contact with the vitiated air of the wards. The two first operation cases thus undressed showed symptoms of purulent infection one or two days after the exposing of the wound to the air. Now, M. Guérin has all the operation cases regularly removed to the theatre, and so undressed and re-dressed there in the midst of a comparatively pure atmosphere.

When the dressing is renewed it is good to wash the wound with a disinfectant, carbolic lotion, for example, but it is useless to irritate it by carefully detaching crusts, or even picking off too adherent cotton fibres. The skin is gently wiped, and the dressing renewed precisely as at first.

When one uncovers wounds dressed by cotton wadding, the difference of their aspect from that of wounds dressed by the ordinary methods is striking. The wound is rosy rather than red, it may even have a slightly greyish tint; on its surface one finds a layer of pus, much less considerable than one would suppose. Sometimes the pus remaining upon the skin about the wound has induced a little redness and desquamation, but nowhere any swelling or inflammatory redness; one is quite surprised to see a wound at first of considerable magnitude reduced to such small dimensions. We have seen undressed upon the 22nd of June a man, æt. forty-five, whose thigh had been amputated upon the 1st of June, having been wounded a week previously. The pus accumulated in the wadding was abundant enough; it was a circular amputation case, the soft parts were a little insufficient, and the bone projected considerably. The surface of the wound was granulating. A rather large piece of cellular tissue which had mortified was detached, and its prolonged contact with the wound had given rise to no accident. The result was excellent for a man at his age, assuredly intemperate. The case was a fracture of the tibia from a bullet.

It is not amputation wounds alone that present this remarkable appearance. A patient wounded on the 29th of May, was dressed before us on the 20th June; it was his second dressing done a little soon because the last had been imperfectly accomplished. He had on his arm and chest enormous patches of intertrigo which caused him suffering. His immense wound, inflicted by a shell, including the right shoulder and part of the back with broken bones and torn muscles did not cause him suffering and was visibly getting smaller.

With this dressing the patients do not suffer unless some trifling pain on the day after its application. Those whose upper limbs have been amputated walk about from the first day. A man whose shoulder had been disarticulated was in the garden from the fifth day out, and some whose lower limbs had been amputated walked with crutches before the first dressing had been changed. Some have suffered about the tenth or twelfth day, but it was mainly those who were very anxious to be dressed afresh; patients with difficulty accustom themselves to the idea that it is for their good that the dressings are not changed. As they are protected from any shock or jar, there is no inconvenience in their moving about.

At the time when Mr. Guérin commenced to apply this method nearly all the wounded were dying of complication, and no amputation case recovered. For three months here are the results obtained out of a considerable number of operations. Arranging the cases categorically, the results may be classed thus:—A First Series, April, includes six wounded; one a case of amputation of the thigh which was going on perfectly well and was carried off on the twenty-second day by secondary hæmorrhage; two subjects of re-section died of purulent infection after having had their dressings changed in the wards, and too soon; a very complicated case of re-section dead; finally, two cures, re-section of the radius and re-section of the acromio-clavicular arch.

The Second or May Series was very important. Thirty-four amputation cases, thirty-five operations, fifteen deaths, nineteen cures. Those who died are thus classified: one, an amputation of the thigh, exhausted from loss of blood, died at the end of twelve hours; 2nd, an amputation of the thigh of a child, five months old; 3rd, an amputation of the arm, operation too long delayed, patient æt. seventy-one, died; 4th, intra-malleolar, amputation too long delayed; 5th, amputation of the leg, tetanus; 6th, amputation of the arm, tetanus; 7th, intra-malleolar, amputation five days after the accident, previous purulent infection, and sudden death. Those first seven patients were evidently bound to succumb in spite of all possible care. Two cases of amputation of the thigh, two of the leg, one of the fore-arm probably died of purulent infection; we have not been able to obtain any precise information about them. Lastly, a case of amputation of the thigh, having undone the dressing, succumbed a few days after to purulent infection. A man, who had his leg amputated had the dressings changed on the second day on account of a hæmorrhage, and succumbed to purulent infection.

The examination of those cases of death teaches us that the greater number were attributable to special complications; that some, for instance, the two last, may, on the contrary, demonstrate the excellence of the procedure, and the danger there is in deviating from it. Moreover, the five cases about which we give no information, have no great value as against the method. In those days of confusion M. Guérin had the entire charge of the surgical wards of Hôpital St. Louis, his own as well as others'. He could not daily survey the dressings as is important to be done, and as he recommends; these cases belong to the extra patients who had undergone least inspection. Then we should take into account that upon first applying a

method there is always uncertainty and groping which interfere with the first results. Moreover, if it is legitimate to affirm that the method is an excellent one, it is unfair to require it to be infallible.

As to the cures here are the results :—19 successful : 6 amputations of the thigh, 5 amputations of the leg, 2 disarticulations of the shoulder, 4 amputations of the arm, 2 amputations of the fore-arm (one had both fore-arms amputated). All those patients were operated on six weeks ago, and are in excellent condition. All were traumatic amputations, some done on the first or second day, the majority on the sixth or eighth day, that is to say, under unfavourable circumstances. All eat and drink as much as possible ; the greater number walk about. A surgeon, a friend of mine, who accompanied me to St. Louis, was, like myself, astounded ; he had never seen in an hospital so many amputation patients alive and well. In a deplorable period those facts, much more favourable than one sees in ordinary times, are manifestly very striking, short as has been our examination of them ; necessarily we will have to study them anew. The method in fact is not confined to amputation wounds, and we might already cite several examples of cases in conservative surgery brought to a happy termination by this procedure. It is enough for us to call the attention of practitioners to this dressing, which along with its affording a security against purulent infection, &c, combines inappreciable advantages, such that we deeply regret it was not known before this war, many of whose victims it would have saved. It allows of the transport of patients from the very first day of operation. It suppresses with the daily manipulation the inevitable pains of the after treatment ; it renders unnecessary skilled assistants ; finally it constitutes a practice perfectly simple, always the same, and only demanding the employment of substances to be found everywhere or easily to be procured.

Hospital Reports.

KINGS' COLLEGE HOSPITAL.

Polypus of the nose—Cyst on forehead—Fistula in ano —Excision of the elbow-joint—Fistula in perineo.

(Under the care of PROFESSOR WOOD, F.R.S.)

On the completion of the operation the Professor observed that the polypus of the nose was of the mucocellular variety, which was less common than the gelatinous form. It was his custom when operating on cases of this kind not only to remove the polypus itself entire, but also to remove a small piece of the turbinated bone to which it was attached. The gelatiniform variety was usually found to be attached to the nasal septum.

The cyst on the forehead Professor Wood removed by making a horizontal incision so as to leave less scar, corresponding as it would with the furrows of the occipito frontalis. He then stated that the tumour had probably reappeared on account of the sac not having been completely removed. When the sac cannot be dissected out whole, Professor Wood breaks it up and then stuffs the interior with lint and carbolised oil, and so makes it heal from the bottom.

The case of fistula in ano was an example of the simple external in a patient suffering from phthisis. For some years past it had been the Professor's practice to operate in all cases of phthisis not far advanced. In many cases very great improvement in the general health of the patient had resulted from operating, and moreover when it was remembered how great the depression, annoyance, and anxiety that this disease produced, it was a great point to know that the operation relieved these mental symptoms, and, in a very great many cases, the constitutional also.

The history of the patient with diseased elbow-joint was as follows :—He had been operated upon before for gelatinous degeneration, and for a time, with good living, change of air, &c., he had done well. After a time however, he fell into bad health again, but with feeding up he in the hospital improved ; afterwards the hospital air began to affect him, and he was sent out. For some time past he has been on tonics. On his return finding several sinuses existed, and that there was evidence of the disease having returned, Professor Wood determined to operate, and, following a favourite practice of his, laid open all the sinuses, removed the diseased parts, and also a portion of healthy bone. The parts were then first well sponged with carbolic acid and chloride of zinc lotion, a strip of lint soaked in carbolic oil placed in the wound, and a splint and bandage applied. The Professor observed that in this instance he feared there would be a return of the disease as it affected every tissue—bone, muscle, nerves, and vessels. The reasons of his removing the healthy bone were—First, the proximal ends rubbed against one another ; and, secondly, because a short arm was as useful as a long one. The contrary rule, however, obtained in the knee-joint, as if the leg here were much shorter than its fellow the drag in the gait would be proportionately greater. The bone was shown to the class, which was red and bleeding.

The case of the perineal fistula communicating with the bladder was caused by a severe fracture of the pelvis. The man was a miner. Mr. Wood brought away several pieces of diseased bone, and tied a catheter in such a manner as to leave it in the bladder in order that the urine might pass through it and so heal the fistula.

Removal of tumour from knee.

(Under the care of H. SMITH.)

Mr. Smith made a longitudinal incision about three inches long over the patella and carefully dissected out the tumour. The part was then well sponged, one or two small arteries twisted, water dressing applied, and a small splint placed behind the joint.

Mr. Smith then narrated the history of the case which was as follows : The girl had had originally a housemaid's knee which had been imperfectly cured and the bursa degenerated into a fibroid tumour. The class would notice that in cutting into it there was a central oval hole containing a quantity of soft degenerated tissue like lemon seeds, and this was the pathological answer they would be expected to give at the College of Surgeons in connection with the housemaid's knee when asked.

Animal Vaccination.

THE House-Physician, New York Dispensary, Dr. Frank P. Foster (*Medical Gazette*), considers the following propositions as well established :

"1. Vaccination with bovine virus is at least as successful as that with humanised virus, and in our experience it has been more so. 2. There does not appear any valid reason for looking upon vaccinations with lymph procured from a succession of bovine inoculations are inferior, in the protection conferred against small-pox, to those with humanised virus, or with virus direct from cases of spontaneous cow-pock. On the contrary, in the case of the inoculated bovine disease, we can always be sure as to the precise period of the disease, and consequently, in taking lymph, can choose the time when it is most energetic, whereas we can seldom or never assign a precise date to the origin of a spontaneous case, and, indeed, must very rarely have an opportunity of seeing such a case until after the proper time for taking lymph has passed. 3. Vaccination with bovine virus certainly does not entail a risk of any greater degree of inflammation than is commonly met with in the use of the humanised stock. 4. Animal vaccination enables a

careful vaccinator to be *positively certain* that he runs no risk of unwittingly conveying syphilis in vaccination. 5. The *amount* of vaccinal efflorescence considered necessary to constitute an effectual prophylactic against small-pox is, with bovine virus, attainable with a decidedly decreased amount of traumatism. 6. As is now generally admitted, animal vaccination is a great addition to our sources of vaccine, and furnishes a safe-guard against 'vaccine panics.' On this account alone, if on no other, it should be steadily maintained.

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WEDNESDAY, SEPTEMBER 13, 1871.

OBSCENE QUACKS.

THE universal difficulty which impedes all philanthropic movements seems to be the impossibility of inducing the public to believe in and appreciate the full gravity of the grievance for the redress of which the philanthropist pleads. When the public are told of the misery, squalor, and starvation of the very poor, or the cruelty, crime, and ruin involved in the frequency of drunkenness, they fail to respond to the representation; not because they are careless as to the sufferings or well-being of their fellow-creatures, but because they have an insufficient belief in the real truth of the statements, or because they regard them as the normal condition of things.

Those who have waged war against the trade of the obscene quacks, have felt these disabilities with greater force, because the subject is one of which the public have no personal knowledge whatever, and the nature of which involves it in secrecy. In spite of the expositions which have been made of the scandalous robbery carried on by the obscene quacks, the public at large does not even remotely suspect the enormity of the evil. Nay! even the Medical Profession are perfectly innocent of the real extent of this system of fraud. The quacks themselves, and a very few other persons, are the only community who really know how vast and how wicked is the system; and this because the secrecy of the process begets an aversion to publicity on the part of the victim, who will rather suffer silently in mind, health, and pocket, than unfold the narrative of which he has so much cause to be ashamed to a friend or a medical man.

We are prompted to these remarks by the tenor of a letter which has fallen into our hands, and which we give *in extenso*, as a narrative of the characteristic career of an unfortunate dupe. It is addressed to Messrs. Baillière, Tindall, and Co., the publishers of Mr. Courtenay's well-known exposure of "Quacks and Quackery":—

"TO MESSRS. BALLIERE.

"Having received your pamphlet on 'Quackery' and read it, I feel very much interested with it, and cannot thank the author to highly for the advice theirin given. Having been a sufferer from spermatorrhœa, with emissions, myself for five or six years. I have been duped to a great extent, but not so bad as some—probaly out of £90 or £100. I suppose it would have been worse had I been better of. Smith, of Burton crescent, got £4 or £5 out of me, and did me no good. I received a pamphlet a little while ago, purporting to come from Stroud and Co., 20 Exeter street, Strand, W.C., entitled, 'Nature's Remedy.' I think this is in some way conected with Smith, of Burton crescent.

"I then saw an advertisement in a newspaper of one Dr. Watson, of the Lock Hospital, London. I got a curative appliance from him, some medicine, and a lotion. He fleeced me to the extent of £8 or £10, I believe, but did me no good.

"I was now so weak and nerveless that I thought I would try some one else.

"There was one, Dr. Culverwell, of London, about this time visiting Bristol professionally. I applied to him, and paid him £10 or £12. He cauterised me and made me worse.

"I now left him and tried a surgeon; he did no good—probaly not acquainted with such cases.

"I now saw an advertisement, entitled 'Nervous Debility cured without the aid of quacks; apply to Secretary, Institute of Anatomy, 44 Great Charles street, Birmingham.' I had one of the pamphlets, and from what I read therein, I learned that no one else could cure these cases. So I took train and rode to the above place, about 100 miles. I took a small vial of my urine with me.

"When I came to the place, I was introduced to Dr. John Hunter, (*this fellow nearly frightened me to death,*) who on examinen me, said my case was an exceedingly bad one. He said my testicles and the cords leading from them was in a teribley relaxed condition. He said the cords that conveys the seed had all but disapeared, he then examined my urine, was away about ten minutes for this, when he came back he said mine was an unfortunate case, says he, the semen runs away with the urine just as it is formed from the blood, without entering the seminal vessels at all, and without any formation. He said he thought my case hopeless. I then told him if that was the case I had better not spend more money on it. He then said with care and following up his medicine and advice I may recover. He then wanted £10 for medicine, but I had not that sum at my disposal, so I agreed to pay his fee of one guinea and £6 for a case of medicine—twelve small bottles—one bottle would last about a week; but that was not the worst of it, it did me no good. I took that lot, and had two more £6 cases, making £19-worth in all, without the least benefit. My expenses in going to Birmingham and back must have been another £1, making £20. *I enclose one of his letters.*

"I now received a pamphlet from one, Monsier Duval, patent medicine agent, 13 Newmarket street, Birmingham, saying he was agent for the sale of a medicine called the new French remedy; so I have had £6-worth of this man's nostrums; I am taking of it now, but I shall not have any more of him, as it does no good. I think he has some conection with Dr. Hunter, as he says at the end of the pamphlet: 'Any persons in need of professional advice, apply to Dr. Hunter, 44 Great Charles street, Birmingham, who has been in practice thirty years, and may be fully relied on.'

"Now, if you would inform me where I may meet with a honest and straightforward surgeon or physician, I should very much thank you. I want one as will work cheap and in a short time.

"Through this complaint and the harm done me by the quacks I was obliged to give up business about two years ago. I was then in the farming line of business. I was so weak, both mentally and bodyly, that I could not work nor carry on anything at all. I reckon this loss at £150, which, added on to £100 for medical advice, makes a large sum.

"I am now like the dove from Noah's ark, which had nowhere to rest her foot, not knowing who to apply to. Do you think there is any doctor in Bristol that can succesfully treat my complaint? I am afraid of the London ones now. I wish you would let me know by return of post. I enclose three stamps for return post. I apologise for taking up your valuable time.

"Yours very truly,

"J G."

"P.S.—Is it any use to try a homeopathic doctor?"

"44 Great Charles street, Birmingham,
"Oct. 14, 1870.

"DEAR SIR,—We are not surprised to hear you do not feel so much benefitted by this time as you anticipated; until the loss of semen in the urine is entirely checked, and sufficient time has elapsed for the seed to become infused in the nervous system, you will not feel benefitted by the remedies; but by persevering and following out the entire course of treatment, we have not the least doubt of being able to satisfactory effect your restoration. The escape of seed in the urine we feel no doubt is decreasing, and has the power of retention is gained you will improve. We informed you at the onset that it would take some time to effect your restoration, and that the case would be expensive; we should be sorry for you to suppose that you were throwing your money away, and it would be dishonourable of us to induce you to expend your money, unless we felt quite certain we could effect your recovery. The emissions are generally more frequent has the parts begin to act, and continue until the relaxed and irritable vessels become healthy. You had better send for another course of treatment, which we shall now change, and prepare to have a more direct action on the seminal vessels; and we may add we are quite certain we can effect your recovery, and fit you for marriage if you continue to persevere a sufficient length of time.

"Yours faithfully,

"H. W. HUNTER."

Without moralising further on this subject, we pass to the consideration of the remedy for this hidden and villainous system. Without doubt the evil is worthy of the labour of extermination, for the extent of its ramifications and the number of its victims are incredible. We venture to surmise that every reader of these words has within his acquaintance or practice some unfortunate man who is being driven to the verge of lunacy or suicide by the cleverly worded insinuations of these quacks, and yet does not consult his nearest friend; and once immeshed in the web of these rascals, struggles helplessly. It seems to us that the duty of stamping out this infamous traffic belongs to no part of the community so properly as to our Profession. We know not only somewhat of its extent, but we know how to invite the confidence of the victims, and in virtue of our scientific qualifications we can speak with authority.

The method of action would be simple and efficacious. Even if we did no more than receive confidentially the communications of victims like the writer of this letter, and afford them the advice which he longs for and seeks elsewhere in vain, we should have effected the major part of the object to be desired.

We earnestly suggest the formation of an Association for the Suppression of Obscene Quackery, with this object, and should such an organisation ever exist, we can promise them that their greatest difficulty will be the multitude of their consultants and an overwhelming flood of evidence, which will enable them to deal shortly, sharply, and decisively with the harpies engaged in such practices.

MEDICAL REPORT OF THE PRIVY COUNCIL.

WE have received with pleasure the Report of the Medical Officer of the Privy Council, and are glad that we have thus furnished to us the opportunity of recurring to some of the points we have previously alluded to, as well as some others we had passed over. The Report is a small one this year, but none the less worthy of attention. Its price is, in fact, only fourpence halfpenny, which induced us the more readily to comment on the fact of our not having received it. Publications of this description need to be widely circulated, and there is no medium so useful as that of the Press. Quite a number of our own correspondents make enquiries about the various Blue books relating to sanitary matters, and we are desirous of keeping our reader *au courant* with all that transpires. Only last week, for example, we commented at length on the memorandum respecting hospitals for contagious diseases, because we were inundated with enquiries. It is to be hoped, therefore, that all medical journals may be regularly furnished with all public documents relating to sanitary matters; since, by directing attention to them, they only strengthen the hands of the medical department. If we have been sometimes compelled to differ with the views enunciated in them, we trust we have penned no criticism which the authorities should not be pleased to consider. It is free and full discussion that alone can mature the grain which has been so abundantly sown by the Privy Council. For this reason, among many others, we should be glad to see these Blue books circulated far more widely, and the small minutes and memoranda put in the hands of all medical men who may be likely to wish to refer them.

It is, no doubt, a difficult thing to meet this, but the department has overcome much greater difficulties It would, of course, be useless to sow these documents broadcast over the land, inasmuch as they would only pass with hosts of others to the waste-paper basket. Perhaps, however, some notice might be issued that any member of the profession could receive copies on application. This would secure the object and prevent waste. We commend the notion to Mr. Simon, whose practical mind will probably at once, by this means or some other, secure the object sought.

We now turn from the Report itself, to Dr. Burdon Sanderson's appended paper "On Microzymes." Few subjects are just now of wider interest, and Dr. Sanderson's ability for these investigations is of the highest order. Still, we do not feel satisfied about his conclusions, and they lead to such results that so far as they can be fairly placed before the non-professional world, we are half afraid they will come to be regarded as unpractical. What with microzymes, bacteria, and other microscopic appearances, to say nothing of chemical impurities culminating in that —"previous sewage contamination"—in which so few practical chemists believe, it really would seem as if we are soon to be condemned to the old penalty and find

"Water, water everywhere, but not a drop to drink."

Let us hope, however, for a better fate, and find courage to look at some of the other bearings of Dr. Sanderson's investigations. We note then, that they are quite at variance with the views of Hallier, who considered the contagion of zymotic diseases originated in fungi. Dr. Sanderson believes that his experiments show there is a great difference in the origin and growth of fungi and microzymes. These solid gelatinous particles of the 1-20,000 of an inch diameter, do not pass through an animal membrane, as shown by Chaveau and others, and now Dr. Sanderson shows that they do not develop in

certain super-heated test liquids, although fungi may be fully developed. Here, then, is a liquid—super-heated, it is true, but that matters not, as it is used for both substances under investigation—in which fungi readily grow, but microzymes do not.

Then, on the other hand, we are told that fungi are not developed, notwithstanding the presence of microzymes in the same liquid in which they appear readily when air has access, but microzymes are absent. A drop of distilled water suffices to introduce them, as does contact with a solid like glass, unless it be first super-heated; but access of air alone does not introduce them. Hence, it is concluded that these microzymes exist in water, or attached to the surfaces of solids but do not exist in the air. In the distilled water, probably they come from the vessels in which it has been placed. The fact of microzymes being thus readily found in Pasteur's boiled solution, *after contamination* from external sources will, no doubt, be picked up by those engaged in the controversy on "Spontaneous Generation." We cannot stay to consider this, but pass on to report that Professor Tyndall has assisted Dr. Sanderson, by subjecting his liquids to the electric beam. Water obtained from a block of ice, almost of optional purity contained microzymes, and from the experiments made, it is at present impossible to say how minute they may be. Not only so, but we are met with other difficulties—such as the extreme difficulty of avoiding contamination. For this reason we do not look to this investigation as likely to give a list of "the zymotic power" of any sample of water. But if it shows that fungi may be excluded from future investigations into contagion, it is at least a step gained.

We are glad to get rid of fungi, still we must not put microzymes in their place, for we have no evidence to show that these gelatinous particles found in decomposing fluids, are identical with similar particles found in the fluids of contagious diseases.

Further, Dr. Sanderson cannot confirm the statements of Béchauge and Hallier, that such particles are to be found in the fluids of human beings in health, or suffering from zymotic diseases.

He has passed blood and other fluids into test solutions with the same precautions as in other cases, without finding that they contaminate—as even distilled water will. Such being the case, we ought at present to hear no more of the notion that our structures, even in health, swarm with microzymes, and that a slight increase in their number is a sufficient explanation of zymotic diseases.

Dr. Sanderson has done good service in tracking this notion home, and his future investigations promise much. We thank him for his work, and the Medical Department of the Privy Council, for rendering it public property.

Notes on Current Topics.

The Government and the Profession.

We must not give up the contest because the officials have gone for their holidays. The Director-General of the Medical Department of the Army is a member of our Profession. He cannot have failed to note the scandalous ill-treatment of Drs. Wyatt and Gordon. We wonder whether they look to him for redress. Certain it is that other members of the service are being influenced by this treatment, and the whole Profession watches to see whether the head of the department will resent the insult offered to the Profession, through the men, we presume, he selected for an arduous post.

The Cholera.

The correspondent of the *Pall Mall Gazette* at the Hague writes:—

It is officially stated that at the Helder (Nieuwe Diep) a case of Asiatic cholera has occurred with a fatal result. The carelessness of our Government is most scandalous. Steamers and other vessels coming from Königsberg were allowed to enter the port without undergoing quarantine, and thence to proceed to Amsterdam. There is a general shipping trade between Nieuwe Diep and London.

A Prussian correspondent of the *Times* writes from Berlin on August 31:—

During the last few days fatal cholera cases have occurred at Dantzic, Elbing, Altona, Coblentz, Leipsic, and Vienna. In other words, the shores of the Baltic and the North Sea, the banks of the Rhine and Danube, and the centre of Germany have been simultaneously visited. In addition to the localities just touched by it, the scourge continues to rage at Königsberg and in the neighbouring districts of East Prussia. At Königsberg about 140 are seized daily, of whom one-third succumb. On August 26th the sum total of all those in Moscow seized since the beginning of the epidemic (March 13th) was 5,052. Of these 2,340 had recovered, and 2,354 were dead. A comparison of these last figures with those recorded in the third week of August proves that the mortality, which at one time exceeded half the number of cases, has latterly considerably diminished.

Killed by a Wasp.

The newspapers relate the story of a gentleman who died from the sting of a wasp in the throat. He seems to have swallowed the venomous insect, unawares, when drinking. It is known how great a swelling takes place from wasp stings in any loose tissue, and we can, therefore, readily understand how the victim might perish from œdema glottidis thus brought on. Such a consequence of the sting might be fatal before professional aid could arrive, and even when present a surgeon might not be prepared to perform such an operation as might save the life of the patient.

Pharmaceutical Reform in America.

Till very recently the druggists and apothecaries of New York have been uncontrolled by any state regulations. Mistakes in dispensing have been very common, and deaths from ignorance on the part of chemists pretty frequent. In March last the legislature passed an Act with a view to meet these evils by the establishment of a Board of Examiners, who will license for the future all druggists and their clerks, after they shall have passed a satisfactory examination. The provisions of the Act were to take effect six months after the board was organised, and they are intended to secure the infliction of a fine of not more than 500 dollars upon, or the punishment by an imprisonment of a term not exceeding six months of, any person who shall act as a pharmaceutist without the license of the board. Both fine and imprisonment in some cases may be inflicted. The Board has been appointed and has got to work, but its doings at once met with decided hostility, especially from the druggists hold-

ing diplomas from the New York College of Pharmacy, which college asked that its diploma should entitle the holder to the state license without further examination. However this point was not conceded, and the disappointed druggists and others are now presenting themselves to be examined. About a third of the candidates fail to pass; and the havoc and consternation amongst the chemists may be readily imagined from a knowledge of this fact. There are about 430 or more druggists, and 1,300 "Druggists' clerks," in New York, who must, before practising as such, present themselves for examination before the State Board. It is believed that the new law will quickly raise the status of the pharmaceutist in New York, and give additional security to the public in the matter of drugs and dispensing.

How to Cure Disease.

Dr. C. B. Hall, of Toronto, writes on "Consumption" in the *Canada Lancet*, and thinks that treatment must be chemical. He expects the good derived from cod-liver oil will be equalled by any fat properly given, and he says we must use an alkali with it.

This is his favourite formula :—

R—Butyrii,	oz. ij. drs. vj.
Vitell ovi,	No. j.
Pepsine,	drs. ij.
Soda bi-carb.,	drs. iv.
,, phosphat.,	drs. iv.
Theriaca (molasses),	oz. iij.
Aq. flora aurant,	oz. j.
Syr. tolu,	oz. iv.
Aq. destill,	ad. oj.—M.

In other diseases Dr. Hall professes to have arrived at certainty. Thus he tells us to alkalinise the blood and pneumonia is arrested, so that liq. potassæ is specific. And diabetes he finds as easy to control.

In this disease the whole process is chemical; the nature and abnormal change is chemical; the prevention and cure alike act by chemical laws. Starch is given for food. Sugar is found in the excrements. In the cure, sugar is converted into the most important and useful agent in the animal economy. In each and every process chemical tests unquestionably confirm, "or at least so prove it, that the probation bears no hinge nor loop, to hang a doubt on."

Happy Dr. Hall to see through and remove disease after this fashion. Oh! for such faith!

General Medical Council.

A recent Blue book contains a statement that gives additional force to the arguments so fully pushed home a year or two ago by Dr. Prosser James. That gentleman based a large part of his project of medical reform on the narrowness of the existing Medical Council. The constituency he sought to enlarge is now officially reported to be as follows :—

London : College of Physicians, 235 voters; College of Surgeons, 24; Apothecaries' Society, 24; University of London, 36; total, 319. *Scotland :* College of Physicians, Edinburgh, 61 voters; College of Surgeons, Edinburgh, 60; University of Edinburgh, 34; Faculty of Physicians and Surgeons, Glasgow, 110; University of Glasgow, 25; University of Aberdeen, 22; University of St. Andrews, 4; total, 506. *Ireland :* College of Physicians, 47 voters; College of Surgeons, 21; Apothecaries' Hall, 54; University of Dublin, 8; Queen's University, 25; total, 136.

When we reflect that the actual voters in those bodies that admit a considerable number are merely nominal, we cannot but feel that the evil is monstrous, and must form the subject of further agitation.

Supposed Asiatic Cholera at Walton.

At the meeting of the Walton Local Board, it was stated by Dr. Grattan, one of the members of the board, that there was, a few yards from the board-room, a case of cholera which he had no doubt was one of the Asiatic type. The patient had been a soldier in India, and whilst there had been attacked with Asiatic cholera. He (the patient) was confident that this was the same complaint. Dr. Grattan was called to him early on Sunday morning, and owing to the great prostration attending the case he had no doubt of the character of the malady. The patient was in a fair way of recovery.

Death of a Medical Man in Birkenhead.

An inquest was held last week touching the death of Mr. James Douglas Murray, twenty-three years of age, which occurred on Tuesday night, at the house of Mrs. Craig, widow of the late Mr. Craig, surgeon, whose practice was continued by Mr. Murray. The deceased was the son of Mr. Andrew Murray, naval surgeon, attached to H.M. Training-ship *Eagle*, stationed in the West Float at Birkenhead. Miss Ann Craig, sister-in-law to Mrs. Craig, said the deceased, Mr. Murray, succeeded to the late Mr. Craig's practice as a surgeon. She believed his general health was good. Witness had not seen him since Monday, when he seemed as well as usual. On Tuesday, about a quarter to five o'clock, two people wanted to see him professionally, and she sent her niece (the previous witness) to tell him. The little girl returned and said Mr. Murray was asleep, and she could not wake him. Witness then went up, and also went into the room, and supposing him to be asleep shook him. As he remained motionless, she thought he had fainted, and feeling his forehead found that while the front was warm the temples were quite cold. Dr. Lambert stated that he was not in a position to assign any cause for the death. He was sent for, but when he came the young man was dead. He was a healthy young man, and enjoyed good spirits. Witness heard that about twelve months ago he had a fit, but could not speak of this from personal knowledge. At present he was not in a position to assign any cause of death. The Coroner said they had found two bottles in the room. One bottle contained prussic acid, and the smell was still strong in the bottle, for he (the Coroner) smelt it when he was viewing the body. It would not be satisfactory for them to close the inquest without knowing the cause of the death, and that could only be done by Dr. Lambert making a *post-mortem* examination of the body.

Dr. Jaccoud on Sequelæ of Measles.

Laryngitis stridulus is not so dangerous as was once supposed, if only the patients be left alone. Diphtheria is sometimes noticed in the period of desquamation, sometimes it commences on the posterior part of the throat and nasal fossæ, sometimes it proceeds from below upwards. It is almost always fatal. At the same epoch in the history of measles, we may observe diarrhœa, and this carries of many children in some off the epidemics. Very often children present evidences of scrofula after

measles; chronic ophthalmia, conjunctivæ, granulations, keratitis, or otorrhœa with catarrh of the nasal fossæ. Gangrene of the mouth and vulva is sometimes seen, capillary catarrh, emphysema, œdema, and tuberculisation of the lungs, occur after measles. Phthisis is always more common after epidemics of measles. M. Jaccoud insists on the daily inspection of the mouth in children with measles, since gangrene comes on insidiously by little excoriations. Fuming nitro-hydrochloric acid should at once be used, or the actual cautery. Epistaxis is not uncommon in measles, and are well treated by injecting water as warm as the patient can bear, whilst mineral acid lemonade is given interiorly, fifteen or twenty drops of hydrochloric acid to the litre of water.

The Royal Orthopædic Hospital.

THERE has been a great explosion at the Royal Orthopædic Hospital, in Oxford street, concerning the death of some children from diphtheria; and the committee have been brought before the bar of public opinion by some of the medical officers. From what we hear, however, many of the medical staff of that institution deeply regret this "washing of dirty linen out of doors," and think that some of their colleagues are too fond of getting in a passion for nothing.

In many public institutions there seems to be one person who desires to exclaim with Louis the XVI., "L'état c'est moi," and we hear that such a gentleman exists also in that institution; and that the neglect alleged to have taken place must be taken *cum grano salis*. As a general rule, it certainly *is better* not to bring such questions into the vulgar gaze of idle newspaper critics, who know nothing about it, until the committee has been appealed to.

The Contagious Diseases Act.

THE *Shield* of September 9th contains a letter from Dr. Taylor, of Nottingham, who complains of the conduct of the Council of the British Association at Plymouth, in allowing him to travel a very great distance to Plymouth for the purpose of reading a paper on the Contagious Diseases Acts at the meeting in August, under a promise that he was to be allowed to do so, and then at the last moment denying him this opportunity on the legal pretext that his paper had not been sent in exactly in time. We should like to hear the explanation offered by Dr. A. P. Stewart and others of this seeming want of courtesy to Dr. Taylor. The MEDICAL PRESS AND CIRCULAR has always adopted the motto of *Audi alteram partem*.

Mercurial Lotions.

A VERY unfortunate case of fatal mercurial poisoning through the use of a very strong mercurial lotion of corrosive sublimate (60 grains to the ounce) has just been recorded in the daily papers. As a general rule, it would be as well for all of us to remember that such cases have been from time to time recorded; and then we shall be more cautious in our use of mercury. If, indeed, it were clearly proved that mercurial lotions were *absolutely* necessary for the cure of ringworm, we should, of course, have to take our chance of fatal consequences; but when we know that blistering fluid will cure this affection probably more rapidly than any other remedy, it seems needless to have recourse to very strong lotions of corrosive sublimate. It would really be quite a blessing to mankind were it possible to get rid of the use of mercury as an internal remedy, and as a remedy for external application. There is, doubtless, far less of the metal used now than formerly, but it is still too popular in syphilis and iritis to make it likely to disappear from practice. Meanwhile, we should be ever watchful, and see that such cases as that alluded to sink deeply into our minds.

An Advocate for Chloralum.

THE worthy Deputy-Coroner for Central Middlesex, Dr. Hardwicke, is certainly a most zealous advocate for the new disinfectant. In his official capacity he held two inquests on Saturday last, at each of which he was eloquent in its praise. The one was a case of accidental poisoning by the wife of a surgeon, who swallowed carbolic acid in her thirst for spirits. To prevent cases of this description, remarked the coroner, "use chloralum; it is perfectly harmless, more efficient, and cheaper. Its use would entirely do away with poisonous disinfectants." The other inquest was upon the daughter of a labourer, who died from effusion of serum on the brain, her death being accelerated by the foul air of the place in which her parents lived. The summing up was, as in the preceding case, a splendid advertisement for the Chloralum Company. "Compel the officers to purify the air by putting chloralum in the drains, gulley-holes, &c." At the day of reckoning we hope the company will not overlook the part the doctor has played towards insuring good dividends for their investments.

Health of Dublin.

IN the Dublin Registration District, the births *registered* during the week ending 26th August, amounted to 191. The average number in the corresponding week of the years 1864 to 1870 inclusive, was 164. The deaths *registered* during the week were 128. The average number in the corresponding week of the previous seven years was 143. Nine deaths resulted from fever, viz.:—2 from typhus, 4 from typhoid, and 3 from simple continued fever. Four deaths from scarlet fever, and 2 from diphtheria were registered. Diarrhœa caused 10 deaths. The Registrar of No. 2 South City District (High street) remarks:—"*Diarrhœa is very prevalent in this district.*" Thirteen children died from convulsions. Six deaths were ascribed to bronchitis, and 4 to pneumonia. Disease of the heart proved fatal in 4 instances, and aneurism in 2. Two deaths were attributed to liver disease. Seventeen deaths resulted from phthisis, 3 from scrofula, 4 from hydrocephalus, and 1 from mesenteric disease.

Abolition of Sick-Mess Savings.

IN accordance with suggestions made by Sir Alexander Armstrong, K.C.B., the Medical Director-General of the Navy, it is in contemplation by the Admiralty to abolish the present system of "sick-mess savings" on board Her Majesty's ships, and in lieu thereof to authorise the surgeon to draw upon the paymaster for a certain sum periodically. The *United Service Gazette* says that, as the desirability or otherwise of the abolition of the present system will depend upon the amount allowed to be drawn by the medical officers of the respective ships, it is to be hoped

that in estimating this sum a fair and liberal average of the present mess savings will be taken, according to the stations on which ships have been serving, and not on each class in commission only.

Vaccination in Manchester.

At the usual weekly meeting of the Manchester Board of Guardians, the Clerk reported that the evil arising from the delay consequent on the existing arrangements, by which returns of defaulters are made only once in six months, is again apparent in the present occasion, there being no fewer than 615 of the defaulters, or 35 per cent. of the whole number reported, whom the officers have been unable to find at the addresses given when the births of the children were registered. The house-to-house inquiry has resulted, as shown by the official reports, in the discovery of 2,094 unvaccinated children in the township, including the cases reported by the relief officers who have taken part in the inquiry. But as the compulsory powers conferred upon boards of guardians by the Vaccination Act are confined to children between the ages of 3 months and 14 years, and as 908 out of the number reported did not fall within these limits as to age (38 being above 14, and 870 under 3 months), there remained only 1,187 who could be dealt with by the guardians. It will be observed that the net result of the house-to-house visitation has been the discovery in the township of 1,187 unvaccinated children, who were of an age at which vaccination can be enforced. This result, showing as it does a percentage of only 0·68 upon the whole population, is more favourable than what was anticipated a few weeks since, and having regard to the defective provision made by the Act of 1867 for reporting defaulters, may be regarded as a proof that the law has been enforced wherever it has been found practicable to do so.

Action of Heat on Protoplasmic Life.

Those investigators of germ-life who favour the theory of spontaneous generation have assumed that a temperature of 212° Fahr., or the boiling-point of the fluid which they experimented upon, was sufficient to destroy all protoplasmic life, and that the life they subsequently observed in these fluids was developed from non-living matter.

Mr. Crace Calvert has, therefore, made several series of experiments, in the hope that they might throw some light on the subject.

The first series was made with a sugar solution, the second with an infusion of hay, the third with solution of gelatine, and the fourth with water that had been in contact with putrid meat.

To carry out the experiments Mr. Calvert prepared a series of small tubes. The fluid to be operated upon was introduced into them, and left exposed to the atmosphere for sufficient length of time for germ-life to be largely developed. Each tube was then hermetically sealed. They were then placed in an oil-bath, and gradually heated to the required temperature, at which they were maintained for half an hour.

The results recorded by Mr. Calvert show that protoplasmic life is but slightly affected by a temperature of 212° F., and that, even at a temperature of 300° F., it is not entirely destroyed, excepting in the case of gelatine. In all the other fluids a temperature of 400° F., is necessary to completely destroy the life. These experiments, therefore, clearly show that the life found by previous experimenters in fluids which have been submitted to heat was not due to heterogenesis, but to life which had remained in the fluids.

This important result corroborates those recorded in my previous paper, and proves that the spontaneous-generation theory is not yet by any means established.

Ice-making Machine.

Messrs. Nasmyth, Wilson, and Co., have lately made an ice-making machine on the principle of the patent of M. Mignot, of Paris, and the fact of the low temperature of compressed air when allowed to dilate. The machine forces this compressed atmosphere under and all round metal moulds, filled with water, which are placed in a cylindrical compartment, which communicates with an air-tight box. The difficulties which have formerly prevented the adoption of this method are, it is said, overcome by means of injecting cold water with the air while it is being compressed. The machine, working at a pressure of 60 lbs. to the square inch, produces 50 lbs. of ice in an hour. There is no expense for materials by this process, as atmospheric air and cold water are the only essential requirements of this ice-making machine.

The Census.

The *Presse Médicale Belge*, of August 20, states that the late Census of Great Britain, gives 31,817,108 persons, of whom 16,267,837 are women, and only 15,549,291 are men. Previous censuses showed an excess of women which is not extraordinary when so many men are employed as sailors, or affected with the spirit of colonisation. What appears most clearly from the above cyphers is, that the increase of population on the other side of the Manche is rapid, and that in the country where Malthusianism took birth as a doctrine, it is not yet practised. That is, on the contrary, the great sore which would depeople the United States, were the effects not counterbalanced in part by a numerous emigration of Europeans.

Stimulants in Workhouses.

The extraordinary consumption of stimulants in the West Derby Workhouse in Liverpool, is to be the subject of an enquiry for which a committee has been appointed. For the liquor of less than a thousand persons on an average, the guardians have paid thirteen hundred pounds within a year.

Treatment of Hæmorrhagic Small-pox.

Mr. John Aikman, M.B., Assistant Medical Officer, Hampstead Small-pox Hospital, London, informs the *Glasgow Medical Journal* that, in the hæmorrhagic form of small-pox, he has observed the most beneficial results from the administration of two table-spoonfuls of the following mixture every three hours :—

℞ Liquoris Strychnæ, ...
Tk. Ferri Muriat, ... āā℥j.;
Inf. Quassæ, ... ad. ℥viii. M.

On this the editor of the able Quarterly named, adds,—

"The action of the strychnia, as a nerve tonic, is that which is chiefly sought; and as Mr. Aikman, as well as others of the medical attendants on small-pox in London,

are much impressed with its value, we insert this Memorandum, pending the production of detailed cases and statistics of results, which we hope to receive shortly."

Portable Mixtures.

A NEW method of administering medicines has been proposed in Sweden, and has come into extensive use in France in consequence of the advantages which it possesses. It is the employment of gelatine as a vehicle, of which Professor Almen, of Upsala, is the initiator. Six grammes of gelatine are dissolved in warm water, and the desired medicine is added to the solution, which is then turned out on a glass plate to solidify, evaporate and dry. This mass which is about as thick as paper is then divided into squares of such size as to contain the proper dose of the medicine. A slight addition of glycerine makes this preparation tough and flexible as paper. Insoluble agents are added to the gelatine solution by a thick emulsion of gum or tragacanth.

Morphia, emetics, acetate of lead, sulphate of copper, extracts of opium and belladonna and powders of digitalis, hippo and camphor are thus easily kept ready in a portable form and administered when necessary.

The Cost of War.

THE last war has cost the lives of 101 German doctors. Six died on the battle-field, sixty-six suffered from gunshot wounds, two were wounded in consequence of their own imprudence, and twenty-five died of various diseases, including eight of typhus and four of dysentery.

Precautions against Cholera in London.

At a meeting of representatives of various districts abutting on the Thames, the Mayor of Gravesend in the chair, the following resolutions were agreed to :—

1. That this meeting of representatives from the various Boards and districts abutting on the Thames recognises the advisability of a joint action in appointing a sufficient staff of officers for the inspection of shipping, for the provision of the necessary hospital accommodation in cases of cholera, and for the disinfection of shipping and infected articles, under the recent Orders of Council. 2. That application be at once made to the Government for the use of one of her Majesty's ships, to be used as a hospital below Gravesend, for patients suffering from cholera on board ship. 3. That this meeting forms itself into a committee for taking the necessary action for the inspection of shipping on the River Thames, and to adopt such measures for the treatment of persons affected with cholera, and to prevent the spread of the disease, and to take such measures as may be deemed needful. Dr. C. Meymott Tidy is secretary.

DR. LYELL has published in the *Glasgow Quarterly Medical*, a case of partial displacement of the radius in a child. On examination the child's hand was fully prone, and the fore-arm semi-bent ; but on examining the elbow joint Dr. Lyell could not detect any sensible displacement of its component bones. He took hold of the child's right hand in his own right, and the elbow joint with the left, placing his thumb over the head of the radius ; then supinated the hand fully, at the same time extending the forearm. In the act of supination he could feel the head of the radius give a slight jerk. On liberating her hand the child began to use her arm and returned to her play.

Dr. Lyell says, " This is one example out of many of this species of injury that have come under my observation, so that it cannot be by any means a very rare occurrence, yet of all the surgeons with whom I have conversed, Dr. Tannahill of this city is the only one who seems to have fallen in with it. Generally the accident has occurred with girls, uniformily under five years of age, and repeatedly in the same subject, for having once taken place there is a proclivity to return. In three different children I have seen it occur four or five different times. A fall on the side or sudden pull or twist of the arm is the usual cause of its production.

" Like Hey's accident to the knee joint, there seems some difficulty in defining the true nature of the displacement. Dislocation of the head of the radius was pointed out by Baron Bazer to be a commoner accident than had been previously admitted, particularly amongst children, but then he adds, the dislocation is always complete. Now, in this sort of injury, although the position of the arm, pronation, and semiflexion are the same, there is certainly no complete displacement backwards of the head of the bone, nor to the touch is there any sensible displacement. Yet that such is the case is evident from the slight snap or grating felt after the manipulation recommended, and the immediate restoration of the mobility and use of the limb. It seems to me that the radius somehow from over-supination catches on the adjacent ulna and is there retained. From the laxity of the ligaments in some children, this is permitted without their rupture.

" The derangement itself is not of a serious nature, and easily rectified when recognised, although I am not aware that it has been previously noticed in any surgical works. I have known one fall produce it, and another fall put it to rights again in a child liable to the accident, for in liability to recurrence, as I have stated, it is like Hey's knee, though freqently it occurs but once.

" Faith in bone-setters seems a settled portion of the popular creed in many parts of the country, and there can be little doubt that the treatment of such cases as this tends greatly to the confirmation of the popular faith, for in true dislocation the bone-setter is usually powerless for good especially in the elbow joint. It is better therefore that the surgeon should in all cases anticipate the bone-setter, and to this end I have not deemed it unnecessary to submit the foregoing to the profession."

THE recent severe cyclone which passed over St. Thomas's, killed upwards of fifty persons and wounded seriously eighty others. At Antigua eighty perished, and several hundreds were seriously wounded.

LATEST telegrams state that neither at Stettin nor at Danzig have any fresh cases of cholera been reported. At Kōnigsberg, on the 7th inst., 32 persons were taken ill, of whom 20 died ; and at Elbing, on the 6th, four cases and two deaths occurred.

AT an inquest held in London on Saturday last, Dr. Hardwicke, the coronor, remarked that he had been to see the body, and had likewise visited two other houses in Hat-in-tun yard, where the death occurred. He had at various times been in every part of the metropolis, but never saw anything to approach this place for filth and stenches ; manure covered the staircase, and the stench arising from the closet was so great that it made him feel quite ill. Places like this were the birth-places of fever, cholera, and other contagious diseases, and were the cause of great loss of life, and entailed great ills on those who did not actually succumb to the pestilence.

In Russia there is one doctor to every 17,800 inhabitants. In Prussia, one to every 3,100, in France to every 2,600, in Great Britain to every 2,500, in Italy to every 2,200, in Holstein to every 2,100, in Hamburg to every 1,230.

The weekly mortality of Paris to Saturday last rose to 943. Of this number 42 were cases of dysentery, and 39 of typhoid fever. Dr. Decaisne reports that the latter is considerably increasing, not only in Paris, but in the departments, where it prevails in an epidemic form. There have been 40 deaths from cholerine, 87 from diarrhœa, and 2 from cholera.

The next examination for the London Apothecaries' Annual Distribution of Prizes in Materia Medica and Pharmaceutical Chemistry will be held on Wednesday, the 18th, and Friday, the 20th of October, at 10 a.m. The Prizes consist of a Gold Medal and a Silver Medal with a book.

Dr. Marshall, in a note to the *Preston Herald*, denies the statement about the Lancashire fasting girl, who is his patient. He says the parents are respectable, and grieved at the public notice of the case. The child does eat, but takes only a small amount of food—having been confined to her bed many weeks. We are glad Dr. Marshall has put an end to the absurd sensational reports.

The following bequests to Medical charities are announced: By the will of Mrs. Morrison, of Snaresbrook, Essex, the Victoria Park Hospital for Diseases of the Chest and the Dover Infirmary each received £500.—The will of Giles Loder, Esq., merchant, of 1 Clarendon place, London, is proved under three millions—in which are bequests to the Salisbury Infirmary, £5,000; Christ's Hospital and the Asylum for Idiots, £2,000 each. The Orthopædic Hospital, Western General Infirmary, St. Mary's Hospital, Paddington, Royal Hospital for Incurables, Royal Medical Benevolent College, Western Hospital, Torquay, The Brompton Consumption and Cancer Hospitals each, £500.

Literature.

CHOLERA.*

This bulky volume has been so long a time before us that we ought almost to apologise to the author for not noticing it before. The threatening of an invasion invests the subject with new interest, and naturally sends us to peruse the laborious work of an author who has not only watched the disease in India, but has had the opportunity of comparing his own experience with that of others. Like many other writers on cholera Mr. Macnamara offers us a theory. This we may briefly state thus:—

Cholera never originates *de novo*, but always spreads from person to person by means of the discharges finding their way into drinking water, and thus into the alimentary canal. But in order that it may induce its specific action on the walls of the intestinal canal this infecting matter must be in, what Mr. Macnamara calls, the vibrionic stage of decomposition. Nevertheless, no special influence in inducing cholera is attributed to the vibriones; their presence simply indicating that the organic matter in the water is passing through a certain stage of decomposition, during which process, it seems capable of imparting a similar action to the epithelium of the intestinal canal—a conversion of force. It is therefore only necessary that the organic matter of this particular stage of decomposition should find access to the intestinal canal, and undoubtedly it does so most frequently, by the contamination of the drinking water, but it is conceivable, that, if the dejecta of a cholera patient be allowed to dry, either on the floor of his room, or on his clothing, minute masses may become disengaged, and, floating in the air, attach themselves to the mucous membrane of the mouth and nose, and be swallowed with the saliva. The frequency with which washerwomen and the attendants upon the sick suffer is accounted for in this way by our author.

It will be seen at once that this hypothesis may be accepted by those who have committed themselves to the water theory while it essentially differs from them.

When the decomposition of the dejecta has passed beyond the vibrionic stage cholera can no longer be propagated, and this is the reason why on a ship sailing from Calcutta the disease often breaks out in a few days and then subsides. Dry earth destroys the power of dejecta to propagate disease, but moisture, says Mr. Macnamara, restores it—a point that we suppose not a few will be ready to dispute.

The influence of winds has been exaggerated. The author tells us the disease will sometimes advance against the wind, but that it never travels faster than human beings. He, in fact, traces its progress always to human intercourse. As the stage of decomposition depends on heat and moisture so does the disease, and it is to their influence the author believes is due the variation as to outbreaks in different years. Thus we are once more referred to the weather as the great cause of the scourge.

Mr. Macnamara has carefully studied the morbid anatomy of the disease, and enters into a full description of the appearances he has met with on dissection. It will provoke Dr. Johnson to be told on the authority of numerous autopsies that anæmia of the lungs is not to be found, except occasionally, as a single manifestation of a general deficiency of the blood, and that it is impossible to attribute it to spasm of the pulmonary capillaries. We think Dr. Johnson will feel bound to account for this—especially as in reference to treatment this Indian authority is equally opposed to him; for he says the eliminative plan is followed by great mortality, and that in his opinion he is supported by ninety per cent. of Indian practitioners.

Mr. Macnamara does not believe in fungi as will be seen from the following passage:—

"Even after protracted collapse I have examined the contents of the intestinal canal diligently for the appearance of mycelial threads or sporangia, and have absolutely failed, in numerous instances, in detecting any characteristic elements of the kind. They may exist there, but I should be sorry to have to define them, and much less to determine to what species they belong. Of this I feel confident, that they do not produce in the dejecta from cholera patients species differing from those which are grown in decomposing epithelium, and mucus from the intestines of human beings dying from other diseases. I have varied my observations bearing upon this point in every conceivable way, and although hoping, year after year, to discover a fungus peculiar to cholera, and thus settle much that was obscure in the etiology of the disease, I am reluctantly compelled to abandon my faith in the existence of any such growth."

The prevention of the disease, if the author's hypothesis be true, resolves itself into providing pure water and insisting on quarantine. As to treatment opium and other as-

* "A Treatise on Asiatic Cholera." By C. Macnamara, Surgeon to the Calcutta Hospital. London: J. and A. Churchill.

tringents will check the discharge in the early stage. We are told that acids check the molecular changes in the epithelium of the alimentary canal, and therefore acid drinks should be given. Citric or dilute sulphuric acid are mentioned, No doubt lemon-juice would be more pleasant to some, but sulphuric acid has long had a reputation for both diarrhœa and cholera. It would therefore seem natural to prefer it.

The book before us contains a vast amount of material, and we hope this will be carefully digested by those who meditate writing on the subject.

Correspondence.

SOLDIER OR CIVILIAN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Every medal has its obverse, the drawbacks, the objections to discipline and exile of a military career are well known. Now compare the life of a soldier with that of a civilian, contrast the healthy out-door employment of the one, with the arduous and frequently noxious trades of the latter; workmen in foundries exposed to the tremendous heat of furnaces; shopmen with puffy features, narrow chests, and lustreless eyes; clerks in banks and offices confined to sedentary occupation, stooping over desks and counters, and unable to obtain fair share of bodily exercise, often suffer from cramped wrists; the men working in coal pits deep down in the dark recesses of the earth, exposed to the risk of fire-damp, explosions, their bodies are cramped also; men in tin and copper mines, the vein of metal sometimes extending out to sea, and the loud roar of the Atlantic billows overhead distinctly heard by the poorly paid toilers; the sailor exposed to the fury of the wind and the waves, and the fisherman in spite of patient watching often on the verge of starvation. Dr. Lynter tells us all this, and the diseases workmen are liable to. Lead smelters, plumbers, painters, suffering from palsy, brain affection, and gout; miners, potters, masons, steel grinders, pin makers, wool-spinners, millers, snuffmakers inhaling fine, irritating dust, suffer from bronchitis, asthma, and phthisis; butchers exempt from the latter complaint, are prone to inflammatory diseases; lucifer match makers, *ex luce lucellum*, in addition to threatened taxation, suffer from diseases of the jaw; brass melters of Birmingham have ague, and the hair of filers of brass turns (*à la* Titmouse) green; tailors working on the shop board on dark clothes in badly ventilated workshops, have defective sight; bakers and printers busy like owls at night, incline to phthisis; shoemakers and weavers in addition to republican ideas, frequently have disease of the stomach owing to constant pressure; and cabmen, coachmen, and engine drivers, exposed to a hurricane of air, and to wet exposure are addicted to rheumatism.

In all these occupations when men are worn out there is no pension, the charity of friends or the workhouse appears the alternative.

After all the soldier has many advantages sufficient to attract a good and healthy class of men.

I am Sir, your obedient servant,

FRANCIS R. HOGG, M.D., R.H.A.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I know a case where the refuse stuff from a starch factory is causing a great *nuisance*. The magistrates have not heretofore done anything effectual for its abatement, though the case has been several times before them.

Could you through the MEDICAL PRESS give me any information as to what should be done in the case? The "local authority" has mismanaged its case.

What is usually done in towns with the refuse of starch works? It contains the gluten of the wheat, and when this decomposes, it emits a most sickening smell. If this starch refuse be permitted to enter the town sewers without being changed in composition by the addition of some chemical agent, it will be strange intelligence to me.

I will feel most thankful for any information *legal* or chemical, which you may publish in reply to this in the MEDICAL PRESS AND CIRCULAR.

I am a constant reader,

JUNIUS.

[If the case has been several times before the magistrates, we presume they were unable to deal effectually with it, for some such cause as want of sufficient evidence. If the nuisance cannot be abated under the provisions of the Public Act of 1866, you might proceed by indictment in the Queen's Bench, but before you do so, it would be well if you ascertained the reasons assigned by the magistrates for dismissing the case. Rice starch refuse is generally used for feeding pigs, and there is no good reason why it should be allowed to pass into the sewers.—ED. M.P. & C.]

ALLOPATHY *VERSUS* HOMŒOPATHY AT SOUTHAMPTON.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Guardians of the poor have at all times an unenviable duty to discharge, but, how unmeasurably added to when they have imposed on them work, the nature of which they are incapable of forming the slightest conception—whilst, in their ignorance, each and all will not fail to chatter as if they fully comprehended an intricate question—that of making proper medical provision for the really necessitous.

I intend my remarks for guardians in general, but more especially as applicable to those of Southampton. A young gentleman who was lauded for honestly declaring himself an homœopath, *simple* and *pure*, carried our shopkeepers by storm, assuring them that the paupers would be cured at a less cost, more quickly, and far more safely than by the old system.—Prodigious!

He produced testimonials from distinguished men who are unknown to fame as homœopaths, but should they be perverts ashamed of their colours—out with them! and let them be held up to the contempt they merit. I will endeavour to obtain, and forward to you their names for that purpose.

The homœopathic statistics, as contrasted with the allopathic, almost took away breathing power to hear them read. In the cholera epidemic of 1849, the only infinitesimal man who practised in Southampton, so far as I was aware, lost his patients and bolted. It was my misfortune to see some of them when they had reached a hopeless condition.

The proposer of the successful candidate boldly declared that he had qualified to practise by having passed the highest known standard of examination. Now, is it at all probable that a *gentleman*, occupied in selling coals, can be an authority on medical qualifications—especially since he appeared ignorant of the fact that the lowest of the nineteen Boards authorised to examine and license gentlemen to practise, would unhesitatingly reject every *simple* homœopath who ventured to present himself under his true colours in the event of their detecting his falsity and dishonesty?

When shall we be provided with a properly constituted Board of Health to appeal to in questions so essential to the welfare of the masses?

I am, Sir, yours faithfully,

EDWIN HEARNE, M.D.

Southampton, Sept. 8, 1871.

OBITUARY.

DEATH OF GEORGE DAVID MACLAREN.

DEPUTY Inspector-General of Hospitals and Fleets George David MacLaren died on Aug. 3, at Brockhurst, Gosport.

He entered the Navy, Dec. 23, 1828, on board the *Victory* as Assistant-Surgeon. He served on the East Indian station, and on the North American and West Indian station; promoted to the rank of Surgeon, Dec. 28, 1837. He was present at the bombardment and capture of St. Jean d'Acre, on Nov. 3, 1840, for which he received the war medal for Syria and Turkish medal. Attained the rank of Staff Surgeon in 1860; was raised to the rank of Deputy Inspector-General of Hospitals and Fleets on the retired List, Jan. 16, 1866, and was granted Greenwich Hospital pension, March 1866.

ROBT. SHIPMAN, F.R.C.S.

THIS gentleman died on July 25, aged fifty-four. He was Surgeon to the Grantham district of the Great Northern Railway, and Surgeon of the second battalion of Lincolnshire Volunteer Rifles. He was formerly Surgeon to the Royal South Lincoln Militia. He was also a member of the Borough Corporation, an Alderman, and Justice of the Peace. His remains were followed to the grave by about forty gentlemen unconnected with his family, including the Mayor and most of the Corporation of Grantham.

WILLIAM FAVELL, F.R.C.S., SHEFFIELD.

MR. FAVELL was admitted a member of the Royal College of Surgeons in 1821. His father, the late Mr. John Favell, was one of the surgeons to the Infirmary; his brother, the late Dr. Charles Favell, was one of the physicians; and his son, Mr. W. F. Favell, is now one of the surgeons connected with it. On entering upon his seventy-fifth year, he retired from the more active duties of his trying and laborious profession. A Sheffield paper says:—"Although the duties appertaining to a large family and a very extensive practice, prevented Mr. Favell from taking an active part in any of our public institutions or societies, few men were so universally esteemed in the sphere in which he moved, or won so entirely the confidence and admiration of a numerous circle of friends and patients. Careful and cautious in his treatment, clear in judgment, and kindly in manner, with always a genial turn of humour and sparkle of wit that made even his most melancholy visit to the sick-bed bring a ray of sunshine with it; his memory will long be cherished by those who knew him and reaped the benefit of his long experience and wise counsels. Although arrived at the advanced age of seventy-four, in appearance he was scarcely sixty, and his manners and conversation had all the freshness and vivacity of youth; while his erect figure, and handsome countenance will long dwell on the memory as a pleasant reminiscence, and a type of nature's true nobility."

Medical News.

Apothecaries' Hall of England.—At a Court of Examiners, held on Thursday, the 7th instant, Messrs. Charles Raines, of the Hull School of Medicine, and William Rendall, Guy's Hospital, were admitted Licentiates of the Society of Apothecaries: and Messrs. Ambrose Lewis Davies, of St. Mary's Hospital, and Gilbert William Northey, of St, Thomas's Hospital, passed the primary professional examination.

St. Thomas's Hospital, Albert Embankment, Westminster bridge, S.E.—We are requested to state that this hospital is now open for the reception of patients.

A New Siloam at a Highland Loch—Dipping for the Cure of Disease.—A correspondent of the *Inverness Courier* gives a description of a strange scene which he says he witnessed at a loch in the district of Strathnaver, Sutherland. Dipping in this loch for the purpose of effecting extraordinary cures is stated to be a matter of periodical occurrence, and the 14th ult. appears to have been selected as immediately after the beginning of August in the old style. The hour was between midnight and one o'clock, and the scene was absurd and disgraceful beyond belief, though not without a touch of weird interest, imparted by the darkness of the night and the superstitious faith of the people. "The impotent, the halt, the lunatic, and the tender infant were all waiting about midnight for an immersion in the Lochmanur. The night was calm, the stars countless, and meteors were occasionally shooting about in all quarters of the heavens above. A streaky white belt could be observed in the remotest part of the firmament. Yet with all this the night was dark—so dark that one could not recognise friend or foe but by close contact and speech. About fifty persons, all told, were present near one spot, and I believe other parts of the loch side were similarly occupied. About twelve stripped and walked into the loch, performing their ablutions three times. Those who were not able to act for themselves were assisted, some of them being led willingly and others by force, for there were cases of each kind. One young woman, strictly guarded, was an object of great pity. She raved in a distressing manner, repeating religious phrases, some of which were very earnest and pathetic. She prayed her guardians not to immerse her, saying that it was not a communion occasion, and asking if they could call this righteousness or faithfulness, or if they could compare the loch and its virtues to the right arm of Christ. No male, so far as I could see, denuded himself for a plunge. These gatherings take place twice a year, and are known far and near to such as put belief in the spell. But the climax of absurdity is in paying the loch in sterling coin.

The Medical Staff of the Aldershot Field Force.—The distribution of staff medical officers detailed for duty with the Army Corps and field hospitals of troops at Aldershot during the autumnal manœuvres are as follows:—1st Division—P. M. O. Staff Surg-Major H. Kendall, M.D.; 1st Field Hospital, Staff Surg-Major F. Holton, M.B., in charge, Staff Assist-Surgs. W. Day and A. Sheddon, M.D.; 2nd Field Hospital, Staff Surg. R. Hungerford, in charge, Staff Assist-Surgs. J. W. Longheed and W. F. Burnett; 3rd Field Hospital, Staff Surg. J. R. Thomas, in charge, Staff Assist-Surgs. T. G. Bolster, M.D. and T. A. J. Cocksedge. 2nd Division—P. M. O. Surg-Major J. Sinclair, 33rd Regiment; 1st Field Hospital, Staff Surg. C. M. Miller, in charge, Staff Assist-Surgs. R. Spence and M. L. White; 2nd Field Hospital, Staff Surg. R. Watson, in charge, Staff Assist-Surgs. J. Y. Donaldson, M.D. and C. S. Wills; 3rd Field Hospital, Staff Surg. N. Ffolliott, in charge, Staff Assist-Surgs. C. M. Churchill, M.B. and J. H. Reynolds, M.B. 3rd Division—P. M. O. Surg-Major J. J. Clifford, 9th Lancers; 1st Field Hospital, Staff Surg. E. Y. Killitt, in charge, Staff Assist-Surgs. White and W. St. Martelli; 2nd Field Hospital, Staff Surg. W. Grenott, in charge, Staff Assist-Surgs. W. T. Martin, M.D. and T. J. P. Holmes, M.B.; 3rd Field Hospital, Staff Surg. G. Palatiano, M.D., in charge, Staff Assist-Surgs. W. Blake and C. Smith. The principal medical officers of divisions will have the entire management of all the medical arrangements of their divisions, subject to the instructions of the General commanding them, or of the Inspector-General of Hospitals, R. Lawson; and the officers and subordinates connected with the field hospitals, except those of the Control Department, are to be under their orders. The sick from all corps in the field—household troops, militia, yeomanry, and volunteers included—will be received into these hospitals. Each officer designated for the charge of a field hospital will draw on the Controller for the equipment and transport, and on the Apothecary of the Forces for the medical stores. These indents are to be countersigned by the principal medical officer of the division. One regimental medical officer is to accompany each regiment of cavalry, battalion or infantry, and battery of artillery, and he will take with him a Medical Field Companion, to be carried by an hospital orderly belonging to the corps, except in the case of the artillery, in which it will be carried in the store cart. Each corps will take a field stretcher, to be carried in the baggage waggon. The principal medical officer of the division will indent on the Controller for twenty ambulance waggons for the general service of the division. These will be told off to various services as he may direct. The men treated in the field hospitals will be on field rations, for which the regulated stoppage will be charged. Such of them as receive medical comforts will be subject to the additional stoppage for each day on which these are issued.

Strange Case under the Lunacy Act.—An important investigation under the Lunacy Act was held in the Sheriffs' Court, Dumfries, yesterday. Mr. Wilson, a gentleman from the Isle of Man, alleged to have been kidnapped into the Crichton Lunatic Asylum, Dumfries, presented a petition under the 92nd section of the act for his liberation. His wife opposed the application. Three medical certificates as to his sanity and four as to insanity were read, together with a statement on the part of his wife as to his condition before he was placed under restraint. The sheriff held that the petitioner under the section could not be the lunatic, and, accordingly, dismissed the petition.

Citrate of Caffein in Neuralgia.

Dr. G. W. Arnett, of Bossier Parish, Louisiana, reports a number of cases in which he has had great success in the treatment of neuralgia by the use of citrate of caffein and sulphate of morphia; also in nervous headache, hysteria, and other similar diseases. His prescription varies in amount to suit the case, the average being—

Sulph. morphia. gr. ss.;
Caffein, grs. iij.;
Citric Acid, gr. iij.

to be given in some warm coffee, or, what is better, in a decoction of race ginger. The caffein and citric acid will, in the majority of cases, relieve nervous irritation without the addition of the morphia, which is a desideratum when the bowels are constipated. It acts powerfully on the skin, equalises the circulation, and thereby removes local congestion.—*Georgia Med. Compan.*

NOTICES TO CORRESPONDENTS.

NEW READING CASE.

In consequence of the postal restrictions as to stitching the Journal, improved reading cases with twenty-six strings to hold one volume can now be obtained through any bookseller in town or country, price 2s. 6d. The advantages to subscribers are, that each number when received by post has but to be slipped into the cord, no stitching or pinning being required. The Journal is kept flat for reading, and each volume complete for reference. The same portfolio can be used for successive volumes where desired.

RECENT NUMBERS OUT OF PRINT.

Full price will be given for The Medical Press and Circular of November 23, 1870, and February 1, 1871, on receipt of same with name and address of sender, at the London offices of this paper, 20 King William street, Strand.

Snake Bites and Antidotes.—L. D. K. writing upon this subject states that, there is an absolute antidote for the bite of the Cobra and other reptiles. He says:—

"In the island of St. Lucia, which abounds with snakes of the most dangerous kind, is to be found a small plant, in appearance like the sorrel; the leaf is exceedingly bitter to the taste. When used as an antidote for the bite of a snake a small quantity of the juice of the leaves diluted with water is sufficient; it at once diffuses itself through the blood, and as I was informed by a woman who had been severely bitten, the sensation it causes is quite indescribable, but the cure is certain. A few of the natives are acquainted with the virtues of this plant, and guard the secret most jealously, as they get large fees from their patients. A gentleman informed me that with great difficulty he obtained the secret from an old native, who bound him to secrecy, and made him pay £8. The first opportunity he had of trying it was on the occasion of a pic-nic. His daughter and only child, feeling fatigued, lay down under a tree; her father amused himself by looking for this plant; when he returned to his daughter with some of it in his hand he was horrified to find a large snake of the most venomous kind lying asleep close to her ear. He cautiously approached it, seized it round the throat, chewed a few leaves and put them into its mouth; in three minutes the snake was dead. I discovered the leaf by watching a sheep which had been bitten in the side; it immediately went to a spot where the antidote grew, and ate a small quantity of it. There is abundance of it growing on Mount Fortuné."

Perversion and Puffing.—A Correspondent in Leicester forwards us the accompanying circular letter, which he states is being most extensively circulated in the neighbourhood. It appears that both the individuals named, possess legal qualifications. The sudden perversion of Dr. Emmerson on the retirement of Mr. Elliot, being singularly suggestive, as within twelve months of his introduction to the local profession as a genuine allopath, we find him succeeding to the Homœopathic practice of Mr. Elliot, and handed by him over to the kind considerations of his lamb-like patients in the language of this previous puff, which we give *verbatim*, further comment being unnecessary:—

"Dear Sir,—I am compelled by the state of my health to relinquish my Medical Practice in Leicester, and, having made a beneficial agreement with Dr. Emmerson, to succeed me in the Practice, I have great pleasure in introducing him.

"Dr. Emmerson is fully qualified, as a Doctor of Medicine, Member of the College of Surgeons, and holding four Diplomas in Medicine, Surgery, and Midwifery, from University and College, to practice in all branches of the Profession. Having also seen much of Hospital and General Practice for nearly Thirty Years, I believe him to be in every way fitted for the duties of a Family Physician.

"In leaving you in *such safe Professional hands*, I have somewhat less to feel in parting with those from whom I have received so much confidence and kindness during the past Eleven Years.

"*As I shall for some time to come have an interest in the successful conduct of the Practice*, I shall still have opportunities of hearing of my old friends.

"Believe me, Yours sincerely, Henry Elliot.

"Leicester, August, 1871."

The Students' Number.—The latest arrangements at the various Medical Schools, and Advertisements cannot be received after Saturday next.

Dr. Bagot.—Write to Medical Department of the Privy Council, Richmond terrace, Whitehall.

Dr. Sedgwick S. Cowper writes stating that he has found "the vegeto-mineral oil, known in Australia as 'Kerosene,'" procurable at about half-a-crown a gallon, wonderfully curative in the treatment of ulcerated and cancerous wounds.

Mr. Collenette.—The review of your new "Chemical Tables for Students," has been in type some three weeks; pressure of matter having kept it and several other reviews from appearing.

Mr. J. Balfour Browne.—Probably the last week in September.

Dr. Lane.—The copies were sent, and must have miscarried.

The Gainsborough Officer of Health, Dr. Mackinder, has issued a very important report and recommendation as to the disposal of Sewage, together with analytical tests of nineteen samples of water obtained by him. The report has more than local interest, and we regret our space forbids a longer notice.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

A System of Medicine. Edited by J. Russell Reynolds, M.D., F.R.S. Vol. III. London: Macmillan and Co.

On the Relative Powers of Various Substances in Preventing the Generation of Animalculæ. By John Dougall, M.D. London: J. and A. Churchill.

Phrenology: how to use it in analysing Character. By Nicholas Morgan. London: Longmans, Green, and Co.

Report of the British National Society for Aid to the Wounded during the France-German War.

Good Health. Nature. Indian Medical Gazette. Boston Medical Journal. Lyon Médical. Australian Medical Gazette.

VACANCIES.

Middlesex Hospital. Assistant-Surgeon. Election October 3rd. Physician's Assistant. Board and residence free.

West London Hospital. House Surgeon. Election September 14th.

Queen's College, Birmingham. Medical Tutor. Stipend £40, with residence.

Worksop Dispensary. Resident Surgeon. Salary £100 per annum.

Stockport Infirmary. House Surgeon. Salary £100, with board and residence.

Bethnal Green, Queen Adelaide's Dispensary. Salary £100, with residence.

Swansea Union. Western District. Medical Officer. Salary and fees, £60.

Gainsborough Dispensary. House Surgeon. Salary £100, with residence.

Dover Hospital. House Surgeon. Salary commencing at £80. (See Advertisement.)

Bristol. Medical officer to the Bristol police.

Narberth Union, Pembrokeshire. Medical officer for District No. 3.

Reeth Union. Medical officer for the Maker District.

Battle Union, Sussex. Medical officers for the Mountfield and Brightling Districts.

Liverpool. District Medical officer.

York Union. Medical officer for District No. 4.

APPOINTMENTS.

Jefferiss, W. R. S., M.B., C.M., L.R.C.P.E., L.R.C.S.E., Resident Surgeon and Physician to the Landore Siemens-Steel Company's New Works.

Silver, Alexander, M.D. Aberdeen, M.R.C.P. Lond., a Physician to Charing-cross Hospital, vice Henry Hyde Salter, M.D., F.R.C.P., F.R.S., deceased.

Army Medical Department.—The following were Gazetted on Friday last:—

Surgeon A. D. Gulland, M.D., from 6th Foot, to be Staff Surgeon, vice E. F. O'Leary, appointed to the 6th Foot.

Assistant Surgeon R. Lewer, from Royal Artillery to be Staff Surgeon, vice F. T. Abbott, deceased.

Staff Assistant Surgeon A. Neill, from half-pay, to be Staff Assistant Surgeon, vice W. Jobson, M.D., appointed to Royal Artillery.

Assistant Surgeon J. D. Gunning, from 1st Foot, to be Staff Assistant Surgeon, vice H. Comerford, M.D., appointed to 1st Foot.

Staff Assistant Surgeon C. Backhouse has been permitted to resign his commission.

Births.

Thompson.—On September 3rd, the wife of Dr. Thompson, of 70 Oakley square, Camden Town, of a daughter.

Marriages.

Dodsworth—Daniell.—On the 7th inst., at Christ Church, Chiswick, F. C. Dodsworth, of Turnham Green, L.R.C.P. Lond., to Fanny, daughter of the late Neville Daniell, Esq.

Wimble—Pocock.—On the 7th inst., at St. John's Brixton, Frederick John, eldest son of F. Wimble, Esq., surgeon, of East Malling, Kent, to Annie Florence, eldest daughter of William Pocock, M.D., of Brixton.

Deaths.

Hunter.—On the 6th inst., at Sandhurst, Berks, Christopher Hunter, M.D., in his 90th year.

Sheppard.—On the 4th inst., Margaret Edith, only daughter of E. Sheppard, M.D., of Belsize square, N.E.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 20, 1871.

STUDENTS' NUMBER.

IT seems to us that the student or his Guardians, and our own Subscribers, require from us practical information as to the method of medical education and the future disposal of the student, rather than prolix official regulations, which, when desired, are always at command. We have, therefore, accorded to such matter the smallest possible space consistent with clearness, confining our erasures as much as possible to technical redundancies, and omitting rom them nothing which seemed of the least importance.

Into the space which this epitomising has given us, we have endeavoured to compress as much practical, everyday information as we conceive to be necessary, and writing as we do for the Students of the United Kingdom, we have endeavoured to give predominance to the educational arrangements of no special locality.

As we have, with the view of economising the space at our disposal, dispensed with all details which are contained in the advertisements of the various medico-educational institutions, we beg to refer our readers to the advertisement of each in connection with which the editorial information should be read.

THE GENERAL MEDICAL COUNCIL.

To this body is entrusted the supervision of medical education, and it has made a number of recommendations, the majority of which have been accepted by all the Examining Bodies, and are, consequently, found in their regulations. The student has, therefore, nothing to do with the Council, except that he must take care to be duly registered as a student of medicine, at the commencement of his career, at the office, Soho square.

MEDICAL REGISTRATION.

All duly qualified Physicians, Surgeons, Medical Graduates, and Apothecaries, are required by the Medical Act 21 and 22 Vic. c. 90, to be registered before they can hold any public medical or surgical appointment, or issue valid medical certificates.

The Medical Registration of any Practitioner may be effected, on application, in writing (according to a form to be had at the Office, 35 Dawson street, Dublin) and producing, or transmitting with such requisition the *Diplomas* to be registered, and also paying or remitting the fee which is regulated by the Medical Council, viz., £5 for first registration, and 5s. for every qualification which may be subsequently added. Drafts on Banks, and Post-office orders, to be drawn in favour of W. E. Steele, M.D., Registrar, Dublin.

MEDICAL STUDENTS who have passed a preliminary *Arts Examination* are required by the Medical Council to be registered. In order to effect this each student should apply according to a form (to be had on application as above), accompanied by a certificate of his having passed such examination, same to be lodged with the Registrar (W. E. Steele, M.D.) who will thereupon enter the name in the Students' Register, and issue a certificate to that effect. No *fee* is required from *Medical Students* for *their* registration.

THE PUBLIC SERVICES'

ARMY MEDICAL SERVICE.

THE appointment of assistant-surgeon in the Army is open *to all* who can prove their claim to it by superior answering. Candidates for the British Medical Service must be unmarried, and not more than twenty-seven years of age. The competitive examinations are held at Chelsea, usually in the first weeks of February and August. The candidate is not required to produce any other qualification before presenting himself for examination than his licences to practise and certificate of registration.

Having received his diplomas in surgery and medicine, both of which are essential to his competition, the student is obliged to apply himself vigorously to the study of certain collateral subjects, which he does usually through the medium of a "grinder." He must perfect himself in chemistry, pathology, and comparative anatomy, and if he can throw a proficiency in botany and natural history and French and German into the scale, he will materially improve his position in the scale of merit, and establish for himself a character with the authorities for industry and scientific attainments.

The assistant-surgeon is subjected to three separate examinations within the first ten years of his service, each examination having a definite object—the first, to ascertain, previous to his admission into the service as a candidate, his scientific and professional education, and to test his acquirements in the various branches of professional knowledge; the second, after having passed through a course of special instruction in the Army Medical School, to test his knowledge of the special duties of an army medical officer; and the third, previous to his promotion, to ascertain that he has kept pace with the progress of medical science.

The candidate having sent in his papers, and followed them to London, meets his competitors at Chelsea.

For the first two days of his examination he is employed in penning answers to printed questions; for the third and fourth days he is examined *vivâ voce* on all subjects; and on the fifth and sixth days he is tested by the diagnosis of disease at the bedside in the hospital, by the application of surgical apparatus, and by operations on the dead subject. This trial finished, the successful candidates (varying in number from fifteen to thirty) are selected.

SERVICE ON THE WEST COAST OF AFRICA.

A certain number of candidates, whose answering has been satisfactory, but not sufficiently so to entitle them to a place, were formerly offered appointments on the West Coast of Africa, but recently they have been appointed to the Naval Medical Service, as vacancies on the Coast have not existed for some time. These situations, while they are subject to strong objection on the score of the deleterious nature of the climate, possess some advantages for those whose health can resist its influence. The districts comprised under the West Coast districts are Sierra Leone, Gambia, and Cape Coast Castle. If the candidate accepts the appointment he is sent out at once, without the period of probation to which others are subjected to at Netley Hospital. He is allowed to spend a year at home, on full pay, for every year spent in Africa, and the entire period at home and abroad counts as service for pension. The promotion is sometimes rapid, owing to the dangerous nature of the climate; and we have known the rank of full surgeon reached in five years from the date of appointment as assistant-surgeon.

PROBATION AT NETLEY HOSPITAL.

The competitor who has been so fortunate as to obtain a place in the ordinary service is not allowed to join a regiment at once. He is obliged to undergo a probation of four months at Netley Hospital, near Southampton, where he is compelled to attend the following lectures—viz.: Hygiene, by Dr. Parkes; Pathology, by Dr. Aitken; Military Surgery, by Dr. Longmore; and Tropical Diseases, by Dr. Maclean. The lectures on Military Surgery include gunshot and other wounds; arrangements for the transport of wounded; duties of Army Surgeons in the field, during sieges, on transport, &c.; and other special subjects. Those on Military Medicine refer to the tropical and other diseases of the British possessions and colonies, and to the losses by disease. The lectures on Hygiene relate to the examination of water, air, food, clothing, &c., of the soldier; his duties and exercise, and the circumstances affecting his health, meteorology, statistics, and prevention of disease. The lectures on Pathology have reference chiefly to the scientific examination of tropical diseases, and of the other complaints which the Army Surgeon is especially called on to investigate. The candidates also attend the wards of the hospital under the Professors of Medicine and Surgery, to make themselves acquainted with the system of recruiting, and the modes of keeping the Army Medical Returns. They are also called on to make *post-mortem* examinations, to operate on the dead body, and pass through laboratory practice on the modes of recognising the qualities and adulterations of food, and on microscopic examination of morbid tissues and adulterations of food, &c. During his preliminary training here the student is understood to be in Her Majesty's service; he wears uniform, is under military discipline, and receives pay at the rate of five shillings per day, and two shillings per day for lodging money, if he be not provided with lodgings in the hospital. A sum of money equal to the half-yearly interest on £1,200, the surplus from the "Herbert Memorial," is at the end of each session awarded to the candidate who has the highest number of marks; the fortunate young man who wins this "Blue Ribbon of Netley" being tolerably certain to be well provided for. At the termination of the four months he is again examined in the subjects in which he has been instructed during that period, his marks are added to those obtained by him at the Competitive Examination, and his position on the list of merit determined by the total. Successful candidates are now eligible to be gazetted to a regiment, or employed on the staff, and enjoy all the rank and honour, pay and privileges, of Assistant-Surgeons, as provided by the regulations.

Thus it will be observed that the first, or Chelsea examination, simply admits the candidate to the service, and the conjoined result of it and the Netley examination determines his order of merit.

LIFE AT NETLEY.

About one hundred medical candidates, as the surgeons are called until they have passed out of the Hospital by their second examination, are congregated at Netley, in addition to the commissioned officers who may be there. Each candidate has to pay £5 towards the mess fund, one half on his arrival and the remainder when he has passed his second examination. He is then a member of the mess, and entitled to dine at any time during the remainder of his service. The cost of dinner is 2s. 4d. daily, not including wine, and of breakfast from tenpence upwards.

THE PROMOTION EXAMINATION.

But there is still one other which *must* be passed before he is promoted to full Surgeoncy, and *may* be passed at any time after five years' service.

A series of printed questions will be sent by the Director-General to the principal medical officers of stations where Assistant-Surgeons may be serving, who will deliver these sealed questions to the Assistant-Surgeons, and to see that they are answered without the assistance of books, notes, or communication with any other person. The answers are to be signed, and delivered sealed to the principal medical officer, who is to send them, unopened, to the Director-General, together with a certificate from the Surgeon of the Regiment, or other superior medical officer, that the Assistant-Surgeon has availed himself of every opportunity of practising surgical operations on the dead body.

The Assistant-Surgeon will also be required to transmit a Medico-Topographical account of the station where he may happen to be, or of some other station where he may have been resident, or else a Medico-Statistical report of his regiment for twelve months.

If the Examining Board and the Director-General are satisfied with the certificates and answers, and with the report, the Assistant-Surgeon will be held qualified for promotion.

NAVAL MEDICAL SERVICE.

In applying to be admitted as an assistant-surgeon in the Royal Navy it is merely required to address a letter to the Secretary of the Admiralty, stating that you are in possession of a diploma from such a College—naming it; that you are desirous of being admitted as a candidate; when, if there are any vacancies, you will be informed when you will be required to present yourself at Somerset House, London, for examination.

Having passed your examination, you will, in the course of the following day, receive your appointment as acting assistant-surgeon to one of Her Majesty's ships, either for service on board that ship, or for service on shore, at one of the naval hospitals—Haslar or Plymouth. You will at the same time be informed that you are granted two or three weeks, as you may require, leave of absence, to enable you to provide your uniform and appointments. These you can get at any of the naval outfitters.

The expense of an assistant-surgeon's uniform is about 47*l.* 5s. You must also provide yourself with a set of surgical instruments, which will cost you from ten to fifteen guineas. All kinds of underclothing, towels, handkerchiefs, &c., may be purchased much more advantageously from a regular dealer in those things than from any naval outfitter.

ADVANCE OF PAY ON JOINING.

On joining your ship you will, if you wish it, be paid what is termed three months in advance, 30*l.* Of course it is not all advance, as your pay will have been going on from the date of your appointment.

Every article of mess traps is now furnished by the Admiralty gratis. The same with your cabin furniture; every necessary article except bedding is supplied from the dockyards. An officer on joining his ship has, therefore, nothing more to pay than his mess subscription monthly. This varies in ships according to the station they are on, from 2*l.* 10s. to 3*l.* 10s. per month. This subscription does not include anything for wine or liquors of any kind. Whatever amount of these you may consume will be paid for by you separately, at the end of each month or quarter. But as all wines are permitted, by sanction of the Admiralty, to be shipped free of duty, you drink them so much cheaper on board than you could the same qualities of wine on shore. The monthly subscription, of say 3*l.* with the Government allowance of 11*l.* 3s. 8d. per annum to each member in lieu of provisions, is generally found sufficient to meet all ordinary expenses of messing.

It is the custom in all wardroom messes to have an extra dinner on two days of the week—generally Monday and Thursday. The days so selected are styled "field-days." It is on these days that guests are invited to dine by the mess. The guests thus invited are called public guests, and such invitations entail no extra subscription from any one, except for the extra wine consumed. It is usual to invite the captain, and other superior officer that may be on board, once a week; the other public guests are so many of the junior officers of the ship; and, if in port, officers of the sister service, and other public functionaries. The captain, or admiral, if there be one on board, usually has two or three wardroom, and two or three gunroom officers, to dine with him on every other day of the week than that on which he dines in the wardroom. Any member of the wardroom mess inviting a private friend to dine with him on board, pays usually from 2s. 6d. to 3s. 6d. (according to the rule of the mess) for his friend's dinner, in addition to any extra expense for wine.

The foregoing are the whole of the ordinary and extraordinary expenses of messing in the wardrooms of Her Majesty's ships, and which should not, with drinking a reasonable quantity of wine, beer, &c., exceed fifty guineas per annum.

Officers in the Navy, wherever they may be serving, can remit, by the paymaster of the ship, without any expense, any portion, or the whole, of their pay that may be due to them on the last day of each quarter.

SERVANTS.

Assistant-surgeons are allowed only half a servant each; or in other words, a servant between two of them.

These servants are entered on the ship's books with the rating of officer's servant. Their pay from the Admiralty is about 17*l.* per annum and their provisions; and where they are well conducted, attentive lads, it is usual for each of their masters to give them 10s. a month, which makes their pay up to about 29*l.* per annum.

The pay of naval medical officers has hitherto been the same as for their military brethren.

EXTRA PAY AND ALLOWANCES.

The following extra pay and allowances are paid to naval medical officers under the conditions stated below:—

	At Home.	Abroad.
Inspectors-General in lieu of provisions for their servants, and of the ordinary allowances for provisions for themselves	£54	£130
Deputy Inspectors-Generals, Staff-Surgeons, and Surgeons, do. do. ..	£35	£112
Assistant-Surgeons do. do. ...	£30	£108

Staff-surgeons, when serving in flag-ships on foreign stations, are allowed extra pay of five shillings per diem.

Staff-surgeons, surgeons, and assistant surgeons, when serving in ships in which there is no accommodation for residing on board, as in drill ships for the Royal Naval Reserve, are allowed 50*l.* per annum for lodgings, and one and sixpence per diem in addition in lieu of ship's rations.

Whenever medical officers are employed on extra duty, they are allowed such extra pay as it may appear to the Lords Commissioners of the Admiralty the nature of the service merits.

Medical officers, when travelling on the public service, are allowed on the home stations—in addition to all expenses of first class fare by rail or otherwise—for subsistence:—

	Special Service occupying 12 hours.	Ditto for every 24 hours.
Inspector-General and Deputy Inspectors-General	£0 12 0	£1 0 0
Staff-Surgeons and Surgeons ..	0 7 6	0 10 0
Assistant-Surgeons	0 6 0	0 7 6

PENSIONS OF MEDICAL OFFICERS.

Besides the half-pay awarded to medical officers, there are three good-service pensions of 10s. each per diem awarded to the three inspectors-general who have completed the longest and most meritorious services.

There is also one Greenwich Hospital pension of 80*l.* per annum awarded to a deputy inspector-general.

There are fourteen other Greenwich Hospital pensions of 50*l.* each per annum, awarded to those fourteen deputy inspectors-general, staff-surgeons, and surgeons who are considered by the Admiralty to be most deserving of them

PROMOTIONS.

An assistant-surgeon having served three years may be examined as to his qualifications for promotion to the rank of surgeon. If he be serving abroad he may, if he wish it, be examined provisionally by an inspector or deputy inspector-general and three surgeons; and as soon after his arrival in England as may be convenient for him to present himself at Somerset House for his regular and final examination. To enable assistant-surgeons to pass this examination satisfactorily they are granted, on application, two months' leave of absence to prepare themselves for it. The use of passing the provisional examination abroad is, that the assistant-surgeon, having served five years, is then eligible for promotion into any vacancy that may occur, as acting surgeon.

If the vacancy occurring shall have been caused by the death of an officer of superior rank, this promotion as acting-surgeon will be confirmed as surgeon on passing the regular examination at Somerset House. If the vacancy has occurred from any other cause than that of death, the assistant-surgeon appointed to fill it, whether he may have passed only provisionally or finally, will be appointed only as acting-surgeon until the pleasure of the Admiralty be known, who may either confirm him in it, or supersede him by the appointment of a surgeon from half-pay.

Surgeons are promoted to the rank of staff-surgeons on twenty years' service, provided that ten years have been completed since passing for the rank of surgeon.

By an Admiralty regulation, dated the 12th of July, 1867, promotion to staff-surgeon is to be open to officers for distinguished or special services, although they may not have completed twenty years' service.

An officer may be promoted to the rank of inspector-general on the completion of thirteen years' service from the date of his entry into the Royal Navy.

PRIZE MONEY.

Medical officers share in the proceeds of all prizes captured from the enemy, of captures and seizures under the several Acts of Parliament passed relating to the revenues of customs, and to trade and navigation, for the abolition of the slave trade, for the capture and destruction of pirates and piratical vessels; and of the rewards conferred for the same; as also in the awards of all salvage granted to the crews of Her Majesty's ships and vessels of war, with other officers of corresponding ranks.

POOR-LAW MEDICAL SERVICE.

A YOUNG qualified practitioner, indisposed to be an assistant, and desirous of commencing general practice without investing any money in purchasing a succession, may, perhaps obtain a Poor-law appointment, though he should scarcely expect to obtain a livelihood from this inadequately remunerated employment.

ENGLISH POOR-LAW MEDICAL SERVICE.

Prior to the passing of the Metropolitan Poor Act of 1867, the English Poor-law Medical Service may be said to have been in the hands of the Guardians, supervised by the Poor-law Board. Each parish in England and Wales had its guardians of the poor, and these parishes were grouped together to form unions. The unions were divided into districts for medical relief. Union medical officers, therefore, have the care of a district, or sometimes the care of the workhouse of the union —sometimes of both. The officer was elected by the guardians, and the appointment approved by the Board. He was required to have both a medical and a surgical qualification. In some instances these were specified, but almost always the London College of Surgeons and Apothecaries' Hall were the two most favoured diplomas. For this reason London students will still continue to take these qualifications, whatever else they may add to them. But the L.R.C.P. Lond. is now recognised as a full qualification, both medical and surgical. The salaries of Poor-law appointments are very low. They are, however, sought after by young men as a means of getting into practice, and are often almost obligatory in the country to prevent fresh opposition being introduced. The Metropolitan Poor-law Act, 1867, assimilates the Poor-law, so far as London is concerned, to that of Ireland, and the Poor-law Board is, by an Act of last session, merged in the new local Government Board. It establishes in London asylums and dispensaries, and distributes the cost of supporting them over the metropolis. The Acts have not yet come into full operation.

THE IRISH POOR-LAW SERVICE.

THE newly-qualified Medical Practitioner, who may elect to try his luck in the Irish provinces, sets his hopes, in the great majority of instances, upon obtaining one or more Poor-law Medical appointments in some district where there is hope of private practice. There are 163 workhouses and 793 Dispensary Medical Officers, besides apothecaries. The number of vacancies that occur annually average 100. The average salary in this service is £90 ; and when it is taken into consideration that, in the vast majority of rural districts, it is necessary to keep a horse, and in some a boat as well, the average area being from forty to sixty square miles, it is plain that there will not be a very large margin left from the public emoluments. The Medical Officer will also have the refusal of the Registrarship of Births, Marriages, and Deaths, which office in country districts seldom yields more than £10 a year, and often not half that amount. Despite the miserable salary and the very many discomforts of a dispensary life, these appointments are generally eagerly sought for—firstly, because they afford the new comer a certain though hardly-earned salary to supplement his private earnings ; and, secondly, because, if not secured by the new comer, they would of necessity bring a competitor for practice into the field, and inasmuch as private income is of far greater import than public earnings, country Medical practitioners are obliged to undertake the public duty in order to save to themselves the monopoly of their private emoluments.

APPOINTMENT.

The qualifications required by the Poor-law Commissioners are a licence in Surgery or a diploma in Medicine, and a diploma in Midwifery ; the candidate must also be twenty-three years of age.

The appointment lies with the Dispensary Committee, who elect by vote. As politics and religious feeling run high in Ireland, these elements enter into the election of Poor-law Medical Officers. Family interest also possesses great weight.

The candidate will do well to bear these facts in mind, as his personal attendance on the day of election will be required. And whatever other qualification he may have, he will then find that his compatibility in these respects with the majority of the committee is essential. And, accordingly, he had better first make himself acquainted with the local peculiarity, whatever it may be, before he enters on his candidature, otherwise, in all probability, any expenditure that he may make in the matter will be simply thrown away. We may here observe, also, that in very many instances the appointment is virtually made before the advertisement appears for a Medical Officer, in which case also candidates are put to unnecessary trouble and expense under false pretences.

CONTROL.

Each district is under the direct control of a committee composed of the neighbouring landholders, the appointment of medical and other officers are made by this committee, and the entire management of the district is under their control. Their acts are, however, subject to the approval of the Poor-law Commissioners, who have the power either of interposing their veto on any appointment, or even of expelling an officer by a "sealed order," without trial or accusation, and without the resource of appeal or investigation. This salary is paid by the Board of Guardians, and no increase or decrease can be made in the amount without their assent and that of the Commissioners. Under the late Sanitary Act the committee may recompense the Medical Officer for special services, such as those during an epidemic of cholera, or for sanitary reports. The number of unions in Ireland is 163, to each of which is attached a Medical Officer, who is appointed and controlled by the Board of Guardians in the same manner as the Dispensary Surgeon is by his committee. The salary is usually better than that of the Dispensary Doctor, and the duties of a more easy and satisfactory description, inasmuch as the duty is confined to daily attendance at the Workhouse Hospital, and no night visits out of doors or any long journeys across the country are involved.

DUTIES.

The duty of the Dispensary Doctor is twofold. He is to attend his Dispensary on a given day or days in the week. Frequently there are two dispensaries in the district, separated from each other by several miles, and he will have, perhaps, to attend two days at each. He has also to visit at any hour of the day or night a sick person, for whose relief a visiting ticket has been issued by a member of the committee or by the relieving officer, and to continue his attendance as often as may be necessary until a termination of the case. Moreover, he has a great many registry books to keep, and a multitude of returns to make, and in the majority of districts he has to make up all the medicines for the poor.

The pressure of these duties is in the greatest degree dependent on the goodwill of the members of his committee. If the medical man be a favourite with his masters they will give him very little trouble with "scarlet runners," as the visiting tickets are, from the colour of the paper on which they are printed, humourously called, and will be unwilling to trouble him even with cases deserving of personal attendance.

If, on the other hand, it is his misfortune to come in contact with some of the half-bred committee-men, who know nothing of the treatment fit for an educated gentleman, or cherish a personal spite, the discharge of his duties may become simply unbearable. He may be peremptorily summoned, in any weather, at any hour, and to any distance, to a case which he may probably find to be altogether trivial, or to a person whom he may know to be perfectly well able to pay—

Aye! even the committeeman's own brother or daughter. The law unfortunately leaves the Poor-law Medical Officer no protection, and no alternative is open to him but to resign or endure insults and annoyances of the most galling description.

By a recent Act of Parliament Poor-law Medical Officers may now receive a pension of *one-sixtieth of their salary for each year of service* on being incapacitated from illness or old age. This grant is strictly at the discretion of the guardians, nevertheless it has been given in most cases in which physical incapacity has been clearly proved. It is, however, at best a miserable resource, and can by no means be calculated upon as a provision for old age.

SURGEONCIES IN THE MERCANTILE MARINE SERVICE.

The appointment of surgeon in sea-going vessels is much sought after by young surgeons who are desirous of seeing a little more of the world than school, college, or home, have shown them; but the office is seldom held for more than a few years, or regarded as a permanent provision for life. These appointments are almost uniformly in the gift of directors and secretaries of companies, and of the owners themselves, with whom, as may be believed, personal influences are a better recommendation than any professional qualification.

The Peninsular and Oriental Service heads the list in respect of its eligibility, and admission to it is a matter generally quite outside the range of the unfriended candidate.

The appointment is made by the directors, and the surgeon is bound for three years' service. He is placed always at first on some of the lines at the other side of the Isthmus of Suez, and is drafted into the "home" service between England and Alexandria, as vacancies occur. The pay is at first twelve guineas per month, which is afterwards increased, and he is permitted to receive such fees as may be offered for attendance on passengers, whom, however, he is bound to attend without charge, if required to do so. Occasionally large fees are paid by grateful patients; but usually the income from this source is not large, and less in the home service than elsewhere.

The surgeon can resign on giving a month's notice when on leave—*i.e.*, when his ship is laid up.

The Cunard and other American mail lines select their surgeons through the interest of owners and managers. The American ships are bound to carry American surgeons, and the English ships English medical officers. The pay varies from ten guineas per month upwards, and the arrangement may be terminated by the surgeon at any time that the ship is laid up. If, however, he has signed special articles, he will of course, be bound by them.

The West India Mail Service admits candidates only between the ages of twenty-two and forty. A regular curriculum similar to that required by the licensing bodies, is necessary, and a special examination in climateric disease is administered to the candidate.

The following is the scale of pay:—At entrance £100 a-year, Senior Surgeon, £120, amounting with all fees generally to about £200. When the ships are engaged on transport service the pay is doubled. Surgeons in the service have a private cabin and a boy to assist in dispensing. They mess in the saloon, and are found in every requirement free of charge. A pint of wine is included in each day's rations, or in lieu of it a payment of 1s. 3d. At entry surgeons are requested to join vessels in the West Indies or Brazils relieving surgeons longest out, and being themselves relieved in turn. The fees in this service are much better than in the P. & O. The emigration Commissioners are now reducing their staff, and making no appointments to vacancies as they occur. Many of the trading ships which carry emigrants to New Zealand and Australia take surgeons only on their outward voyage, and call at China for silks and other freight on their way home. Surgeons to these vessels are paid only £35, and finding it impossible to obtain a passage home again are compelled to settle in the colonies which are accordingly overstocked.

European Communities.—There is a growing demand for surgeons for small European colonies, and several desirable appointments have thus been recently made. A number of colonists feeling the want of efficient medical advice subscribe an annual guarantee salary of say £600. These appointments have been made through the agency of Mr. Langley, of Lincoln's Inn Fields; as, however, they are few and somewhat lucrative, the communities are entitled to expect a high degree of education and intelligence in their medical attendant.

THE ASSISTANT—HIS DUTIES AND OBLIGATIONS.

Almost every provincial general medical practitioner in England has his qualified or unqualified assistant, and the probationary service of the private practitioner himself is thus very frequently in this capacity. As may be presumed, the duties of the office are very various, and the relations between principal and assistant very complex, so much so as to demand a special volume for themselves. We have availed ourselves of Mr. Langley's permission to extract from the pages of "Via Medica" certain passages which are essential to the student.

THE PUPIL ASSISTANT.

The pupil-assistant is usually a young gentleman who enters into the service of his employer to learn pharmacy and the manipulation of dispensing without present remuneration, or who gives his services in return for board and lodging with a nominal salary. If there be any articles of apprenticeship the relations between the junior and his employer are those which exist under apprenticeships generally, subject to the terms and conditions stated in the indenture itself.

The *unqualified* assistant (without diploma) capable of visiting patients, diagnosing disease, prescribing, dispensing, attending midwifery, drawing teeth, bleeding, cupping, applying the tourniquet, opening an abscess, dressing a wound, &c., &c., is generally a young man who has passed through his pupilage or apprenticeship, seen something of country practice, spent a year or two at the hospital and medical school, and who, having limited means, desires to recruit his resources.

Qualified men (with single or double diploma) are generally required for *out-door appointments*, in which the assistant does not reside with his principal. Indeed, it may be remarked that the tendency generally seems to be towards the employment of gentlemen with diplomata in preference to those without, because the employer is rendered more free to absent himself, occasionally, if he can leave his practice in the hands of a substitute who can legally take charge of his parochial appointments, or, in case of accidents, give evidence before the coroner.

Constant applications are made by gentlemen from Ireland, who, having degrees in arts, honours in medicine, and high testimonials as to personal character, do not understand why they cannot at once obtain employment as assistants in England, in town or country practice. If they are asked what they know of private dispensing, they reply that they are competent to undertake anything of that kind because they have done it at the hospital. They cannot understand that aptitude in private dispensing—apothecary's work—is essential in English practice as it is at present conducted, and they are unwilling to believe that a mere power of manipulation is an absolute requisite if they would obtain employment here.

It is almost useless for gentlemen from Ireland and Scotland seeking employment unless they can produce testimonials (those of college teachers will not suffice) from persons who know the applicants in private life, and who can give direct evidence as to their *private* character and personal habits.

THE OUT-DOOR ASSISTANT.

The "out-door assistant" is a gentleman who does not live with the principal, but who usually resides near the house of his employer. The term "out-door" is not intended to convey the idea that his duties are wholly "extern," but simply indicates his mode of life. The out-door assistant sometimes lives in lodgings at his own expense, sometimes in rooms furnished and provided by the surgeon for whom he acts, sometimes the room may be in the adjoining house where the "surgery" is, sometimes in a residence at some distance. In the latter case there may be a "branch practice" to be "conducted." In all cases where the assistant resides elsewhere than with the surgeon, proportionately larger salaries are given to compensate for extra expenses. These situations are supposed to afford greater personal freedom, but more completely exclude the holder from pleasant society. Where a branch practice is carried on, a separate house and surgery are provided at the expense of the principal, who in such cases may visit the locality only once or twice a week. Candidates for these appointments are expected to have a double qualification, and to be able to take sole charge of the cases entrusted to them. No one who is not thoroughly competent in midwifery should entertain the idea of taking a branch practice.

Assistantships, *with time to attend lectures, &c.*, are not unfrequently sought after. Formerly such appointments were not uncommon, but experience has shown that they work so badly both for surgeons and pupils that they may be said to be almost extinct.

THE LEGAL RELATIONS OF THE PRINCIPAL AND ASSISTANT.

The engagement of an assistant may be made by word of mouth or by writing. The usual written contract between the parties (where apprenticeship is not intended) is an agreement of the ordinary character; but in the case of unqualified assistants the engagement is verbal, or made by correspondence between the parties.

Arrangements are sometimes made under which assistants are paid a certain percentage upon the fees received by the principal for work done by his subordinate; and often in cases of branch practices, a proportion of the gross profits is awarded to the assistant.

TERM OF ENGAGEMENT AND DISMISSAL.

In cases where there is no written contract with a permanent assistant engaged nominally for the year, and the salary is paid *weekly*, it is the custom in the medical profession to give and require a *month's* notice. But in temporary engagements, such as those made for *locum tenens*, the invariable custom is to pay by the week, the contract being terminable at any time by the wish of the principal. In such cases the gentleman employed is always expected to give reasonable time—say seven days—to provide a successor, if circumstances induce him to wish to resign the appointment.

In-door assistants, whether qualified or not, can be dismissed by a month's notice at any time, or by the payment of a month's salary by the principal; the assistant, however, who leaves without giving a month's notice is liable to summary punishment by a magistrate, nor would the tender of a month's salary in lieu of notice relieve him from this liability to punishment; moreover, he would also forfeit all claim to any salary due to him from his principal for any services rendered previous to his leaving.

The services of gentlemen engaged for special services and temporary duties may be terminated without notice unless there is a special understanding that the engagement is for one day, a week, or four weeks.

LEGAL OBLIGATIONS ON THE ASSISTANT.

Every assistant is bound by law to obey all the lawful and reasonable orders of his employer, and to be honest and diligent in the professional duties required from him; he is required also to pay proper respect to the principal. He is bound to take care of the property entrusted to him, and, if guilty of gross negligence, will be liable to an action.

When an assistant is engaged on account of his fitness to perform certain duties (such as "to visit," dispense, and attend midwifery), and turns out to be perfectly incompetent to do any one of these things, the principal will be justified in rescinding the contract at once, and discharging the assistant, and it would be of no avail for the latter to prove his "qualifications" in the highest walks of his profession, if he were incompetent to perform those duties.

MEDICAL EDUCATION IN ENGLAND AND SCOTLAND.

THE CAREER OF THE MEDICAL STUDENT.

THE young gentleman who is about to enter the Medical Profession *in England* has more than one course open to him, whether he decide on fulfilling his curriculum in London or in one of the provincial schools. The latter course is generally determined by local causes with which pupil and parent are both familiar. We propose, therefore, in this place, to point out a few things that concern alike the London or provincial medical student.

APPRENTICESHIP.

First of all, as to apprenticeship. The only English corporation that absolutely requires an apprenticeship is the Society of Apothecaries, which is bound by Act of Parliament. The clause, however, is very liberally interpreted, and the apprentice may, during his term, fulfil part or the whole of the curriculum. *The master must possess the licence of the Company*, but he may practise any department of the Profession. There is much difference of opinion as to the value of an apprenticeship. Some profess to despise it, and regard it as a badge of trade. There are, however, many advantages in the system, if carried out in the liberal mode we have spoken of; and we feel sure neither pupil nor parent would ever regret having entered into such an agreement with a medical gentleman of position and honour. Thus, suppose a pupil to be bound apprentice to a Licentiate of the Apothecaries' Company for a period of five years, with the right to attend lectures and hospital practice during the last three years, he enjoys the following advantages: In the early part of his pupilage he not only learns practical pharmacy, and becomes acquainted with the more generally used articles of the Materia Medica, but may be assisted in preparing for the Preliminary Examination. Moreover, he prepares himself to take, should he ever wish to do so, the post of assistant to a general practitioner, as the experience he has thus acquired will procure him a situation in preference to prizes, gold medals, and even university distinctions. Again, this experience is of the very highest value, should he decide on settling in general practice after he is qualified. On the whole, then, this modified apprenticeship system is equal to any, and parents who know a practitioner to whom they would willingly entrust their sons, cannot do better than pay him

a fair premium. Those residing near will occasionally be able to arrange for an out-door apprenticeship.

PUPILSHIP.

Supposing, on the other hand, that the plan of apprenticeship be rejected, a young man may still become the pupil of some one in practice. This is often done by those who aim at the higher branches of practice. A physician or surgeon who will give some time to the superintendence and direction of a pupil's study certainly offers him great advantages, and those who can afford thus to act will not regret the expense of providing their sons with such a guide.

HOSPITAL STUDY.

Lastly, a pupil may enter at any of the London hospitals without any such preparation. He has only, *provided he has passed a preliminary examination*, to pay the first year's fees, and he is admitted at once to all the dignity of a medical student. A preliminary examination recognised by the General Medical Council *must* be passed before entering a hospital. He should decide on the diplomas he requires, and guide his studies accordingly. Most of the schools now have a composition fee, entitling to all lectures and practice required for the ordinary qualifications in medicine and surgery. They also mostly have another sum, very little higher, entitling the student to perpetual attendance on all lectures and hospital practice. It is better to take out the perpetual ticket, as all contingencies are thereby provided for. The fees are mostly payable in two or three instalments, at the commencement of each Winter Session. The Dean will always forward details, as well as any special information of which a student may find himself in need. The first instalment varies from forty to fifty guineas; the second is a like sum; the third usually only makes the whole sum paid a hundred guineas or a little over. There is a tendency to slightly increase the expenses in consequence of the great improvements in the schools, and the additional requirements of the Examining Boards, and no doubt the fees in London will gradually rise.

RESIDENCE.

The student who comes from the country to enter in London not unfrequently requires lodgings, Those who can live with relatives and friends are, of course, best suited; but not a few find themselves very comfortable in furnished apartments, which are to be had in respectable streets near all the hospitals. Two brothers or two friends can, of course, do this a little less expensively than one. The price varies with the season a little, and some can afford more than others, and therefore can all ways have a selection of better rooms.

It should be mentioned that one or two of the medical schools have collegiate institutions in connection with them, where rooms may be had instead of the more usual plan of taking lodgings. At many schools some of the lecturers receive pupils, and all of them will at any time afford special information to those who may inquire of them.

Residence settled, student life begins by hearing the Introductory Lecture, at the conclusion of which the fees may be paid, unless they have already been handed over.

PRIZES.

As to contending for prizes, there are differences of opinion. Diligent attendance on the classes and in the wards will enable the student to store his mind with knowledge fitting him for his profession, and this should be his first aim. Gold and silver medals are honourable distinctions, but only secondary ones. We never competed for them, nor encouraged others; and some of the most eminent men hold the same views. Others, however, differ from us, and the pupil may judge for himself. Competition for appointments to dresserships and other offices, where much practice is seen, stands on a different footing. No prize can equal such posts; and the possibility of getting them should influence largely the choice of a school. In some schools they must be paid for. In others, the diligent gain them without extra expense. The student, having selected his hospital and school, has chosen his teachers. We have only to remind him that however able they may be, the result depends on his own application. Let him supplement their efforts by giving all his energy to the pursuit of knowledge, and there is not one of our schools of medicine in which he will not acquire such a knowledge of his profession, that when the time comes he will pass his examination with ease, and, what is more important still, will then be able to practise in our noble profession with benefit to the sick to whom he may minister.

CURRICULA AND QUALIFICATIONS.

The information most important to students may be divided into two parts—I. The regulations with which they must comply before they can present themselves for examination to any of the Licensing Bodies; II. The means that exist to enable them to do so. In the first division are to be placed the regulations of the Corporations; in the second, some account of the many Schools of Medicine and Hospitals where professional education can be pursued. A natural supplement to this information is a brief sketch of the career open to young men after they have obtained their diplomas, especially in the Public Services.

According to this plan, we proceed to consider, first of all, the regulations of the Qualifying Bodies. These may also be divided into two classes—1. The Universities; 2. The Corporations.

I.—We would here urge upon every student who may enter any University the great advantages they would derive from a course of study in the Faculty of Arts, and we strongly advise every one who has the time to take a Degree in Arts before commencing his medical curriculum. A Degree in Arts stamps a man for life; and as some examination must be passed before the commencement of professional study, it would always be best to take such a degree. A University Degree in Arts is recognised universally as the preliminary examination, and possesses its own value, besides exempting from other tests.

Oxford and Cambridge—The elder English Universities have of late years opened their doors much wider than heretofore, and that without losing any of the prestige they possessed. Those who propose to follow their course of education need not any longer enter at any particular College or Hall, although it will probably be long before lodger students will be very numerous. There are advantages in the College life that will not be willingly given up by those who can afford it, and, for a purely medical career, it would be perhaps preferable for those who would not like to enter a College to graduate at the London University.

University of London.—The medical degrees of this University have now obtained a reputation second to none, and no student can therefore propose to himself a higher qualification. The training is rather longer than that required for the diplomas of most of the corporations.

The examinations are very stringent, and it is in after years that the student will feel the gratification of having obtained such a degree. Every student is required to go through the full course of hospital studies *after* he has passed the matriculation examination. It is, therefore, very desirable he should matriculate before entering a medical school, otherwise two years will be lost. The matriculation examination of this University is accepted as a preliminary by the Medical Council, and therefore the labour bestowed in preparation will serve the student's purpose even if he do not proceed to a degree. The medical degrees of the University are Bachelor and Doctor of Medicine, and Bachelor and Master in Surgery. Degrees of Bachelor and Doctor of Science are also now obtainable. There are at each stage of the graduate's career, examinations for honours, which afford the student the opportunity of gaining highly-prized distinctions in various branches. There are also scholarships for the most successful.

University of Durham—The degrees of Bachelor and Doctor of Medicine are granted by this University, as is also the degree of Master of Surgery. There is also a licence in medicine, to obtain which residence is not essential. A licentiate cannot pass to the M.B. until he has obtained the degree of B.A., or passed an equivalent examination. Only M.B.'s of twenty-one terms' standing can proceed to M.D.

There is a medical scholarship of £25 tenable for four years, and the fees, both Collegiate and University, are very moderate.

II.—From the Universities we pass to the other bodies that are empowered to give authority to practise.

THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.

The Fellowship of this College is only attainable by election. No one can be proposed who is not a member of four years' standing.

THE MEMBERSHIP.—A person may become a Member of this College without holding a degree in Medicine, or indeed any other diploma. This is not very often done; for the Membership gives no right to the use of the title doctor, though some Members not possessed of a degree do so style themselves. This is, however, in direct violation of the rules of the College to which a member pledges himself on admission. The curriculum extends over four years.

Graduates in Medicine of any British University are admitted to an examination for the membership. Such graduates are exempt from some parts of the examination —*e.g.*, anatomy and physiology. Even foreign graduates of accredited Universities have no difficulty in being admitted to examination.

THE LICENCE.—This diploma authorises the holder to practise his Profession as a Licentiate of the College. Unless a graduate of some University, he is forbidden to use the title of doctor, but we regret to say many do so. At first it was regarded as a medical diploma for the general practitioner, intended to supersede that of the Apothecaries' Company. The examination is conducted by specially appointed examiners, and is complete in the several departments.

Not quite three years ago we had to record the most important change that has ever occurred in reference to the qualifications of general practitioners. This licence of the London College of Physicians was then recognised by the Poor-law Board as a qualification in surgery as well as medicine. Consequently, this single diploma is sufficient to enable any one to take a Poor-law appointment. It ought, therefore, to become a single authority to practise every department of the Profession. In such case, any one contented with the diploma of L.R.C.P. Lond., would have all he needed, and the one faculty system so long desired by earnest reformers would be established.

It is to be supposed that the College will follow up its advantage, and protect all its Licentiates in the exercise of all branches of the Art of Healing.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

No Corporation has exercised so great an influence over the Profession in England as this. Without the M.R.C.S. it is not easy to obtain any English surgical appointment. In a parish appointment, its membership, though no longer essential, carries great weight. Hence, most English students intend to prepare themselves for this, which, together with a medical qualification, suffices for every purpose of the general practitioner. The College has two grades, Member and Fellow. It also gives a diploma in Midwifery, but this is mostly confined to those who are already Members.

THE FELLOWSHIP.—Members of long standing can be admitted by election. As, however, this grade is also obtainable by examination, this is the more usual mode. Consulting surgeons mostly take the Fellowship by examination, though there are many hospital surgeons in London who have contented themselves with remaining Members.

A Member of the College of eight years' standing is admitted to examination on the production of a certificate of three Fellows, that he has been engaged for eight years in the practice of surgery, and is a fit and proper person to be admitted a Fellow.

THE MEMBERSHIP.—This diploma gives no vote in the affairs of the College. It is in effect only a licence to practise, and corresponds with the licentiateship of the Edinburgh and Dublin Colleges.

In future, candidates for the diploma will be examined in the practice of medicine, and also in the practical employment of splints, bandages, and other surgical appliances.

APOTHECARIES' SOCIETY OF LONDON.

The Licence of the Worshipful Society of Apothecaries is perhaps the most useful medical diploma for the general practitioner in England. The monopoly enjoyed by this body for many years, in this respect, is not easily to be disturbed. The laws of many institutions require their medical officers to hold this diploma, and these laws are not readily altered. Though other medical qualifications are recognised by the Poor-law Board, there is no doubt that the guardians throughout the country—and they elect the medical officers—are familiar with the diploma of the Apothecaries' Society, and it is to them more of a guarantee than other qualifications, of the value of which they are ignorant. The drawback to many a student is that, constrained by the Act of Parliament, the Society requires apprenticeship. This clause has, however, received a very liberal interpretation, and every pupil of a licentiate, who is certified to have served *after the manner* of an apprentice, is considered to have fulfilled the requirement. During this term he may also have carried on his hospital studies. Everyone, therefore, who can show this certificate, intending to settle in *England* as a general practitioner—even if he take other diplomas—would probably consult his own interest by becoming a Licentiate of the Apothecaries' Society; and as the fee is only six guineas, a very large number of young men will, we doubt not, secure this possible avenue to appointments.

Having now considered the qualifying bodies of England we pass on to the second consideration—the Schools of Medicine and the hospitals to which they are attached next demand attention, inasmuch as at one of them the Student has to go through the curriculum prescribed by the licensing bodies.

In entering a School of Medicine, application is to be made to the Dean. In London the fees range from 80 to 100 guineas for the course of study required for the ordinary diplomas. The sum, if paid at once, is less than if paid in two or three instalments. From 40 to 50 guineas at the commencement of each of the two first years is an ordinary arrangement, the remainder being paid on entering the third winter. The amount of the fees does not differ so much as to make it of importance in the selection of a school.

We now proceed to name some of the characteristics of the most important London Schools.

THE LONDON HOSPITAL AND COLLEGE.

The next Winter Session will commence on Monday, October 2, 1871, when the introductory lecture will be delivered by Dr. Little, formerly senior physician to the hospital and lecturer on medicine in the college. The Medical College of the London Hospital has been considerably enlarged, and lectures are given on all subjects required by the examining boards. It is a characteristic of the great East-end School of Medicine, that all its offices are conferred without extra payment. There are now offered at this school a large number of prizes and appointments of the most valuable kind, so that for practical instruction scarcely any institution equals it. The following are some of the prizes and appointments to be competed for this session :—

Two Buxton Scholarships to be awarded in October to the students who distinguish themselves most in the subjects appointed by the General Council of Medical Education and Registration as the subjects of the preliminary examinations.

A Scholarship, value £30, to the student placed first in the subjects required at the preliminary examinations.

A Scholarship of £20 to the student of less than three months' standing placed second in the above examination.

A Scholarship, value £20, in Human Anatomy for first year students, to be awarded in April, 1872.

A Scholarship, value £25, in Anatomy, Physiology, and Chemistry for first year and second year students, to be awarded in April, 1872.

A Hospital Scholarship, value £20, for Clinical Medicine, to be awarded in April 1872.

A Hospital Scholarship, value £20, for Clinical Surgery, to be awarded in April, 1872.

A Hospital Scholarship, value £20, for Clinical Obstetrics, to be awarded in April, 1872.

Besides these Scholarships, there is—

The Duckworth-Nelson Prize, value £10 10s., for Practical Medicine and Surgery (biennial), and Money Prizes to the value of £60 annually for zeal in Dressing Out-patients and knowledge of Minor Surgery.

Certificates of Honour in all the classes, according to the results of the general examinations at the end of the session, and Special Certificates to those who have fulfilled with credit the duties of hospital appointments.

Four House-Surgeoncies, tenable for three or six months, and Dresserships to In-patients, open to all.

Dressership to Out-patients, with the privilege of competency for the Prizes above-mentioned.

The office of Resident Medical Officer, tenable for two years, with a salary of £75 for the first year, and £100 for the second year. The office of Junior Resident Medical Officer, tenable for six months.

Four Medical Assistantships, held for three months, with residence and board in the hospital for three weeks.

The office of Resident Accoucheur, tenable for six months.

The holders of all the resident offices are provided with rooms and board free of expense.

Two offices of Clinical Assistant in the Medical Out-patients' Department, each at a salary of £40.

Two offices of Clinical-Assistant in the Surgical Out-patients' Department, each at a salary of £40.

The office of Medical Registrar; salary, 25 guineas.

The office of Surgical Registrar; salary, 35 guineas.

Prosectors of Anatomy, Ward Clerks, and *Post-mortem* Clerks.

ST. BARTHOLOMEW'S HOSPITAL.

The great city hospital has always attracted large numbers of students from all parts of the country, so that the school is very flourishing.

H.R.H. the Prince of Wales is the President of the hospital, which receives within its walls upwards of 5,000 in-patients annually, and its out-patients and casualties amount to more than 100,000 annually. It contains 650 beds, of which 403 are allotted to surgical, including ophthalmic, orthopædic, aural, and syphilitic cases, and 247 to medical cases and diseases of women and children. One of the Assistant-Physicians sees the medical out-patients daily, between eleven and two; and one of the Assistant-Surgeons sees the surgical patients daily, between twelve and two.

Accommodation is provided for residence of students in the college connected with the institution, for which an entrance fee of 2*l.* 2s., and a further payment of caution money, 3*l.* 3s., is required. The cost of maintenance varies from 30s. to 33s. per week, payable in each term; and the term of residence is unlimited.

GUY'S HOSPITAL.

This old favourite borough school still attracts as many students as ever. The school is, we believe, one of the most popular in the metropolis, and from the excellence of its appointments, its situation, and superior staff, it still keeps up its old renown. In special departments, Guy's is the most advanced. This hospital set the example of giving the appointments to its special departments to gentleman not on the general staff.

Guy's is situated close to the London Bridge Railways. Hence great facilities for getting to any part of London or the country. It is quite practicable for students to reside a little distance down either of the lines that converge at this point, and thus enjoy the benefit of country air during their hospital career. For those who wish to live close to the hospital, there are many lodgings to be had at a moderate price.

ST. THOMAS'S HOSPITAL.

This is the borough hospital which was removed from London bridge for the Charing-cross Railway. The opening of the new buildings on the Thames Embankment, and the strengthening of the professional staff, can scarcely fail to give a new impetus to the hospital and school.

There is accommodation for residence and free maintenance in the College-house for the two house-surgeons, resident accoucheurs, one dresser, one obstetric clerk, and assistant obstetric clerk, which appointments are awarded by competition.

UNIVERSITY COLLEGE AND HOSPITAL.

This is situated in a very central position, near the Gower street Station of the Underground Railway, affording facilities for gentlemen residing in many parts of London. The College gives instruction in every department of knowledge, and specially prepares students for degrees in all the Faculties at the University of London. There is, however, no theological faculty, the College, like the University with which it is in intimate connection, being founded on the non-sectarian principle. The Medical Faculty and the Hospital are very complete and flourishing as educational institutions. The University College School specially prepares boys to be ready at a proper age to enter the College.

KING'S COLLEGE.

This College gives instruction in all the faculties, and has a Theological Department. It was established by Church of England persons, in opposition to University College, which is a non-sectarian institution. King's, then, is the Church of England College. The College is situated close to Somerset House, having a frontage on the New Thames Embankment, within a few minutes' walk of a station on the Underground Railway. There is also a junior school in connection with this College, to prepare boys to enter the College at a proper age. The Hospital is only a short distance from the College, and although small, the renown of its staff has always kept up its reputation, so that King's is one of the most popular of the medical educational institutions in London.

CHARING CROSS HOSPITAL.

This hospital, though one of the smaller ones, derives from its situation great advantages. It is one of the most central positions in London, where there is constant communication with every part. In connection with it the practice of the Royal Western Ophthalmic Hospital close by, affords an excellent opportunity for the study of that branch of the profession. Other special departments have been established, and the authorities seem to have the courage to establish them on a liberal basis, the hospital staff not monopolising these appointments.

ST. GEORGE'S HOSPITAL.

The chief advantage of this School, is its unrivalled position, at the corner of Hyde Park—perhaps the most salubrious part of the metropolis. Students can easily find lodgings within half an hour's pleasant walk. It is perhaps, the most aristocratic of the London schools, and the present staff maintain their position as worthy successors of Hunter, Brodie, and other worthies who formerly taught in it.

MIDDLESEX HOSPITAL.

The hospital contains upwards of 300 beds, of which 184 are for surgical, and 120 for medical cases. There is a special department for cancer cases affording accommodation for thirty-three in-patients, whose period of residence in the hospital is unlimited. Wards are also appropriated for the reception of cases of uterine disease and of syphilis, and beds are set apart for patients suffering from diseases of the eye.

Special attention is bestowed on the clinical instruction of the students both in the wards and out-patients' rooms. Three clinical prizes, including the governors' prize of twenty guineas, are annually awarded to those students who pass the most satisfactory examination at the bedside, and in the *post-mortem* room. Class prizes are also given, and six resident clinical appointments are annually awarded after competitive examination, to students who have completed their education and complied with the regulations of the school. The officers thus appointed reside and board in the hospital free of expense.

The college tutor assists all general students free of charge, especially those who are preparing for examination, and his daily instruction is arranged with a view to avoid the necessity of students obtaining any private teaching apart from that of the medical school.

WESTMINSTER HOSPITAL.

This is near the Abbey and the Houses of Parliament, and will be found convenient for all in that neighbourhood. It is well appointed in every respect, and one of the most moderate in respect to fees. The whole course of study for the usual examinations may here be completed for seventy-five guineas, payable in instalments. The perpetual fee is only eighty guineas. Resident appointments, clerkships, and dresserships are all conferred without extra payments. Suitable lodgings may be obtained in the neighbourhood, and at not more than a quarter of an hour's walk from the hospital.

ST. MARY'S HOSPITAL.

There is a Medical School in connection with this hospital, which is located at Paddington, in close proximity to the Great Western Terminus. Students with slender purses will find the neighbourhood of the hospital a very moderate one as regards lodgings, and easy of access by omnibus and the Underground Railway to all parts of London. Three resident medical officers are appointed for twelve months, and an obstetric officer for six months, who board free of expense in the hospital. A resident registrar is also appointed from amongst the students, with a salary of £100 a-year. These appointments are awarded after competition, without additional fee.

SCOTTISH INSTITUTIONS.

So many English students afterwards go to Scotland that in order to complete our outline, we now turn to the various bodies in Scotland, most of which are both teaching and examining bodies. First, as to the Universities. The fees for degrees in all four of the Scottish Universities are uniform—viz.: M.B., £15 15s. (being £5 5s. at each of the three examinations); C.M., £5 2s. (in addition to the fees of M.B.); M.D., £5 5s. (in addition to the fees for M.B.); and £10 3s. for Government stamp.

University of Edinburgh.—This is a teaching as well as a qualifying body, and the other faculties are as complete as that of medicine. The University confers the degree of M.D., and M.B., as well as that of C.M., and so affords its graduates the opportunity of obtaining, at the same time, a Surgical, in addition to the medical diploma. The C.M. is not conferred on any one who does not take at the same time the M.B. For the degrees of M.B. and C.M., four years of professional study must be completed after passing a preliminary examination recognised by the Medical Council. A degree in Arts in any British University exempts from the preliminary examination. Of these four years, one must be passed in the University of Edinburgh, and one other either in that or some other University entitled to confer the degree of M.D.

The University recognises the courses of lectures of extra-academical teachers in Edinburgh, subject to certain regulations.

University of St. Andrew's.—This University confers the Degree of Master in Surgery (C.M.), as well as the Degrees of Bachelor and Doctor of Medicine. For many years the University did not require residence, and large numbers of medical men resorted to it in order to obtain the Doctorship by examination only. In this the University closely assimilated itself to the University of London, which is exclusively an examining body. The large number of practitioners who obtained the Degree after an examination extending over three or four days, attests the wisdom of a policy which was almost reversed by the University Commissioners. Only ten persons per annum can now obtain the St. Andrew's Degree without residence. There are not a few of the old graduates who look upon this policy as retrograde and illiberal. The University of London maintains its position without requiring academical residence, and no one can doubt that the University of St. Andrew's might have pursued the same course with great success, and by so doing conferred a benefit on the profession. Those who have not now fulfilled their course in a University must either go to the University of London or forego a degree. The London University compels matriculation before commencing Hospital study. Only a relaxation of this rule can secure to all who desire it the opportunity of being examined for a degree.

University of Aberdeen.—This is a large teaching body, as well as one entitled to confer degrees in all the faculties. The curriculum required for medical degrees is the same as that of the University of Edinburgh. Thus, four years of professional study, after passing a preliminary examination, is essential. One year must be passed at Aberdeen. The lectures qualifying for this and other examining bodies are delivered by the Professors in the University.

University of Glasgow.—This is a large teaching as well as examining body. The same degrees are conferred as in the Universities of Edinburgh and St. Andrew's. The course of study and regulations to be observed by candidates are the same as those of the University of Edinburgh, one year's compulsory residence at the University of Glasgow being required instead of at Edinburgh. The examinations are conducted by the Professors of Medicine, together with the three Assessors appointed by the University Court. The lectures qualifying for the degrees are delivered by the Professors in the University, and the hospital practice is attended at the Glasgow Royal Infirmary.

Now as to the Corporations.

Royal College of Physicians of Edinburgh.—This, like its London sister, is exclusively a licensing body, though, since the arrangement for the double qualification has been carried out, it may possess some additional control over the teaching at Surgeons' Hall. By this arrangement students who have filled the prescribed curriculum may pass the joint examination of this College and the Royal College of Surgeons, and obtain the two diplomas. They can thus at once register both a medical and surgical qualification.

The *fellowship* is conferred only by election, and no one can be ballotted for until he has been a member for one year.

The *Membership* is conferred on licentiates of a College of Physicians, or graduates of a University, who are twenty-four years of age, and satisfy the College of their knowledge of medical and general science.

THE LICENCE.—The regulations are nearly the same as those for the joint examination for the Scotch Double Qualification.

Royal College of Surgeons of Edinburgh.—The Fellowship is conferred only on persons who have obtained a

diploma from this or one of the Colleges of Surgeons of England or Ireland, or the Faculty of Physicians and Surgeons of Glasgow, and who are 25 years of age. At the election, three-fourths of the votes are required to be in the candidate's favour, and he has to promise to maintain the privileges of the College and obey its laws. Fellows are forbidden to keep open shops, to be connected with secret remedies, or to suffer their names to be used in indelicate advertisements or publications.

THE LICENCE.—The regulations are nearly the same as those for the Joint Examinations, conducted by the Colleges of Physicians and Surgeons.

Faculty of Physicians and Surgeons of Glasgow.—This body has similar powers to those of the Royal College of Surgeons of Edinburgh, and its regulations for Licence and Fellowship correspond. It has also the same arrangement with the Edinburgh College of Physicians for a double diploma.

The Scotch Double Qualification.—As already stated, the Royal College of Physicians of Edinburgh has made arrangements with the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow, by which, after one series of examinations, the successful candidate receives two diplomas, and is thus able to register a medical and a surgical qualification under the Medical Act, thus :—

Lic. Roy. Coll. of Phys. Ed., and Lic. R. C. S. Edin., or Lic. R. Coll. of Phys. Ed., and L. Fac. Phys. and Surg. Glas., as the case may be.

The principle on which the joint examinations are conducted is a simple compromise by which the College of Physicians takes exclusive charge of the examination in medicine; the College of Surgeons or the Glasgow Faculty, as the case may be, of the examination in surgery; while the examination in subjects common to both medicine and surgery is conducted by a Board, in which each of the bodies is represented.

It is proper to state that such arrangements as these were contemplated by the Medical Act and authorised by Section XIX, while those under consideration were sanctioned by the Medical Council on the 7th August, 1859.

Candidates for the double qualification having fulfilled the prescribed curriculum are subjected to two professional examinations. The preliminary examination for future students must be passed before commencing professional study, and in other respects be in accordance with the recommendations of the Medical Council.

Anderson's University, Glasgow.—This is exclusively a teaching body. It offers excellent opportunities for acquiring a complete medical education, and the expenses are very much below those of any other institution. The fame of Glasgow as a place for clinical instruction has long been known, and this school affords the means of dissection, and the pursuit of other practical knowledge throughout the year. Hospital practice is attended at the Glasgow Royal Infirmary.

SPECIAL DETAILS RESPECTING HOSPITALS AND MEDICAL SCHOOLS.

I.—LONDON.

ST. BARTHOLOMEW'S HOSPITAL AND COLLEGE.—The clinical clerks, the obstetric clerks, the clerks to the medical out-patients, the dressers to the surgical out-patients, and the dressers in the special departments are chosen from the diligent students. Sixteen ward-dresserships are given annually to the students (of the second year) who pass the best examination in the subjects of study of the first and second year, or who may be otherwise specially recommended for such appointments. Other ward-dresserships may be obtained by payment of the usual fees.

Students can reside in the College subject to the College regulations.

Foundation and other Prizes.—The Jeaffreson Exhibition, of the value of £20 yearly, and tenable for two years, is awarded in October, to the student who passes the best examination in the subjects of General Education. A Senior Scholarship, of the value of 50*l.*, in Medicine, Surgery, and Midwifery. A scholarship, 25*l.*, is awarded to the student placed second in this examination. A senior scholarship, 50*l.* in Anatomy, Physiology, and Botany. A Scholarship of 25*l.* is awarded to the student placed second in this examination. Junior Scholarships in the subjects of study of the first year :—1. 50*l.*; 2. 30*l.*; 3. 20*l.* The Wix Prize is awarded for the best essay on "The Connection between Revealed Religion and Medical Science." The Bentley Prize for the best report on Surgical cases occurring in the wards of the hospital during the previous year. The Kirkes Gold Medal for Clinical Medicine. The Hichens Prize for the best examination in "Butler's Analogy." Foster prize for the best examination in Practical Anatomy (senior). The Treasurer's Prize for the best examination in Practical Anatomy (junior).

CHARING-CROSS HOSPITAL AND COLLEGE.—The Llewellyn Scholarship of 25*l.* is open to matriculated students who have just completed their second year. The Golding Scholarship of 15*l.* a year is open to matriculated students who have just completed their first year. The following medals are awarded annually :—The Gold Medal for General Proficiency; The Governors' Clinical Silver Medal. Silver and Bronze Class Medals, on all the subjects of the lectures. The fee for matriculation is 2*l.* 2s., to be paid on entering. Medical tutor's class, one session, 2*l.* 2s.; two sessions, 3*l.* 3s.

ST. GEORGE'S HOSPITAL.—Perpetual pupils, who pay 100 guineas, are entitled to admissions to the medical and surgical practice; to compete for its prizes and exhibitions; to hold the appointments of house-physician and house-surgeon, assistant house-physician, assistant house-surgeon, ophthalmic and orthopædic assistant, and to become clinical clerks for two periods of three months each, and dressers for similar periods. Gentlemen are admitted to the hospital practice and lectures required by the Colleges of Physicians and Surgeons and the Society of Apothecaries on payment of forty guineas at the commencement of the first winter session, forty guineas at the commencement of the second year of study, and ten guineas for each succeeding year, which entitles the pupil to hold the offices of clinical clerk and dresser for three months each, and to become a candidate for the offices of medical and surgical registrar and demonstrator of anatomy and curator of the museum. These are all salaried offices. The obstetric assistant is resident, with a salary of 100*l.* He must be a legally qualified practitioner.

Prizes.—The "William Brown Exhibition," of 40*l.* per annum, tenable for three years, for general fitness for the exercise of the medical profession, and for moral conduct. Sir Charles Clarke's Prize (interest of 200*l.* consols) for good conduct. The Thompson Medal, for the best clinical report of medical and surgical cases observed in the hospital during the preceding twelve months, accompanied by observations. Sir Benjamin Brodie's Clinical Prize in Surgery, for the best report of Surgical cases which have occurred in the hospital during the preceding twelve months, with notes illustrative of their pathology, diagnosis, and treatment. The Acland Clinical Prize in medicine, for the best report of Medical cases which have occurred in the hospital during the preceding twelve months, accompanied by drawings, diagrams, and observations. The Henry Charles Johnson Memorial Prize, awarded at the end of the winter session to the pupil most distinguished in Practical Anatomy, and the Treasurer's Clinical Prize.

GUY'S HOSPITAL.—House-physicians and house-surgeons, obstetric residents, dressers, clinical, and other clerks, are selected from the students according to merit, and without payment.

Prizes, &c.—Voluntary competitive examinations are held at four periods of the student's course. 1. The entrance examination (commencing this year on October 11th) comprises Elementary classics, Ancient and Modern History, and Mathematics. The candidate who distinguishes himself the most receives 25*l.*; the second candidate, 20*l.*; and the third, 15*l.* 2. At the end of the first sessional year, in all the subjects of the first year's course of study. First prize, 30*l.*; second, 25*l.*; third, 10*l.* 10s. 3. At the end of the second sessional year, in Medicine, Surgery, Midwifery, Anatomy, Physiology, Chemistry, and Therapeutics. First prize, 35*l.*; second, 30*l.*;

4. At the end of the third sessional year, in Medicine, Surgery, Midwifery, and Medical Jurisprudence. First prize, 40*l.*; second prize, 35*l.* Honorary certificates are given to those candidates who pass creditable examinations. At the end of the winter session a prize of 10*l.* is awarded for the best essay on a given subject with reports of cases, and another prize of 10*l.* for the best paper read before the Society.

KING'S COLLEGE—The physicians' assistants, the physician-accoucheur's assistant, the clinical clerks, and the house-surgeon and dressers, are selected by examination from among those matriculated students of the College who are pupils of the hospital.

Scholarships — Warneford Scholarships: Two of 25*l.* per nr2ma, for three years. College Scholarships: One of 40*l.* *l.*oepnnum, for two years; one of 30*l.* for one year; three of una' for one year. The Daniell Scholarship, of the annual value of 20*l.* Sambrooke Registrarships, of the annual value of 50*l.* each, and tenable for two years; are open to all matriculated students who have filled any one of the higher appointments at the hospital, or who have become Associates. Leathes' Prizes, consisting of a Bible and Prayer book, as annual prizes to two matriculated students. Warneford Prizes: The sum of 40*l.* is expended in the purchase of medals and books as prizes to two matriculated medical students. Class prizes are awarded annually for proficiency in the several subjects of Anatomy, Physiology, Chemistry, Materia Medica, Surgery, Medicine, Obstetric Medicine, Botany, Forensic Medicine, Comparative Anatomy, Pathological Anatomy, Practical Physiology, and Practical Chemistry. These consist of books of the value of 3*l.* in each subject of examination. Certificates of Honour are also given. Two Medical Clinical Prizes, one of 3*l.* for the winter session, and one of 2*l.* for the summer session; and two Surgical Clinical Prizes, of the same value are given. The Todd Medical Clinical Prize consists of a bronze medal and books to the value of four guineas.

ST. MARY'S HOSPITAL—Four resident officers, who board free of expense in the hospital, are appointed, after competition, without additional fee. A resident registrar is also appointed from amongst the students, with a salary of 100*l.* a year.

Scholarships, Prizes, &c.—A Scholarship in Natural Science of the annual value of 40*l.*, tenable for three years, and an exhibition in Natural Science of the value of 20*l.*, tenable for one year, will be awarded immediately before the commencement of each winter session, by open competitive examination. A Scholarship in Anatomy of the annual value of 20*l.*, for students who have completed their second winter session; and a Scholarship in Pathology of 20*l.*, for students who have completed their third winter session. Examinations will be held and prizes awarded in the various classes of each year at the termination of both the summer and winter sessions. Two prosectors are annually appointed who each receive 5*l.* and a certificate for their services.

MIDDLESEX HOSPITAL.—Special attention is bestowed on the clinical instruction of the students both in the wards and ou -patient rooms. Classes, open to all students, are held for practical instruction in the microscopic examination of healthy and diseased tissues, and also in the application of bandages and other surgical apparatus. Students are allowed to take out to read at their own homes the books from the large and carefully selected medical library of the school. Three clinical prizes, including the Governors' Prize of twenty guineas, are annually awarded to those students who pass the best examination at the bedside and the post-mortem room. Class prizes are also given, and six resident clinical appointments are annually awarded, after competitive examination, to students who have completed their education, and complied with the regulations of the school. The officers thus appointed reside and board in the hospital free of expense. The College tutor assists all general students, especially those who are preparing for examination, free of charge.

ST. THOMAS'S HOSPITAL.—*Prizes and Appointments for the Session.*—For First-year's Students: prizes, winter, of 20*l.*, 15*l.*, and 10*l.*; summer, 15*l.*, 10*l.*, and 5*l.* For Second-year's Students: winter, 20*l.*, 15*l.*, and 11*l.*; summer, 15*l.*, 10*l.*, and 5*l.*; with the dressership and the clinical clerkships. For Third year's Students: prizes of 20*l.*, 15*l.*, and 10*l.*, and the Prosector's prize of 5*l.* The William Tite Scholarship, founded by Sir William Tite, F.R.S., the proceeds of 1,000*l.* Consols, tenable for three years, is awarded every third year. Clinical clerks and dressers are selected according to merit. Certificates of honour are given. The dressers are provided with rooms and commons free of expense. The Grainger Testimonial Prize of 20*l.*, awarded biennially to third or fourth year's students, for the best Physiological Essay, to be illustrated by preparations and dissections. The Cheselden Medal, for Surgery and Surgical Anatomy. The Treasurer's Gold Medal, for general proficiency and good conduct. The house-physicians, house-surgeons, and resident accoucheur are chosen according to merit, with rooms and commons. Two hospital registrars, at 40*l.* per annum each, or one at 80*l.*, will be selected from gentlemen distinguished for merit.

Lectures will be delivered during the session on the Geographical Distribution of Diseases, by Mr. Alfred Haviland; and Demonstrations illustrative of the Preparations in the Museum, by the Curator, Mr. C. Stewart, besides which the arrangement for the special departments are complete.

UNIVERSITY COLLEGE.—*Scholarships and Exhibitions.*—The Atkinson-Morley Surgical Scholarship, of 45*l.* per annum, tenable for three years, is awarded every year for proficiency in the theory and practice of Surgery. The Sharpey Physiological Scholarship, of about 95*l.* a year, for proficiency in Biological Science. The Filliter Prize of 30*l.*, for proficiency in Pathological Anatomy. Dr. Fellowes's Clinical Medals, one gold and one silver, each winter and summer session, and certificates of honour, for reports and observations on the medical cases in the hospital. The Liston Gold Medal, and certificates of honour, for reports and observations on the surgical cases in the hospital. The Alexander Bruce Gold Medal for Pathology and Surgery. The Cluff Memorial Prize, awarded every other year for proficiency in Anatomy, Physiology, and Chemistry. Gold and silver medals, as well as certificates of honour, are awarded as class prizes. The Jews' Commemoration Scholarship of 15*l.* a year, tenable for two years' standing, may be held by students who, after obtaining it, enter the Medical Faculty.

Entrance Exhibitions.—Three Entrance Exhibitions of the respective value of 30*l.*, and 18*l.* per annum, tenable for two years, are awarded upon examination, to gentlemen who are about to commence their first winter's attendance in a Medical School. The next examination will be held on the 28th and 29th September, 1871.

Analytical Chemistry.—The Birbeck Laboratory is open daily from 9 A.M. to 4 P.M. Fees, exclusive of the expense of materials: session, 26*l.* 5s.; three months, 10*l.* 10s.; one month, 4*l.* 4s.

Physicians' assistants, house-surgeons, midwifery assistants, physicians' clerks, surgeons' dressers, ward clerks, and ophthalmic surgeons' assistants, are selected from the pupils without additional payment. The physicians' assistants, obstetric assistant, and house-surgeons reside in the hospital, paying for their board.

WESTMINSTER HOSPITAL.—In addition to the practice of the Hospital, which contains 191 beds, the pupils of this school are admitted to the practice of the Westminster Ophthalmic Hospital, and to that of the National Hospital for Epilepsy and Paralysis.

Prize Appointments.—A House-Physician and House-Surgeon are appointed annually, by examination, from amongst the senior students, without the payment of any fee; and these officers are provided with board and lodging free of expense. There are Medical and Surgical Registrars, each of whom receives a salary of about 50*l.* A Medical Obstetric Assistant boards and resides at the Hospital without fee.

Prizes.—In addition to the appointments above enumerated, there is a Scholarship of twenty guineas, in Anatomy and Physiology, a Prize of the value of 20*l.* for general proficiency, two Clinical Prizes of the value of five guineas each. Prizes are also rewarded to the most meritorious Students of the first and second years.

Further particulars may be obtained on application to Dr. Sturges, the Dean of the School.

2.—PROVINCIAL.

GENERAL HOSPITAL, BIRMINGHAM.—Physicians: Dr. Bell Fletcher, Dr. Russell, Dr. Wade, Dr. Foster. Surgeons: Mr. Baker, Mr. Pemberton, Mr. Bartleet, Mr. Goodall, Mr. Jolly. House-Physician and Medical Tutor: Dr. Greenway. House-Surgeon: Mr. May. Registrar and Pathologist: Mr. Rickards. Fees, medical and surgical practice, six

months, 10*l.* 10s.; one year, 15*l.* 15s.; perpetual, 31*l.* 10s. Clinical lectures are delivered by the physicians and surgeons every week during the session. Special clinical courses, with demonstrations, will also be given on the following subjects—viz., diseases of women, stethoscopy, laryngoscopy, ophthalmoscopy, dermatology, bandaging and minor surgery, and clinical microscopy. The following resident appointments, with board, lodging, and washing, are filled up from amongst the students, without extra fee—viz., resident medical assistant, tenable for twelve months; resident surgical assistant, tenable for twelve months; two resident dresserships, tenable for six months. Extern clerks and dressers are also appointed without extra fee. Prizes in books or money (at the discretion of the Medical Board) to the value of 25*l.* are given annually.

Queen's College, Birmingham.—*Professors of the Medical Faculty.*—Winter Courses: Medicine, Dr. James Russell, Dr. Balthazar W. Foster; Surgery, Mr. Oliver Pemberton, Mr. Furneaux Jordan; Anatomy, Mr. Charles J. Bracey, M.B. Lond., and William Thomas, M.B., F.R.C.S.; Physiology, Dr. Richard Norris, Mr. T. H. Bartleet, M.B. Lond.; Chemistry, Dr. Alfred Hill, F.C.S.; Demonstrator of Anatomy, Mr. Robert Jolly, M.D., F.R.C.S.E. Summer Courses: Midwifery, Mr. John Clay, Mr. John Bassett; Diseases of Women and Children, Mr. Samuel Berry and Dr. R. C. R. Jordan; Forensic Medicine and Toxicology, Mr. Thomas Swain, and Dr. Alfred Hill; Practical Chemistry, Mr. Alfred Anderson, F.C.S.; Botany, Dr. William Hinds; Materia Medica and Therapeutics, Mr. J. St. S. Wilders and Edward Mackey, M.B. Lond.; Ophthalmic Surgery, Mr. J. Vose Solomon; Dental Surgery, Mr. Thomas Hawkins; Comparative Anatomy, Dr. Thomas Savage; Medical Tutor and Registrar, vacant.

Hospital Practice may be attended at either the General Hospital or the Queen's Hospital, which are equidistant from the College.

Resident Students.—Students may reside within the College, where they will be provided with rooms and board, and will be under the supervision of the Warden and Resident Tutors.

Resident Tutors.—The Professor of Classics, the Professor of Mathematics, and the Medical Tutor.

Scholarships and Prizes.—Two Warneford Scholarships, the Sands Cox Prize (value of 20*l.*), the Warden's Prize (of the value of five guineas), the Percy Prize (books of the value of five guineas), and Class Prizes, Medals, and Certificates of Honour are awarded annually.

Further information may be obtained by application to Professor Foster, M.D., 16 Temple row, Birmingham; or to Professor Furneaux Jordan, Colmore row, Birmingham.

The Queen's Hospital, Birmingham.—Physicians, Dr. Fleming, Dr. Johnston, Dr. Heslop. Surgeons, Mr. West, Mr. Gamgee, Mr. Furneaux Jordan, Mr. J. St. S. Wilders. Obstetric Surgeon, Mr. John Clay. Dental Surgeon, Mr. Adams Parker. Resident Physician and Medical Tutor, Dr. Underhill. Resident Surgeon and Surgical Tutor, Mr. Gilbert Smith.

Clinical prizes of the value of 31*l.* are awarded annually. Composition fee for medical and surgical practice, 31*l.* 10s.; one year's attendance, 15*l.* 15s.; six months' attendance, 10*l.* 10s.; special department for midwifery and diseases of women, 2*l.* 2s.; dental fee, optional, 2*l.* 2s. Any further information may be obtained from Mr. J. St. S. Wilders, at the Queen's Hospital, Bath row, Birmingham.

Bristol Royal Infirmary.—Physicians: Drs. Brittan, Fairbrother, E. L. Fox, and J. Beddoe. Surgeons: Messrs. Leonard, Clark, Tibbits, and Steel. House-Surgeon: Dr. Shingleton Smith.

Prizes.—Suple Prize; A gold medal, value 5*l.* 5s, with 7*l.* 7s. in money, is given annually to each of the two successful candidates in the medical and surgical examinations. Clark's Prize: The interest of about 500*l.* is given annually to the prizeman of the third year's examination at the Bristol Medical School, if educated at the Bristol Royal Infirmary.

Bristol Medical School, Session 1871-72.—The Winter Session will commence on Monday, October 2, 1871. Medicine, Dr. Martyn and Dr. Fox. Surgery, Mr. Coe and Mr. Tibbitts. General Anatomy and Physiology, Messrs. Atchley and Steele. Descriptive and Surgical Anatomy, Mr. Lansdown and Mr. Board. Superintendence of Dissections, Messrs. Ludlow, Dobson, and Chute. Chemistry, Mr. Coomber.

The Summer Session will commence on May 1, 1872. Midwifery and Diseases of Women, Dr. J. G. Swayne. Forensic Medicine, Mr. W. P. Keall. Materia Medica and Therapeutics, Dr. G. F. Burder. Botany, Mr. A. Leipner. Practical Chemistry, Mr. Coomber. Pathological Anatomy, Dr. Martyn and Dr. Fox. Comparative Anatomy, Mr. Atchley.

Medical and Surgical Hospital Practice and Clinical Lectures are attended at the Royal Infirmary or at the General Hospital.

Bristol General Hospital.—The Hospital contains 140 beds. Physicians, Dr. Martyn, Dr. Burder, Dr. Fripp. Surgeons, Mr. Coe, Mr. Lansdown, Dr. H. Marshall, Mr. G. F. Atchley. Physician-Accoucheur, Dr. Swayne. Two Scholarships of 15*l.* each are awarded annually. Also a Scholarship, called the Sanders Scholarship, for the study of Medicine and Surgery, being the interest of 500*l.* (to be given annually), bequeathed to the Hospital by the late J. N. Sanders, Esq.

Resident Pupils (including board, lodging, and washing), 100*l.* for the first year, 60*l.* for each subsequent year. Or for five years, with apprenticeship to the Hospital, 260*l.*

Addenbrooke's Hospital, Cambridge.—Clinical Lectures in connection with the Cambridge Medical School are delivered at this hospital twice a week during the academical year.

Leeds School of Medicine.—The Hardwick Clinical Prize, value 10*l.*, is conferred annually upon the most deserving student who exhibits a satisfactory proficiency in Clinical Medicine. The Surgeons' Clinical Prize, value 10*l.*, given by the surgeons of the hospital, is conferred annually on the most deserving student who exhibits a proficiency in Clinical Surgery. In addition to the silver medal awarded in Medical Jurisprudence, there is a prize of 10*l.*, for which a special examination is annually held. Arrangements have been made for teaching Practical Surgery and Practical Physiology in accordance with the new regulations of the Royal College of Surgeons. In the infirmary there are six clinical clerkships and eight dresserships. Four resident house-surgeons are chosen from the senior students; board and residence free. Besides the Infirmary there is a large Dispensary, and a Fever Hospital; both are in the town and open to students attending the School.

Liverpool Royal Infirmary School of Medicine.—Scholarship, value 42*l.*, consisting of a gold medal, value 10*l.* 10s., and six months' free board and residence, with dresserships and clerkship in the Royal Infirmary. Four Exhibitions, value 31*l.* 10s. each, consisting of free board and residence in the Royal Infirmary for six months, with dresserships, on award of the Medical Board. Six dressers and six clinical clerks are elected quarterly. Pupils of the infirmary are admitted to learn Pharmacy in the dispensing department for six months. The surgeons of the infirmary will award, in May, 1872, a prize of the value of 5*l.*, for the best report of twelve surgical cases occurring in the infirmary.

Liverpool Northern Hospital.—146 beds. A special ward for the diseases and accidents of children. Clinical Lectures are regularly delivered by the physicians and surgeons during the winter and summer sessions. Instruction in Morbid Anatomy is given by the medical staff. A class will be formed for instruction in bandaging and the minor operations of surgery. Clinical clerkships and dresserships are open to all the students, without additional fee. Clinical prizes will be awarded at the termination of the winter session.

Liverpool Southern Hospital.—110 beds. Hospital attendance: three months, four guineas; six months, seven guineas; one year, ten guineas; perpetual, twenty-five guineas. The practice of this hospital is recognised by the Royal Colleges of Physicians and Surgeons. Students can board in the house, and are admitted at any time, on application to Dr. Little at the hospital. Clinical Lectures are delivered weekly by the physicians and surgeons. In 1870 there were 1,487 in-patients, and 4,067 out-patients. In a few months the new hospital will be ready, in which

there will be upwards of 200 beds, and in which students can reside.

MANCHESTER ROYAL SCHOOL OF MEDICINE.—Connected with this School are Museums of Human and Comparative Anatomy, and Materia Medica, and a Chemical Laboratory. In addition to three scholarships, of the value respectively of 20*l.*, 15*l.*, and 10*l.*, for perpetual students, prizes for general proficiency have been substituted for class prizes, in accordance with the suggestions issued by the Royal College of Surgeons. At the end of the sessions, certificates of honour will be awarded for regularity of attendance upon lectures, and general good conduct. The Oxford Middle-Class Examinations (Senior), and the Matriculation of the London University, both of which are held during the summer months at Manchester, are recognised as evidence of previous education. The lectures qualify for examination at the Royal College of Surgeons and the Apothecaries' Society. The students of this school are admitted to the degrees of Medicine, and for the honours, exhibitions, and scholarships conferred by the University of London. The composition fee of 42*l.* may be paid in two instalments. The composition fee for the hospital has been reduced to 42*l.*, including dresserships.

UNIVERSITY OF DURHAM COLLEGE OF MEDICINE, NEWCASTLE-ON-TYNE.—Four Scholarships of 25*l.* a year, in the University of Dublin, tenable for four years by students pursuing their medical studies in the University or at Newcastle, and not of sufficient standing to proceed to a licence in medicine. A Scholarship will be awarded in October next. Dickinson Memorial Scholarship, 15*l.*, for general proficiency. Two resident clinical clerks, four resident dressers and four non-resident dressers are appointed half-yearly, apartments and board free.

NEWCASTLE-ON-TYNE INFIRMARY.—230 beds. Medical and Surgical Clinical Lectures are delivered, and clinical instruction is given in the wards. There is a special ward for diseases of the eye. Physicians: Dr. Charlton, Dr. Embleton, and Dr. Philipson. Surgeons: Dr. Heath, Mr. Russell, Dr. Arnison, and Mr. L. Armstrong. Assistant-Surgeons: Mr. A. Bell, Dr. Hume, Mr. J. Hawthorn, and Mr. C. S. Jeaffreson. Two resident clinical clerks, four resident dressers, and four non-resident dressers are nominated by the Medical Board half-yearly, and, if approved, are appointed by the House Committee. The clinical clerks and resident dressers are provided with apartments and board free. These appointments are made without any extra fee.

NORFOLK AND NORWICH HOSPITAL.—155 beds. One year's attendance recognised by examining boards. Pupils resident and non-resident. Physicians: Dr. Copeman, Dr. Eade, and Dr. Bateman. Surgeons: Mr. Nichols, Mr. Firth, and Mr. Cadge. Assistant-Surgeons: Mr. Crosse and Mr. Williams.

SHEFFIELD SCHOOL OF MEDICINE.—The Infirmary contains 150 beds; a Museum of Pathology, Library, and Post-mortem Theatre, with microscopes, and all the appliances for clinical research. Perpetual fee for attendance on all the lectures required by the Royal College of Surgeons and the Apothecaries' Hall, 40*l.* Prospectuses and all further information may be obtained upon application to the Hon. Secretaries, Dr. Frank Smith and Mr. A. Jackson.

SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY.—100 beds. Physicians: Drs. J. C. Hall, J. Law, and S. Mitchell. Surgeons: Messrs. Chesman, A. Jackson, and Keeling. Accoucheurs: Drs. Mason and Hime.

SHEFFIELD HOSPITAL FOR WOMEN.—Medical Officers: Dr. Jackson, Dr. Keeling, Dr. Hime, and Mr. F. Woolhouse. The hospital contains twelve beds, devoted more especially to cases requiring obstetric operations and difficult midwifery. Students can attend the practice of the hospital, and be supplied with cases of midwifery, on the payment of a fee of 1*l.* 1s.

SOUTH STAFFORDSHIRE GENERAL HOSPITAL, WOLVERHAMPTON.—One year's attendance recognised by examining boards. Pupils resident and non resident.

YORK COUNTY HOSPITAL.—Established 1740; rebuilt 1851. Physicians: Drs. G. Shann and W. Matterson. Surgeons: Messrs. W. D. Husband, G. Hornby, and R. Hewitson. House Surgeon: Mr. O. Baker.

CHANGES IN THE ENGLISH CLINICAL HOSPITALS AND MEDICAL SCHOOLS.

THE following changes in the hospitals and medical schools have taken place since the issue of our last Student's Number:—

ST. BARTHOLOMEW'S HOSPITAL.—Sir James Paget has resigned the post of surgeon to the hospital, and been appointed consulting-surgeon; Mr. Callender thus became surgeon, and Mr. Morrant Baker was appointed as assistant-surgeon. Mr. Luther Holden having resigned the chair of Anatomy, Mr. Callender and Mr. Thomas Smith succeed. Dr. Russell has succeeded the late Dr. Matthiessen in the chair of Chemistry and Practical Chemistry. Mr. Willett succeeds Mr. Langton and Mr. Marsh in teaching Operative Surgery, and Mr. Symons is appointed demonstrator of Practical Physiology. Dr. Claye Shaw has been appointed lecturer on Psychological Medicine in the room of Dr. Thorne Thorne.

CHARING-CROSS HOSPITAL.—The death of Dr. Hyde Salter, the senior physician to the hospital, and lecturer on Medicine, has caused several changes. Dr. Pollock and Dr. Silver have been promoted to full physicianships; and Dr. Douglas Powell has been appointed assistant-physician. Mr. Fairlie Clark has been appointed assistant-surgeon.

ST. GEORGE'S HOSPITAL.—Mr. Pick will take part of the course of Surgery with Mr. Holmes, and succeed Mr. Rouse as teacher of Operative Surgery. Dr. Lockhart Clarke will lecture on Diseases of the Brain and Spinal Cord. Mr. Dalby has been appointed lecturer on Aural Surgery.

GUY'S HOSPITAL.—Dr. Pavy has been appointed to the full physiciancy, and Dr. Pye-Smith has been appointed assistant-physician. Mr. Cock has resigned office as senior surgeon and has been appointed consulting-surgeon; Mr. Bryant, late senior assistant-surgeon, has become full surgeon; Mr. Howse and Mr. Davies-Colley have been appointed assistant-surgeons. Dr. Hilton Fagge will assist Dr. Moxon in the course of Pathological Anatomy. Dr. Thompson Dickson has been appointed lecturer on Mental Diseases.

KING'S COLLEGE.—Mr. Bloxam has succeeded the late Dr. Miller as professor of Chemistry. Dr. Edgar Sheppard has been appointed professor of Psychological Medicine. Mr. Henry Smith has become full surgeon to the hospital. Mr. Wood succeeds Mr. Partridge as one of the lecturers on Clinical Surgery.

THE LONDON HOSPITAL.—Dr. Hughlings Jackson and Dr. Langdon Down have been promoted to the full physiciancy. Dr. Prosser James has succeeded Dr. Down in the chair of Materia Medica and Therapeutics. Dr. Meymott Tidy has succeeded Dr. Prosser James as co-lecturer on Forensic Medicine with Mr. J. E. D. Rodgers.

ST. MARY'S HOSPITAL.—The time of office has expired of Dr. Sibson, physician, Mr. Samuel Lane, surgeon, and Dr. Tyler Smith, obstetric physician. Dr. Broadbent has been promoted to the full physiciancy. Dr. J. A. Nunneley has been appointed assistant-physician. Mr. E. Owen has been appointed assistant-surgeon; and Dr. A. Meadows obstetric physician and lecturer on Midwifery. Mr. Norton takes the whole course of Anatomy, Mr. Gascoyen having succeeded Mr. Spencer Smith as Mr. J. R. Lane's colleague in the chair of Surgery. Mr. Wright takes the chair of Chemistry and Practical Chemistry. Dr. Broadbent assists Dr. King Chambers in that of Medicine. Dr. Nunneley takes Histology in place of Dr. Lawson. Dr. Cheadle succeeds Dr. F. Payne on Pathology. Mr. Howard Hayward has succeeded Mr. Sercombe as lecturer on Dental Surgery.

THE MIDDLESEX HOSPITAL.—Dr. Murchison having gone to St. Thomas's Hospital, is succeeded in the chair of Medicine by Dr. Greenhow. Dr. Burdon Sanderson has vacated the office of assistant-physician; and Mr. Henry Arnott, having been appointed to St. Thomas's Hospital, has retired frem the office of assistant-surgeon. Dr. Cayley and Dr. John Murray have been appointed assistant-physicians; and Mr. Henry Morris assistant-surgeon. Mr. Lowne takes the chair of Physiology in the room of Dr. Ferrier. Dr. Murie will lecture on Comparative Anatomy in place of Dr. Spencer Cobbold. Mr. Hulke, Mr. Lawson, and Mr. Morris will jointly teach Operative Surgery.

ST. THOMAS'S HOSPITAL.—By the resignation of Mr. Solly, Mr. Sidney Jones has become full surgeon. Mr. Croft attained the same rank on the enlargement of the staff. Dr.

Murchison, Dr. John Harley, and Dr. Payne have been added to the medical, and Mr. MacCormac, Mr. F. Mason, and Mr. Henry Arnott the surgical, staff. Mr. Liebreich has been appointed ophthalmic surgeon and lecturer. Dr. Murchison will share the lectures on Medicine with Dr. Peacock, Mr. Jones those on Surgery, with Mr. Le Gros Clark, Dr. Harley those on Physiology with Dr. Ord, Mr. Mason those on Anatomy with Mr. W. W. Wagstaffe, and Mr. MacCormac those on Practical Surgery with Mr. Croft.

University College.—Dr. Bastian has become full physician, Mr. Berkeley Hill and Mr. Christopher Heath full surgeons. Mr. Marcus Beck has been added to the chair of Practical Surgery. Dr. Roberts has been appointed assistant-professor of Clinical Medicine.

Westminster Hospital.—Mr. Legge Pearse has succeeded Mr. Mason as surgeon and lecturer on Anatomy, and Mr. Davy and Mr. Cooke have become assistant-surgeons, Dr. Anstie undertakes the whole of the lectures on Medicine. Mr. Hillman has retired from the office of surgeon. In consequence of the retirement of Mr. Mason, Mr. Holthouse is the sole occupant of the lectureship on Surgery. Dr. R. J. Lee succeeds Dr. Sturges as the co-lecturer with Dr. Gibb on Medical Jurisprudence. Dr. Sturges takes the chair of Materia Medica. Dr. Maclure, the lecturer on Physiology, will also teach Practical Physiology.

At Queen's College, Birmingham, Mr. J. F. West has retired from the lectureship on Anatomy. Mr. Jolly has been appointed surgeon to the General Hospital; and Mr. John Clay obstetric surgeon to the Queen's Hospital.

In the Bristol Medical School, Mr. Tibbits has retired from the lectureship on Anatomy, and has taken the place of Mr. Crosby Leonard as lecturer on Surgery in conjunction with Mr. Coe. Mr. E. C. Board has become lecturer on Anatomy in place of Mr. Tibbits, and is succeeded as lecturer on Forensic Medicine by Mr. Keall. Dr. E. Ludlow has been appointed assistant-physician, and Mr. Board assistant-surgeon, to the Royal Infirmary.

In the Leeds School of Medicine, Mr. Wright and Mr. Walker succeed Mr. Hall and Mr. Jessop as lecturers on Physiology. Mr. S. Hey retires from the lectureship on Surgery; and Mr. Jessop is appointed one of the lecturers. Mr. J. A. Nunneley gives instruction in Aural Diseases. Dr. Chadwick has resigned the post of physician to the Infirmary, and has been appointed consulting-physician; Dr. J. E. Eddison has been appointed physician.

Dr. Caton has been appointed demonstrator of Practical Physiology in the Liverpool Royal Infirmary School of Medicine. Dr. Inman has resigned the office of physician to the Liverpool Royal Infirmay, and has been succeeded by Dr. Waters.

In consequence of the death of Mr. Dunville, Mr. Bowring, lately dispensary surgeon, has become full surgeon to the Manchester Royal Infirmary.

In the University of Durham College of Medicine at Newcastle, Dr. Arnison lectures (in conjunction with Dr. Humble) on Materia Medica in place of Botany.

SCOTTISH HOSPITALS AND MEDICAL SCHOOLS.

University of Edinburgh, 1871-72.—Principal, Sir Alex. Grant, Bart., LL.D.—The Session will be publicly opened with an Introductory Address by the Principal, on Wednesday, November 1, 1871. *Faculty of Medicine:* Materia Medica, Professor Christison, M.D.; Chemistry, Professor Crum-Brown, M.D.; Surgery, Professor Spence; Institutes of Medicine or Physiology, Professor Bennett, M.D.; Midwifery and Diseases of Women and Children, Professor Simpson, M.D.; Clinical Surgery, Professor Lister; Clinical Medicine, Professors Bennett, Laycock, Maclagan, and Sanders; Anatomy, Professor Turner, M.B.; Natural History, Professor Wyville Thomson; Practice of Physic, Professor Laycock, M.D.; General Pathology, Professor Sanders, M.D.; Anatomical Demonstrations, Professor Turner; Botany, Professor Balfour, M.A., M.D.; Medical Jurisprudence, Professor Maclagan, M.D. The Lectures on Botany and Medical Jurisprudence are given in the Summer Session. During the Summer Session, Lectures will be given on the following subjects: Botany, Professor Balfour; Practical Physiology, including Histology, Professor Bennett; Medical Jurisprudence, Professor Maclagan; Clinical Medicine, Professors Bennett, Laycock, Maclagan, and Sanders; Clinical Surgery, Professor Lister; Anatomical Demonstrations, Professor Turner; Practical Chemistry, under the direction of Professor Crum-Brown; Practical Anatomy, under the superintendence of Professor Turner; Natural History, Professor Wyville Thomson; Medical Psychology and Mental Diseases, with practical instruction at an Asylum, Professor Laycock; Operative Surgery, Professor Spence; Practical Pathology, Professor Sanders.

School of Medicine, Edinburgh.—The Practical Anatomy Rooms and Chemical Laboratories open on Monday, October 2. The Introductory Address will be delivered by Mr. Annandale, on November 1. *Lectures: Winter Session*, Surgery, Dr. P. H. Watson, Dr. Joseph Bell, Mr. Annandale; Chemistry (Lectures, Practical Chemistry, Analytical Chemistry), Dr. Stevenson Macadam; Midwifery and Diseases of Women and Children, Dr. Matthews Duncan; Physiology (Royal Infirmary), Dr. Arthur Gamgee; Clinical Medicine (Royal Infirmary), Drs. Haldane, Balfour, Stewart, and Dr. Matthews Duncan (for Diseases of Women); Clinical Surgery (Royal Infirmary), Mr. Annandale; Anatomy (Lectures, Anatomical Demonstrations, Practical Anatomy), Dr. P. D. Handyside; Medical Jurisprudence, Dr. Littlejohn, Practice of Physic, Dr. Rutherford Haldane; General Pathology, Dr. John Wyllie. *Summer Session*, 1872: Classes open on Wednesday, May 1. Materia Medica and Therapeutics, Dr. Thomas R. Fraser; Pathological Anatomy and Histology, Dr. John Wyllie; Midwifery and Diseases of Women and Children, Dr. Keiller and Dr. Angus Macdonald; Medical Jurisprudence (Royal Infirmary), Dr. Littlejohn; Clinical Medicine (Royal Infirmary), Drs. Haldane, Balfour, Stewart, and Dr. Matthews Duncan (for Diseases of Women); Clinical Surgery (Royal Infirmary), Mr. Annandale; Anatomy (Practical Anatomy, Anatomical Demonstrations), Dr. P. D. Handyside; Chemistry (Practical Chemistry, Analytical Chemistry), Dr. Stevenson Macadam.

University of Aberdeen—Faculty of Medicine.—*Winter Session, commencing on Wednesday, October 26*—Anatomy, Professor Struthers, M.D., £3 3s.; Practical Anatomy and Demonstrations, Professor Struthers and the Demonstrator, £2 2s.; Chemistry, Professor Brazier, £3 3s.; Institutes of Medicine, Professor Ogilvie, £3 3s.; Surgery, Professor Pirrie, £3 3s.; Practice of Medicine, Professor Macrobin, M.D., £3 3s.; Midwifery and Diseases of Women and Children, Professor Inglis, £3 3s.; Zoology, with Comparative Anatomy, Professor Nicol, £3 3s.; Medical Jurisprudence, Professor Ogston, £3 3s. *Summer Session commencing on the first Monday in May*—Botany, Professor Dickie, £3 3s.; Materia Medica (100 Lectures), Professor Harvey, £3 3s.; Practical Anatomy and Histology, Professor Struthers, and the Demonstrator, £2 2s.; Practical Chemistry, Professor Brazier, £3 3s.; Zoology, with Comparative Anatomy, Professor Nicol, £3 3s.

Universisy of Glasgow—Faculty of Medicine.—The Classes open for the Winter Session on Tuesday, October 31, 1871, when an Introductory Lecture will be given by Professor Dickson. Chemistry, Practical Chemistry, and Chemical Laboratory, Dr. Anderson, £3 3s.; Practice of Physic, Dr. Gairdner, £3 3s.; Anatomy, Anatomical Demonstrations, and Practical Anatomy, Dr. Allen Thomson and Demonstrator, £8 8s.; Materia Medica, Dr. Cowan, £3 3s.; Forensic Medicine, Dr. Rainy, £3 3s.; Surgery, Dr. Macleod, £3 3s.; Midwifery, Dr, Leisham, £3 3s.; Institutes of Medicine, Dr. A. Buchanan, £3 3s.; Clinical Medicine and Clinical Surgery, Physicians and Surgeons of Royal Infirmary.

Glasgow Royal Infirmary.—Physicians, Drs. Steven Perry, M'Call Anderson, Scott Orr, W. J. Gairdner, and Maclaren; Surgeons, Drs. Dewar Macleod, Buchanan, Watson, and Morton; Pathologist, Dr. Joseph Coats. Beds, 583. The valuable Pathological Museum is open to all Students who desire to examine the Preparations. Five Physicians' and five Surgeons' Assistants perform the duties of House-Physicians and House-Surgeons. These offices, held for one year, are open to Students of the fourth year. They are lodged and boarded in the Hospital for £25 per annum. Dressers to the Surgical Wards and Clerks to the Dispensary are appointed without fee.

Aberdeen Royal Infirmary.—Contains about 300 beds. Consulting Physicians, Drs. A. Harvey, J. W. F. Smith, R. Beveridge; Surgeons, Messrs. W. Pirrie, D. Kerr, D. Fiddes, and A. Ogston; Ophthalmic Surgeon, Dr. Alex. D. Davidson;

Pathologist, Dr. James Roger; Dental Surgeon, Mr. Williamson; Resident Superintendent and Apothecary, Dr. R. Rattray; Resident Assistant-Physician, Mr. R. W. Reid; Resident Assistant-Surgeon, Mr. R. J. Garden; Pathologist and Curator of Museum, Dr. J. Rodger; Treasurer and Secretary, Mr. W. Carnie.

ABERDEEN OPHTHALMIC INSTITUTION, DISPENSARY COURT, GUESTRON.—Surgeon, Dr. A. D. Davidson. No fee charged to students. Daily at 2.30 p.m.

THE ABERDEEN ROYAL LUNATIC ASYLUM.—Contains about 450 beds. Physician and Clinical Teacher, Dr. Jamieson.

ROYAL INFIRMARY, EDINBURGH.—Beds are set apart for Clinical Instruction by the professors of the University of Edinburgh. Courses of Clinical Medicine and Surgery are also given by the ordinary physicians and surgeons. Special instruction is given in all departments. No fees are payable for any medical or surgical appointment. The following appointments are open to all students and junior practitioners holding the hospital ticket during the period over which the appointment extends:—1. Four resident physicians and four resident surgeons are appointed and live in the house free of charge. Candidates must be registered as legally qualified practitioners. The appointment is for six months, but may be renewed at the end of that period by special recommendation. 2. Non-resident clinical clerks are appointed by the physicians and surgeons, for such periods and under such conditions as they deem expedient. 3. Dresserships: Each surgeon appoints from four to nine dressers, the appointment being for six months. 4. Assistants in the Pathological Department are appointed by the pathologist.

ANDERSON'S UNIVERSITY, GLASGOW.—The fees for all the lectures and hospital practice required of candidates for a diploma of physician or surgeon, including matriculation fees and parts for dissection, do not exceed £50. Students attending the medical classes have the opportunity of witnessing the practice of the following hospitals:—Glasgow Royal Infirmary, Glasgow Dispensary for Skin Diseases, Glasgow Eye Infirmary, Glasgow Maternity Hospital and Dispensary for Diseases of Women and Children, Glasgow Royal Asylum, Glasgow Lock Hospital, Ophthalmic Institution for Injuries and Diseases of the Eye.

GENERAL FEE FOR ALL LECTURES AND HOSPITAL PRACTICE REQUIRED FOR THE USUAL DIPLOMAS.

LONDON.	£	s.	d.
St. Bartholowmew's (£31 10s. and £36 15s.)	110	5	0
Charing Cross (in three yearly instalments of £36 15s., £31 10s. and £14 14s., in the case of Matriculated Students a deduction of 8 per cent.)	82	19	0
St. George's Hospital (£10 10s.)	94	10	0
Guy's Hospital (£10)	100	0	0
King's College (in one sum)	100	0	0
,, (in instalments of £52 10s., £42, and £10 10s.)	105	0	0
London Hospital (in two instalments)	90	0	0
St. Mary's (in one sum)	84	4	0
,, (in instalments by arrangement with the Dean)	84	5	0
Middlesex, unlimited (or in yearly instalments of £35, £35, and £20, and £10 each succeeding year)	90	0	0
St. Thomas's (in yearly instalments)	105	0	0
University College (payable in yearly instalments)	102	12	0
Westminster (in one sum)	70	0	0
,, (in yearly instalment)	75	0	0
THE PROVINCES.			
Birmingham—Queen's College and Hospital	84	0	0
Birmingham—Queen's College and General Hospital	84	0	0
Bristol Medical School and Bristol Royal Infirmary	1 3	15	0
Bristol Medical School and Bristol General Hospital	92	10	0
Leeds Medical School and Infirmary (in two yearly instalments)	86	2	0
Liverpool Royal Infirmay School (Lectures only)	42	0	0
Liverpool Royal Infirmary School and Northern Hospital	68	5	0
Manchester Medical School and Infirmary	84	0	0
Newcastle School and Infirmary (in one payment)	64	1	0
Sheffield Medical School and Infirmary	76	15	0

MEDICAL EDUCATION IN IRELAND.

THE CAREER OF THE IRISH STUDENT.

THE practice of the Profession in Ireland, though not nearly as remunerative as in England, still affords a certain prospect to any Medical man who is content with modest independence. Irish Medical men pride themselves on holding a higher social position than the English general Medical practitioner. They are entitled to meet the gentry of their locality on terms of equality, and it is not necessary or usual for them to endanger their prestige by the adoption of the trading or Christmas bill system which obtains elsewhere. In fact, what they lose in income they gain in rank.

In order to put the career of the Irish Student as plainly as possible, we narrate the progress of an ideal person, from the day on which he takes his first step towards medicine to the hour of his issue from the *cocoon* of studentship, a fully-developed surgeon.

The parents and guardians of Master Robert Sawyer have, after much discussion, decided that he shall be a doctor. He has had a moderate amount of schooling, at least the very moderate amount which is essential for the Medical preliminary examinations, and his father is ready to expend about £130 on his Medical education, that sum being divided over four years, or paid down in order to secure the advantage of a considerable saving.

THE CHOICE OF SCHOOLS AND COLLEGES

will depend on various circumstances, and on the aspirations of Master Sawyer. If he's intended to make a fortune and enlighten his generation as a metropolitan practitioner, and if money and education are plenty, he will probably take University degrees in Arts and in his profession. If the attainment of good professional rank on moderate terms be desired, the College of Surgeons and College of Physicians will serve every purpose.

The choice of a School, Hospital, and College having been made, Master—now *Mister*—Sawyer is perhaps sent to those to pass his

PRELIMINARY EXAMINATION

in general education, but if he be either lazy or ignorant, he may adjourn that unpleasant process, *de die in diem*, until the eve of his final qualification as a Surgeon, when, if he does so, he will find himself in possession of a mental muddle of latin and physic. The preliminary examination is, however, not to be feared.

The preliminary examination (of the subjects of which details will be found in the official regulations of each College) having been passed or postponed, Mr. Sawyer comes to town to begin work.

He may do so either (1.) on his own account, or (2.) he may become voluntarily a pupil of some Medical man, usually a teacher or hospital surgeon, who can assist him in his studential course. This is by no means a requirement of any of the Colleges; it is purely a matter of option. Should the student pursue the first course, he usually comes to town, takes a lodging close to his School and Hospital, either by himself or in companionship with some *chum*, and either arranges to mantain himself or to board with his landlady. There is, of course, every degree of expense and comfort, but we should say that reasonable yet frugal living may be had in Dublin at about 10s. per week for lodging, and £5 to £6 per month for maintenance.

We would here, as a matter of private judgment, remark that it is better for parents to have board provided on a good substantial scale by the house. Young men are too apt to spend their money on luxuries or extravagancies, and make up the deficit by using insufficient food, to the great injury of the health.

COST OF EDUCATION.

Should the student proceed on his account, the lectures necessary for the L.R.C.S.I. will amount to £65; hospital attendance about £25; lying-in hospital from £4 4s. to £7 7s. These, with the diploma fee of £26 5s., represent the essentials. The sum of £52 10s., paid down at the commencement, is taken by the College of Surgeons as payment in full for all lectures requisite, and all the hospitals allow a considerable discount. Thus, the absolute payment will amount to somewhere about £83, taking the minimum mode of payment. In

addition to this sum are to be considered the payments for "grinding" or "coaching," as the Londoners call it, a process by no means necessary to any industriously inclined student, particularly under the new and more practical *régime*, where "tips" will be less useful than the practical knowledge and the fall of the mere coached be rendered probable by being asked to put his ideas on paper, examine his patient, make his diagnosis, and order his prescription. The fixed sum is at present, for private teaching, £15 15s. for the surgical and medical qualifications, and £5 5s. for pharmacy, &c. Should the candidate "grind" for the army and navy examinations, a fee varying from £10 10s. to £21 is, we believe, usual. Should the candidate perform operations on the subject as a practice, they will cost something extra. So, that, assuming the extras or voluntary costs are incurred, the total will vary say from £114 to £120 on a moderate scale; it is of course to be expected that pupil holders should have some extra payment, we therefore, might name for them 140 guineas.

If Mr. Sawyer becomes an apprentice, he need trouble himself nothing about his payments. If he is his own manager, he must enter his name with the Secretaries of the School and Hospital, and pay for the Lectures and Hospital he intends to take out. If he is wise he will not adjourn the majority of his lectures, as he may, to the next year, but will take in his first year a full third of his curriculum. He is supposed to pay the Professor's fee or Hospital fee in full on entering his name, but few students do so, and many, we are sorry to say, are in the habit of entering for the minimum allowable number of lectures, and paying the minimum allowable proportion of the fee, putting off the attendance perhaps for ever, certainly until the last moment, and adjourning the payment until they must take up the certificates.

The entry of names and commencement of study is supposed to date from the 1st of October in each year, but really does date from the 1st of November, and may be delayed by the dilatory until the 25th of the same month.

Mr. Sawyer then begins work, attending Hospital each morning at nine o'clock, and occupying his day from half-past eleven to five between lectures and dissections. His holidays —if the term be not ignoble—are a fortnight at Christmas and a week at Easter, and he finally returns home at the end of July.

The progress of each year is the same, except that he usually devotes more attention to "grinding," dissection, and hospital dresserships, and less to lectures in his latter years of study, and after the expiration of his third session, his student-life, whether it begin in laziness and end in hurry and incompetency, or whether it commence in diligence and end in the confidence of proficiency, ends with the last examination, and he goes forth into the world either an ignoramus or a reliable surgeon, whichever his choice may have been.

PRIVATE TEACHING, OR "GRINDING."

The classes for private instruction, or "grinding," as it is technically and generally called, are carried on in Dublin with universality and success.

As a rule, all private teachers are connected with schools of medicine, and are in every respect highly qualified, many of them being also hospital physicians or surgeons, and therefore in a position to afford the special advantages in the way of clinical instruction to their pupils.

Grinding is followed in two methods—namely, on what are commonly known as the "public" and the "private" plans. In the former, a number of gentlemen, varying in different schools from two to four, associate themselves into a firm, or co-partnership, and each man, selecting particular branches, gives instruction in those only. For these classes a pupil may enter at any period of his course, by payment of a certain sum; but as the amount demanded generally is the same at whatever period of his course the student joins the class, and as he is taught for it until he obtains his degrees, it is usual to enter as early as possible, so as to secure the largest amount of instruction; but while there can be no objection to entering the name at the earliest period, we strenuously advise the student not to devote himself to "the grind" for his first, or even for his second, year of study, but to apply himself to his hospital and dissecting.

As an example of the method pursued with regard to these "public grinds," we cannot do better than give the following extract, treating on the subject, from the book of instructions and information for students, issued by the Professors of the School of Surgery of the Royal College of Surgeons:

"In connection with the School of the College, for many years four of the senior demonstrators have jointly instructed private classes in all the subjects required for the professional examinations of the licensing bodies.

"In these classes, students are taught so as to insure that the subject shall be thoroughly understood by them.

"They are divided into senior and junior, according to the year of study, capacity, and diligence of the pupils.

"The subjects are—

"Practice of Medicine, Midwifery, and Surgery.
"Anatomy and Physiology.
"Materia Medica, Botany, and Chemistry.

"At least four classes are held daily (besides those for junior) at such times as do not interfere with the lectures at the School, each lasting for one hour—part of these classes being in the evening, for those who cannot otherwise attend. The fee is £18 18s., half of which is paid at the time of entry, the remainder when the diploma or degree is obtained.

"Should Materia Medica, Botany, and Chemistry not be required, £15 15s. for all the other classes divided in a similar manner.

"The fee for Materia Medica alone is £5 5s.

"For those who have already obtained professional qualifications, there are classes held for the army and navy medical competitive examinations, when special instruction is given in all the subjects required. Fee for these classes varies from £10 10s. upwards, according to the length of time required."

"Private grinding" is simply an arrangement quite independent of the other. A student who may, or may not, be a member of another class, wishes for instruction; he goes to a "grinder," who, for a sum of, usually, £3 3s. per month, instructs him in the required branches of his profession. As a rule, each teacher devotes himself to particular subjects: thus, one gentleman grinds in, perhaps, Anatomy, Physiology, Surgery, and Medicine, another in Surgery alone, whilst a third will teach Chemistry, Botany, and Materia Medica.

In some schools slight differences of system are obtained: thus, a pupil may enter for the subjects he requires by paying a fixed sum, which entitles him to attend for the length of a session, but gives him no further claim on the attention of his grinder.

Each of these plans will be perceived to have its own particular advantages. By entering for public grinding, a pupil, on the payment of a moderate sum, secures that he shall be taught all his necessary subjects; while, on the other hand, if he enters for private grinding, he may, from being in a smaller class, secure a larger amount of individual attention; but does so at an increased expense, and must pay separately for the various branches of his teaching.

It does not require a very arithmetical head to see the difference between paying—say, £15 15s. for being taught for four years at least, in Anatomy, Physiology, Medicine, and Surgery, and paying £3 3s. per month for instruction in Anatomy and Physiology, and the same for Surgery or Medicine, or that the instruction obtained by a private or personal catechism is more valuable than in a public class.

The following list of the principal medical tutors in Dublin does not purport to be altogether comprehensive, for although it embraces the names of most of the gentlemen best known as "grinders," there are many men—such, for instance, as professors in the different schools of medicine, who give a limited amount of instruction in their own peculiar subjects.

In the School of the College of Surgeons, the four senior demonstrators are associated together for the purposes of private teaching, each gentleman giving instruction in special branches.

Mr. Croly, Dr. Stoney, Dr. Stoker, } in Surgery, Anatomy, Physiology, and Medicine.
Dr. Kilgarriff } Materia Medica, Chemistry, and Botany.

Dr. Ormsby also teaches several of the above subjects.

In the Trinity School—

Dr. Foot, Dr. Finney, Dr. Little, } Anatomy, Physiology, Surgery, and Medicine.
Dr. W. Smith—Chemistry and Materia Medica.
Dr. Collins, } Anatomy, Physiology, Surgery, and Medicine.

In the Carmichael School—

Dr. Corley, Dr. Kelly, } Anatomy, Physiology, Surgery, and Medicine.
Dr. Cameron, } Materia Medica, Chemistay, and Botany.

In Steevens' Hospital and School—

Mr. Swan,
Dr. Bookey,
Dr. Bell, } Chemistry, Botany, and Materia Medica.

In Catholic University private teaching is amply provided for by instruction given by the Demonstrators in the School.

In Ledwich School—

Dr. Ledwich and
Dr. Mason, assisted by
Dr. Ward,
Dr. Corry,
Dr. Battersby.

REGULATIONS AND BYE-LAWS OF LICENSING BODIES IN IRELAND.

UNIVERSITY OF DUBLIN.

THE following Degrees and Licences in Medicine and Surgery are granted by the University of Dublin:—

1. Bachelor in Medicine. 2. Doctor in Medicine. 3. Master in Surgery. 4. Licentiate in Medicine. 5. Licentiate in Surgery.

Matriculation.

Every student must be matriculated by the senior lecturer, for which a fee of five shillings is payable; but he need not have his name on the College books, or attend any of the academical duties, unless he desire to obtain a Licence or Degree in Medicine or Surgery. No student can be admitted for the Winter Courses after the 25th of November.

QUALIFICATION FOR DEGREES AND LICENCES.

Bachelor in Medicine.

Candidates must be graduates in Arts, and may obtain the degrees at the same commencements as the B.A., or at any subsequent one. The medical education of a Bachelor in Medicine is of four years' duration, and comprises the following lectures:—

Winter Courses.—Anatomy and Physiology—Practical Anatomy with Dissections—Surgery—Chemistry—Practice of Medicine—Midwifery.

Summer Courses.—Botany—Materia Medica and Pharmacy—Institutes of Medicine—Medical Jurisprudence.

Hospital attendance on a Medico-Chirurgical Hospital during nine months, with three consecutive courses of clinical lectures. Also nine months' additional attendance on a recognised hospital, and Practical Midwifery.

Any of the courses may be attended at any recognised medical school, and three of them at Edinburgh University, provided the candidates have kept an Annus Medicus in the School of Physic.

The schools recognised are—1. The School of the Royal College of Surgeons in Ireland. 2. The Carmichael School. 3. The School of Steevens' Hospital. 4. The Ledwich School. 5. The Cecil-street School.

The fee for the *Liceat ad Examinandum* is £5.

The fee for the degree of M.B. is £11.

Doctor in Medicine.

A doctor in medicine must be M.B. of at least three years' standing, and requires no other qualification.

Total fees for this degree, £13.

Master in Surgery.

This degree can only be obtained by Bachelors of Arts. The curriculum is the same as that for the Licentiate in Surgery, as given below.

Total amount of fees for the degree of Ch.M., £16.

Licentiate in Medicine.

Candidates for the licence in Medicine and Surgery must be matriculated in Medicine, and must have completed four years in medical studies, and must pass an examination in Arts, including Greek, Latin, English, and Mathematics, unless they be students in the Senior Freshman, or some higher class. The medical course necessary for a Licence in Medicine is the same as for the degree of M.B. A fee of £5 is charged on taking the Licence. Licentiates in Surgery of the Royal Colleges of Surgeons, on passing the Art Examination, will be admitted to examination for the Licence in Medicine. Such candidates will be exempted from examination in Anatomy and Surgery: Fee for the *Liceat ad Examinandum* £5. Fee for the Licence in Medicine, £5.

Licentiate in Surgery.

Candidates must have kept one full year in Arts, and will be required to perform surgical operations on the dead subject. The curriculum extends over four years, and is as follows:—Two courses each of Anatomy and Physiology, and Theory and Practice of Surgery; three courses of Demonstrations and Dissections; and one course of each Practice of Medicine, Chemistry, Materia Medica, Midwifery, Laboratory Chemistry, Botany, and Medical Jurisprudence. Also attendance for three Sessions, each of nine months, on a recognised hospital. Of the course of lectures, which are of six months' duration, not more than three can be attended during any one session. Any of the above-named courses may be attended at any of the medical schools at Dublin, provided the candidate has kept an *Annus Medicus*. A fee of £5 is charged for the licence, and £5 for the *Liceat*.

MEDICAL SCHOLARSHIPS.

Two medical scholarships are given annually, value 20*l.* per annum each, tenable for two years, the examinations for which are held each year in June, in the following subjects:—Anatomy, Physiology, Chemistry, Materia Medica, and Botany.

Medical School Exhibitions.

The professors of the University school give three exhibitions annually: two senior, value 15*l.* and 10*l.*, open to all students who have been three years attending the school. The subjects being—Practice of Medicine, Surgery, Pathology, and Forensic Medicine.

One junior, value 15*l.*—the time and subjects of examination being the same as those for the medical scholarship.

Expense of obtaining the degreee of Bachelor in Medicine and Master in Surgery in the University of Dublin:—Lectures, 49*l.* 7s.; Hospitals, 28*l.* 7s.; Degree Fees, 32*l.* = 109*l.* 14s.; Private Tuition, say 20*l.*; Total 129*l.* 14s.

N.B.—As no degrees in Medicine or Surgery are conferred except upon graduates in Arts, the expense of the degree of Bachelor in Arts, amounting altogether to 83*l.* 4s., should be added to the foregoing, making the total cost something over 200*l.*

The Board of Trinity College have recently passed orders:—1. That three-fourths of the courses of lectures must be in all cases attended. 2. That the system of perpetual pupils be abolished. 3. That a daily roll be called by each Professor. 4. Students in Arts shall be entitled to attend one course in Botany, and to receive a certificate free of charge. 5. Candidates for degrees and licences in Surgery shall be required to attend one course only on Anatomy, for which he shall be charged three guineas. 6. The two courses delivered by the Professor of Surgery shall include practical instruction in Operative Surgery on the dead subject: and for each the

professor shall charge four guineas. 7. The professor shall charge three guineas for the winter lecture in Chemistry. 8. Laboratory instruction shall be substituted for the second course of chemistry, hitherto delivered, for which the Professor of Chemistry shall charge five guineas. 9. Students in Arts may attend the Professors of Surgery and Chemistry, and to receive certificates on payment of half the fees. 10. That after Shrovetide, 1868, all candidates in Medicine shall produce certificates in practical Midwifery, including at least six deliveries.

THE QUEEN'S UNIVERSITY IN IRELAND.

FACULTY OF MEDICINE.

DEGREE OF DOCTOR OF MEDICINE.

Each candidate for the degree is required—

1. To have passed in one of the Queen's Colleges the examination for Matriculation in Arts,* and to have been Matriculated in Medicine. 2. To have attended in one of the Queen's Colleges, Lectures on one Continental language for six months, and on Natural Philosophy for six months. 3. To have attended, in some one of the Queen's Colleges, two other courses of the medical curriculum. For the remainder of the courses, certificates will be received from the Lecturers in Schools, recognised by the Senate. 4. To pass two University Examinations—The First University Examination and the Degree Examination.

The curriculum of Medical study extends over four years, and is divided into two periods of two years each.

The first period comprises attendance on Chemistry, Natural History, Anatomy and Physiology, Practical Anatomy, and Materia Medica. Practical Chemistry in a recognised Laboratory is also to be attended during the first period, and the practice during six months of a Medico-Chirurgical Hospital, containing at least sixty beds, together with the Clinical Lectures delivered therein.

The second period comprises attendance on Anatomy and Physiology, Practical Anatomy, Theory and Practice of Surgery, Midwifery and Diseases of Women and Children, Theory and Practice of Medicine, Medical Jurisprudence. During this period Students attend Practical Midwifery, and eighteen months' practice of a Medico-Chirurgical Hospital, containing at least sixty beds, and in which clinical instruction is delivered.

At least two of the above courses of Lectures must be attended in some one of the Queen's Colleges; the remainder may be taken at the option of the candidate, in any University, College, or School recognised by the Senate of the Queen's University.

The University Examinations are held twice in each year, in June and September.

Each candidate for examination in June must forward to the Secretary, before the 1st of June, notice of his intention to offer himself, along with his certificates; and each candidate for examination in September or October must forward similar notice, along with his certificates, before the 1st of September.

THE FIRST UNIVERSITY EXAMINATION IN MEDICINE.

The First Examination may be passed either in June or September.

Students may present themselves for this Examination at the termination of the first period of the Curriculum, or at any subsequent period.

Before being examined, each Candidate must produce evidence of having completed the course recommended for study during the first period.

HONOURS.

Competitors for Honours will be examined in all the subjects of the First Medical Examination, including Experimental Physics and Modern Languages.

DEGREE EXAMINATION IN MEDICINE.

Examinations for the M.D. will be held in June and September. The fee is £5.

Each candidate must produce—

1. A certificate from the Secretary of the Queen's University, that he has passed the previous examination, unless he presents himself for both examinations simultaneously.

2. From the Council of his College that he has passed a full examination for Matriculation in Arts, and has been admitted a Matriculated Student in the Faculty of Medicine,

3. That he has attended in the College lectures on one Modern Language, on Experimental Physics, and two other courses.

4. That he has completed all other prescribed courses.

The Degree Examination comprises the subjects recommended for study during the second period, along with Experimental Physics and one Modern Language, unless an Examination in these subjects has been already passed at the previous Medical Examination.

The examination for the Degree of M.Ch. comprises in addition an examination in Operative Surgery.

See advertisements of Queen's Colleges, Belfast, and Cork.

* The following are the subjects of Examination. Homer's *Iliad* Books I, II (omitting Catalogue of Ships), III; Lucian's *Dialogues* (Walker's edition): Xenophon's *Anabasis*, Books I, II, III: Virgil, *Æneid*, Books, I, II, III; Sallust; Horace, *Satires;* Latin Prose Composition; English Prose Composition; English History; Modern Geography; Arithmetic; Algebra, to the end of Simple Equations; Euclid, Books I, II, III.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

The Council of the Royal College of Surgeons have recently adopted a new scheme of examination, which is to supersede the existing scheme in next December. The new method of examination is framed with the object of enabling the student to pass through his examinations *gradatim*, instead of being obliged to encounter the ordeal of the whole examination at one time. Thus, the divided examinations will be at once easier for the student, and a much more rational and perfect test than the old system.

The old system is, however, continued for the present, to enable students who have already commenced their curriculum to complete it as had been originally intended. All students joining the Profession, or who have passed their first examination, should proceed upon the new system, as it will be easier and much more instructive.

REGISTRATION OF PUPILS.

Every person, and without any examination, shall be registered as a pupil on payment of five guineas, which is allowed in his diploma fee as part payment.

Registered pupils can study in the museum on two days in each week, and read in the library every day from ten till one. They may also attend the Lectures on Comparative Anatomy, and obtain the certificate without payment. No student is admitted to the sessional or final examination for letters testimonial until he becomes a registered pupil, but he may register at any time previous.

CLASSICAL EXAMINATION.

Students are admitted to this examination at any period previous to the final examination for letters testimonial.

The following are the subjects for the Preliminary Examination:—The English Language, including Grammar and Composition. Arithmetic, including Vulgar and Decimal Fractions. Algebra, including Simple Equations. Geometry, first two books of Euclid. Latin and Greek, including Translation and Grammar. In Greek—The Gospel of St. John, the Menippus of Lucian, or the First Book of Xenophon's Anabasis. In Latin—The First and Second Books of the Æneid of Virgil, the Jugurthine War of Sallust, or the Third Book of Livy. These examinations are held quarterly, viz.:—On the third Wednesday in January, April, July, and October, in each year. Fee, ten shillings.

DIPLOMA IN MIDWIFERY.

Any Fellow or Licentiate shall be admitted to an examination upon the following documents:—

a. Certificates of one course of lectures on Midwifery and Diseases of Women and Children.

b. That he has attended a recognised lying-in hospital for six months; or a recognised dispensary for lying-in women and children, devoted to this branch of surgery alone.

c. That he has conducted thirty labour cases. Candidates for the Midwifery Diploma shall be examined on the organisation of the female; the growth and peculiarities of the fœtus; the practice of Midwifery, and the diseases of women and children.

Licentiates of a college of physicians or graduates in medicine of a University, shall be examined in general and Descriptive Anatomy, Physiology, the Theory and Practice of Surgery, and Operative Surgery. Rejected candidates cannot present themselves until after six months.

The conduct of the examinations under the old scheme is the same as herein described, except that the examinations are two instead of three, and are held on the fourth Tuesday in January, April, July, and October.

CURRICULA.

The Junior Class shall produce certificates of three courses of Lectures on Anatomy and Physiology, three courses on Practical Anatomy, with dissections ; two courses on Chemistry, one course on Materia Medica, one course on Botany, and one course on Forensic Medicine.

This class shall be examined in Anatomy, Physiology, and Materia Medica.

The Senior Class shall produce certificates of three courses on the Theory and Practice of Surgery, one course on the Practice of Medicine, and one course on Midwifery ; also of attendance at a recognised hospital for three Winter and three Summer Sessions.

This class shall be examined in Surgery, Operative Surgery, the Practice of Medicine, and form of Prescription.

The examinations in Operative Surgery are conducted by the four surgical examiners. The questions are written upon cards deposited in a balloting-box, from which each candidate, as called up, draws his question, and performs the operations there indicated.

Any candidate rejected in Operative Surgery is not permitted to present himself for the senior *viva voce* examination.

The fee for this examination shall be fifteen guineas.

FEES TO BE PAID BY CANDIDATES FOR LETTERS TESTIMONIAL ON THE OLD SYSTEM.

1st. The candidate pays ten shillings for his preliminary examination.

2nd. Five guineas as registered pupil of the College.

3rd. Five guineas for the Junior Class examination, which is not returned in case of rejection, but is allowed in the fee for his second examination.

4th. Fifteen guineas for the Senior Class examination—total, 26*l.* 15s.

5th. Every candidate rejected at the quarterly examinations shall be required to pay to the College the sum of two guineas on applying for re-examination.

6th. The Registrar receives 1*l.* 1s. on handing over the diploma.

The New System, an outline of which appeared in our Number for August 23rd, and which comes in force in December, will be given fully in our next.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

REGULATIONS RELATIVE TO THE LICENCE IN MEDICINE.

EXAMINATIONS are held on the second Tuesday in each month.

The name of every Candidate, together with his Schedule and the required documents must first be submitted to the College on the first Friday in each month, and no name can be received later than the Monday previous.

REGULATIONS RESPECTING THE LICENCES IN MEDICINE AND MIDWIFERY.

Candidates who have not obtained some medical or surgical qualification must give proof of four years' study ; and of having studied Anatomy and Physiology, Practical Anatomy, Chemistry, Practical Chemistry, Materia Medica, Botany, Medical Jurisprudence, Practice of Medicine, and Pathology, Surgery, Midwifery.

Of having attended a Medico-Chirurgical Hospital, with Clinical Lectures, for twenty-seven months.

Of six months' Practical Midwifery at a hospital, or other evidence of having attended Practical Midwifery.

Testimonials of character from two registered Physicians or Surgeons.

A Candidate who has already obtained a Medical or Surgical Qualification is required to fill up a Schedule ; but he is only required to produce his Diploma or Certificate of Registration, and the Certificate of Practical Midwifery, and Testimonials as to character.

The examination is parly by written questions, partly *Vivâ Voce*, and partly Clinical, and divided into two parts :—

First Part.—Anatomy, Physiology, Botany, and Chemistry.

Second Part.—Materia Medica, Practice of Medicine, Medical Jurisprudence and Midwifery.

Candidates qualified as follows are required to undergo the second part only—viz., 1. Graduates in Medicine of a University. 2. Fellows, Members, or Licentiates, of the Colleges of Physicians of Londou or Edinburgh, admitted upon examination. 3. Graduates or Licentiates in Surgery. 4. Candidates who, having completed the curriculum, shall have passed the previous examination of any of the Licensing Corporations in the United Kingdom.

Under this last regulation gentlemen who have passed the first portion of the examination for the Licence of the Royal College of Surgeons of Ireland or the Royal College of Surgeons of England are exempted from the first part of the examination.

Candidates who have been five years in practice are not required to undergo the written or clinical portion of the examination.

REGULATIONS RELATIVE TO THE DIPLOMA IN MIDWIFERY.

Examinations for the Diploma in Midwifery are held on the day after those for the Licence in Medicine.

Candidates not being Licentiates will be admitted on the following qualifications :—The Degree or Licence in Medicine or Surgery, with a Certificate of six months' Lectures on Midwifery, with six months at a recognised lying-in Hospital, or of having attended Practical Midwifery for six months at a recognised lying-in Hospital, or other evidence of having attended Practical Midwifery

FEES FOR LICENCE AND EXAMINATIONS.

The Fee for the Licence is £15 15s.

The Fee for the Midwifery Diploma is £3 3s.

The Fee for the Licence in Medicine and Diploma in Midwifery, if taken out within one month, £16.

Further information and blank schedules may be obtained by application personally, or by letter, to the Registrar, College of Physicians, Kildare street, Dublin.

THE APOTHECARIES' HALL OF IRELAND.

THE Apothecaries' Company ought to be, but is not the body to teach Pharmacy and issue qualifications in it in Ireland.

A Pharmaceutical qualification is not required for any other purpose to than keep open Apothecaries' shops. The practitioner is entitled to compound medicines for his own patients without it and, we believe, much of the public dispensing business of Ireland is transacted by persons who have no license from the Apothecaries' Hall. As a matter of fact, the Irish Apothecaries' Company may, as far as the control of Pharmacy in Ireland is concerned, be said to be *functus officio*, for a recent parliamentary return shows that although the Company gives its Licence for half-a-sovereign yet its gross annual earnings as a Licensing Body are barely 10*l.* a year, and it has been recently shown that in England 74 per cent. of the medical practitioners annually licensed take a Pharmaceutical qualification because it *is* a Pharmaceutical qualification ; in Ireland only about 13 per cent. look for the License of the Hall, because it is *not* a Pharmaceutical License, but a mongrel medicine degree. As no more than twenty persons out of the whole number qualified in Ireland take the L.A.H., and as it is expected that the Pharmacy Act of England will shortly be extended to Ireland, and the examination in Pharmacy placed in the hands of the Pharmaceutical Society, we do not consider it necessary to occupy our space at length with the official regulations of the Apothecaries' Hall.

MEDICAL SCHOOLS AND HOSPITALS.

THE Clinical Hospitals of Dublin are 10 in number, exclusive of the Cork street Fever Hospital, the Children's Hospital in Pitt street, and other special institutions. To some of these institutions Medical Schools are attached, others, though they have no actual or official connection with any school, are in close affinity with certain teaching bodies, while others again are without any special connection with any school. While, however, such affiliation of a school and hospital may exist, it should be remembered that the Dublin schools and hospitals are open to all comers, and the Student is competent to attend any hospital and any school he wishes. The restriction which rendered it obligatory for Candidates for the Medical Degrees of the University of Dublin to attend Sir Patrick Dun's Hospital, was last year abolished, and perfect "free trade" thus established.

The SCHOOL OF PHYSIC T.C.D., AND SIR PATRICK DUN'S HOSPITAL.—The Medical School is at Trinity College. Under the vigorous administration of the Medical Registrar, Professor Haughton, it has become one of the largest and most flourishing schools in Dublin. All Candidates for the Medical Degrees of the University *must* attend a certain proportion of their curriculum in it, but its certificates are valid everywhere.

The ROYAL COLLEGE OF SURGEONS SCHOOL is situated within the walls of the College, and is under the superintendence of the Council, who appoint the professors. The Introductory Address is given on the first Monday in November and immediately afterwards the Professor of Physiology commences his course with a series of twelve lectures on Comparative Anatomy—free to the public. The dissecting-rooms have been recently much enlarged. Prizes in Anatomy and Physiology, and Surgery, will be awarded at the end of the Winter Session. The Junior Surgical Society meets fortnightly in the school, and several prizes have been offered for the best essays read during the Session.

The CITY OF DUBLIN HOSPITAL has been hitherto more closely connected with the College School than any other hospital. It is situated in Upper Baggot street, about ten minutes' walk from the Royal College of Surgeons. The hospital contains 104 beds, and accommodates about 800 intern patients annually. There are special wards for ophthalmic and aural diseases (on which subjects a special course of lectures is delivered), and for diseases of children. A new wing has been lately opened for the reception of fever and other infectious diseases. The "Purser" Studentship of 20*l*. per annum (with apartments) is obtainable by competitive examination by all students; numerous prizes and medals are given, and special certificates are granted.

The CATHOLIC UNIVERSITY SCHOOL is situated in Cecilia street, about ten minutes' walk from the University itself in St. Stephen's Green.

The Hospitals most closely connected with this School are St. Vincent's, in St. Stephen's Green; the Mater Misericordiæ Hospital, in Eccles street; and Jervis street Hospital.

ST. VINCENT'S HOSPITAL was established in 1834 by the Sisters of Charity, some of whom had studied the system of the Parisian hospitals, after which it was modelled. The ward for "*Enfans Malades*" is an interesting feature. The hospital has over a hundred beds constantly full, and each sister has charge of about twelve patients. In connection with it a Convalescent Home was established two years since at Stillorgan. The clinical instruction in medicine and surgery is given by Dr. Quinlan, Dr. Mapother, Dr. O'Leary, and Dr. Cryan. Senior and Junior Prizes in clinical medicine or surgery are awarded at the end of the Winter Session.

A respectable lodging-house in Lower Leeson street (within a minutes' walk of the hospital) provides lodgings for students, at from 5s. per week and upwards. Maintenance varies, according to the habits of the student, from 1*l*. to 30s. per week.

The Introductory Lecture will be delivered by Dr. O'Leary on Monday, November 6th, 10.30 a.m.

The MATER MISERICORDIÆ HOSPITAL is the largest of the Dublin hospitals, and is intended to be much extended. It is situated on the northern outskirts of the town, and, therefore, a considerable distance from any of the Medical Schools. The portion now completed contains 180 beds, 50 of which are devoted to fever and other contagious diseases.

It is under the special care of Cardinal Cullen and the Trustees of the Catholic University.

There are three resident pupils appointed every six months. Good lodgings can be had very cheap close to the hospital. Prizes to the value of 30*l*. are awarded at the end of the Winter Session, for the best reports on the cases under treatment in the hospital. The Introductory Lecture will be delivered by Dr. Nixon, Assistant Physician.

JERVIS STREET HOSPITAL is one of the oldest established charitable institutions in Dublin, having been founded in 1721. It is situated in the neighbourhood of the Carmichael and Catholic University Schools, and in a part of the city not otherwise provided with hospital relief, and which, from its commercial character supplies the hospital with an abundance of surgical cases. The hospital being found inadequate to the demands upon it, is about to be rebuilt. There will be no Introductory Lecture.

The LEDWICH SCHOOL was founded in 1810, by the well-known Dr. Kirby, and since then has fully sustained its prestige under the management of the Messrs. Ledwich and Mason, after the former of whom it is named. It is situated in Peter street, not five minutes' walk from the College of Surgeons, the Meath, and Mercer's Hospitals, and in the same street with the Adelaide Hospital and the Anglesey branch of the Coombe Lying-in-Hospital, and ten minutes' from the Catholic University School, the School of Physic, and the City of Dublin Hospital.

MERCER'S HOSPITAL was founded on the bequest of Mrs. Mary Mercer. It is one of the oldest hospitals iu Dublin, and receives a great number of accident cases. It is situated in Stephen's street, close to the College of Surgeons, Ledwich School, and Adelaide Hospital.

The CARMICHAEL SCHOOL is situated in North Brunswick street.

The various lectures are now delivered, and the dissections carried on in the new building, which the munificence of the late Surgeon Carmichael has given to the proprietors. As the building was designed with special reference to the requirements of a large medical class, every convenience is afforded to the student in the prosecution of his studies.

The connection of this School with the Mater Misericordiæ, Meath, and Jervis street Hospitals, through its teachers, ensures equal opportunities to the pupils of becoming thoroughly acquainted with the more immediately practical part of their profession.

Arrangements have now been completed for rendering more available the Carmichael premium bequest, which will henceforth enable the proprietors to distribute prizes to the amount of 60*l*. yearly; and the Scholarship, value 15*l*. yearly, which the friends of the late Dr. Mayne have founded in his name, will be allotted at the termination of the Winter Session.

There is no Introductory at this school.

DR. STEEVEN'S HOSPITAL AND SCHOOL are situated close to the Kingsbridge Terminus of the Great Southern and Western Railway, and, therefore, occupy a position of their own, far removed from the other medical institutions.

Immediately adjoining is St. Patrick's (Swift's) Asylum for the Insane.

There is accommodation for residence of seven surgical and four medical residents; besides whom the Resident-Surgeon receives house pupils. The fees payable for the privilege of residence are 21 guineas, winter; 15 guineas, summer six months; including hospital ticket; students have apartments, coal, gas, and furniture.

Accommodation outside the hospital, in the neighbourhood, is arranged by the hospital authorities.

PRIZES.

3 Cusack Medical and Exhibition, of 8*l*., 5*l*., 3*l*.; 2 Midwifery Assistants, 30*l*. each; 1 Medical Clinical Prize, 10*l*. 10s.; 1 Surgical Prize, 10*l*. 10s.

The session opens with the distribution of prizes in the first week in November.

The MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.—This hospital is situated about a quarter of an hour's walk from the University, and within a few minutes of the College

of Surgeons and the Ledwich Schools of Medicine; affords every facility for the treatment and study of disease. Its salubrious position and long-established character call for constant admission to its accident, chronic, fever, surgical, and children's wards, which are thus constantly occupied with cases illustrative of medicine and surgery.

Four prizes will be given at the termination of the Winter Course to the best answerers in their respective classes.

As we have said, certain hospitals have no special affinity with any College or School. Of these are the Meath and Adelaide Hospitals.

The ADELAIDE HOSPITAL is in Peter street, next door to the Ledwich School, and within a few minutes' walk of the College of Surgeons and the Universities. From the 1st of October the physicians and surgeons will visit the wards, and give instructions at the bedside, at the advertised hours, and the course of clinical lectures will be commenced in the beginning of November.

The Special Hospitals of Dublin are the Westmoreland Lock Hospital, Cork street Fever Hospital, and St. Mark's Ophthalmic Hospital.

The LOCK HOSPITAL is supported by Government for the treatment of venereal diseases, and as such is one of the most valuable special hospitals in Dublin. Mr. McDowell and Professor Morgan are its surgeons. and especially for military surgeons the practice of the hospital is very valuable.

LYING-IN HOSPITALS.

ROTUNDO HOSPITAL.—This well-known institution is the largest and oldest maternity hospital in the United Kingdom, and the repute in which it is held attracts students from all parts of the world. It accommodates an average of 1,700 intern patients, including those admitted to the chronic wards labouring under the various forms of uterine complaints, and is under the care of the Master, who is elected every seven years, and two assistants, who hold these appointments for three years. The mastership is at present held by Dr. Johnston, and the assistants are Dr. Alexander Taylor and Dr. Cranny. There is, in addition, an external maternity department, where patients, procuring a ticket properly signed, can be attended at their homes; also, a dispensary is held every morning for diseases of women and children. Clinical instruction is given each morning both in the labour as well as in the chronic wards, and two courses of lectures are delivered in the year, which are recognised by all the licensing bodies.

A student entering for the practice of the hospital pays a fee of 10*l.* 10s. for six months. During that time he is required to attend at least thirty cases, either within the walls of the hospital or at the residence of patients who may apply for assistance. For this course of study, on examination, a diploma is given, which is received as a qualification in midwifery in the public services.

A limited number of students are admitted to reside in the hospital, for which they pay a fee of twenty guineas for six months.

COOMBE HOSPITAL.—This hospital was founded in 1826, but it was not till 1867 that it was incorporated by Royal Charter, which enables its medical officers to issue diplomas qualifying the holders to practise midwifery. By a clause in the Charter the diplomas issued antecedent to its date have been made with equal force and value with those issued subsequent thereto. This hospital divides with the Rotundo almost the entire of the obstetric hospital practice of Dublin. It is situated in the centre of a district densely populated by the lower orders, and thus affords the amplest opportunities for practice. It accommodates about 600 labour cases within its walls, while those attended as externs amount to nearly double that number. Moreover, the chronic ward for the reception of cases of the diseases of females gives admission to about eighty patients annually. Its wards are in the charge of Dr. Ringland and Dr. Sawyer, as masters, and Dr. A. H. Ringland as assistant master, whilst the chronic ward for the diseases of females is under the charge of Dr. Kidd, the obstetric surgeon of the institution. The fee for attendance is 4*l.* 4s. for six months as extern, and 10*l.* 10s. as intern pupil. During that period the student attends on a given night in each week, or oftener, if circumstances permit, and takes charge in his turn of any cases that may be admitted to the labour wards, or may call for his assistance outside. In difficult cases he has the superintendence of the resident medical officer, and of the masters when necessary. An annual examination is held in May and November, at which prizes of considerable amount are awarded, and certificates of good answering granted. Two paid resident pupil midwifery assistantships are obtainable annually by competitive examination, for which all pupils who have obtained their midwifery diploma are eligible.

THE ROYAL COLLEGE OF SCIENCE, established at the Museum of Irish Industry, in St. Stephen's Green, is a branch of the Science and Art Establishment at South Kensington. A complete Staff of Professors is connected with the institution, and courses of lectures are delivered on all Scientific Departments to which the admission charge is nominal.

RELATIVE COST OF MEDICAL EDUCATION IN IRELAND.

UNIVERSITY OF DUBLIN, M.B. AND M.Ch.

	£	s.	d.
I. Lectures	49	12	0
II. Hospitals	33	12	0
III. Degrees	32	0	0
	115	4	0
Expense of Degree in Arts	83	4	0
Total	£198	8	0

QUEEN'S UNIVERSITY M.D. AND M.Ch.

If two years' Lectures and Hospital be taken in Dublin, about	£67	0	0

COLLEGES OF SURGEONS AND PHYSICIANS.

About	£140	0	0

On these terms a reduction may be made by cash payments to Hospital and College at the commencement of study.

INTRODUCTORIES IN ENGLAND AND IRELAND.

LIST of Introductory Lectures to be delivered at the opening of the Session 1871-2:—

St. Bartholomew's Hospital—No Introductory this Session.
Charing Cross Hospital—Dr. Green—October 2nd, 8 P.M.
St. George's Hospital—Dr. John Clarke—October 2nd, 2 P.M.
Guy's Hospital—Dr. Oldham—October 2nd, 2 P.M.
King's College—Dr. Rutherford—October 2nd, 4 P.M.
London Hospital—Dr. Little—October 2nd, 3 P.M.
St. Mary's Hospital—Dr. A. Meadows—October 2nd, 8 P.M.
Middlesex Hospital—Dr. John Murray—October 2nd, 3 P.M.
St. Thomas's Hospital—Mr. Le Gros Clark—October 2nd, 2 P.M.
University College—Dr. Charlton Bastian—October 2nd, 3 P.M.
Westminster Hospital—Dr. Basham—October 2nd, 8 P.M.
Bristol Medical School—October 2nd.
Birmingham (Queen's College) -Dr. Russell—October 3rd, 3 P.M.
Leeds School of Medicine—Dr. Clifford Allbutt—October 2nd, 12 noon.
Liverpool Royal Infirmary School of Medicine—Dr. W. Carter—October 2nd, 3 P.M.
Manchester Royal School of Medicine—Mr. R. T. Hunt—October 2nd, 12 noon.
Newcastle College of Medicine—Dr. Philipson—October 2nd, 2 P.M.
Sheffield School of Medicine—Mr. A. Allen—October 2nd.
Aberdeen University—November 1st.
Edinburgh University—Sir A. Grant, Bart., LL.D.—November 1st.
Edinburgh School of Medicine—Mr. Annandale—November 1st, 11 A.M.
Glasgow University—Dr. Dickson—October 31st.
Glasgow Anderson's University—October 31st.

DUBLIN.

The Dublin Medical Schools open their Dissecting-rooms on October 2nd, but lectures do not begin until the end of

the month. The dates of the Introductories in Dublin and the Lecturers who are to deliver them have not yet in the majority of instances been fixed.

At the Royal College of Surgeons Mr. Hughes, the Professor of Surgery in the College, will open the Session on the first Monday in November.

Dr. Nixon will deliver the Introductory at the Mater Misericordiæ Hospital, and Dr. O'Leary at St. Vincent's.

At the Carmichael School and Jervis-street Hospital there will be no Introductories, and at Steevens's the Session is always inaugurated by the annual distribution of prizes.

CONTRACT TRADING IN DRUGS.

Messrs. McMaster, Hodgson, and Co., of Dublin, have commenced the issue of a Monthly Price List which they supply regularly to their customers with the purpose of inducing them to purchase their drugs at the market price instead of contracting for long periods, as is usually done. They represent that the buyer by this method receives the benefit of the fall in certain drugs from time to time, while the seller has the advantage of any rise in the value of the stock which may be in hand. The fluctuations in cost extend on an average to at least 100 different articles in the month, so that a system of fixed contract can hardly be equitable either for buyer or seller. Of the abuses liable to arise out of the contract system it is not necessary to say anything more than that they have become so notorious that the Irish Poor-law Commissioners have expressed their intention to apply to Parliament for a remedy which the present law does not give them.

Preliminary Education. — Under the title of "Via Medica," Dr. J. Baxter Langley has issued a work of great utility to the student; the chapters upon preliminary education are especially valuable, and the laws and customs of the Profession are treated upon at great length. As may be presumed, the duties of the office of assistant in private practice are very various, and the relations between principal and assistant very complex. The book has already passed through three, and, we are informed, a fourth is in preparation, and will shortly be published by Messrs. Baillière, Tindall, and Cox.

Other Institutions in the Metropolis. and Provinces.

Pharmaceutical Society of Great Britain, Bloomsbury Square, London.—School of Pharmacy.—Session 1871-72.—The Session will commence on Monday, October 2, and extend to the end of July, 1872. Lectures on Chemistry and Pharmacy will be delivered by Professor Attfield on Monday, Tuesday, and Wednesday mornings at nine o'clock, commencing on Monday, October 9. Also Lectures on Botany and Materia Medica by Professor Bentley. The first and second parts of this course, extending over the winter months, will be delivered at Bloomsbury square, on Friday and Saturday mornings at nine o'clock, commencing Friday, October 6. The third part of the course, on Systematic Botany, will be delivered at the Royal Botanic Gardens, Regent's park. Two Scholarships (the Jacob Bell Memorial Scholarships), of £30 a year each, are open to competition annually in July. The Board of Examiners meet monthly to grant Certificates of Competency.

London School of Dental Surgery and Dental Hospital of London, 32 Soho Square, W.—The Winter Session will commence on Tuesday, October 3.

Royal Orthopædic Hospital, 315 Oxford Street.—Medical Officers. Surgeons—R. W. Tamplin, Esq., F.R.C.S., William Adams, Esq., F.R.C.S. Assistant-Surgeons—Bernard E. Brodhurst, Esq., F.R.C.S., and D. Hill, Esq., F.R.C.S. Operations, Thursdays 2 p.m.

Royal Westminster Ophthalmic Hospital, Charing Cross.—Fee for attendance on the practice and lectures—Three months, £3 3s.; perpetual, £5 5s. The office of House-Surgeon is open for competition to students attending the hospital.

Royal London Ophthalmic Hospital, Blomfield Street, Moorfields, E.C.—Founded 1804. 100 beds. Consulting-Physician—Dr. F. Farre. Consulting-Surgeon—Mr. J. Dixon. Surgeons—Messrs. Tyrrell, Bowman, Wordsworth, Streatfield, J. W. Hulke, G. Lawson, and J. Hutchinson. Assistant-Surgeons—Messrs. J. Couper, and J. Siberg Wells, M.D. House-Surgeon—Mr. F. Ewbank.

Hospital for Diseases of the Throat, Golden Square, W.—Consulting-Physicians—Dr. Billing and Sir W. Jenner, Bart., M.D. Consulting-Surgeon—Sir W. Fergusson, Bart. Physicians—Drs. P. Fraser, and Morell Mackenzie. Assistant-Physicians—Drs. Semple and Prosser James. Surgeon—Mr. G. Evans.

Hospital for Diseases of the Skin, 56 Great Marlborough Street, W.

Hospital for Diseases of the Skin, 25 New Bridge Street, E.C.

National Institution for Diseases of the Skin, Gray's Inn rd.

St. John's Hospital for Skin Diseases, 45 Leicester Square, W.C.

Royal Free Hospital, Gray's Inn Road, W.C.—Founded in 1828, in Gloucester Mews, Hatton garden, by the late Dr. W. Marsden. 100 beds. Physicians—Drs. Hassall, O'Connor, Cockle, and Rickards. Surgeons, Messrs. T. Wakley, V. de Méric, M.D., A. Marsden, M.D., F. J. Gant, and J. D. Hill. Resident Medical Officer—Mr. T. C. Murphy. Dentist—Mr. H. Harris. Secretary—Mr. J. S. Blyth.

Lock Hospital and Asylum: Female, Westbourne Green, Paddington; Male, 91 Dean Street, Soho, W.

West London Hospital, Hammersmith, W.—25 beds. Consulting-Physicians—Dr. H. Bence Jones, Dr. W. O. Priestley. Consulting-Surgeon—Mr. S. A. Lane. Physicians—Drs. Goddard Rogers and H. Maudsley. Assistant-Physicians—Drs. F. Simms and A. Wiltshire. Surgeons—Messrs W. Bird and W. F. Teevan. Assistant-Surgeons—Messrs. W. Fairlie Clarke and A. Cooper. House Surgeon—Mr. T. L. Browne. Secretary and Superintendent—Mr. T. Alexander.

Hospital for Consumption and Diseases of the Chest, Brompton.—Three clinical assistants reside in the hospital for a period of six months. Pupils are admitted to the practice of the hospital: terms, £3 3s. for three months; perpetual, £5 5s.

City of London Hospital for Diseases of the Chest, Victoria Park.—Physicians—Drs. Peacock, J. Risdon Bennett, Birkett, Ward, and Andrew. Consulting-Surgeon—Mr. J. Hilton. Assistant-Physicians—Drs. Thorowgood, Sutton, Shepherd, Bäumler, Smith, and Corfield.

North London Hospital for Consumption, London and Hampstead.—52 beds. Consulting-Physicians—Drs. Copland, Routh, and Fuller. Consulting-Surgeon—Mr. H. Smith. Physicians—Drs. Timms, Johnston, Dudley, Drysdale, Prosser James, Gosset Brown, and Lomas.

Royal Hospital for Diseases of the Chest, City Road, E.C.—Consulting-Physicians—Drs. C. J. Fox and Herbert Davies. Physicians—Drs. Horace Dobell, H. H. Crucknell, G. Goddard Rogers, A. E. Sansom and J. Crockett Fish. Consulting-Surgeon—Mr. J. Adams. Surgeon—Mr. Francis Mason.

Cancer Hospital, Brompton.—80 beds. Medical Officers—Dr. A. Marsden and Mr. Weeden Cooke.

Great Northern Hospital, Caledonian Road, N.

British Lying-in Hospital, Endell Street, St. Giles's, W.C.

The Ladies' Medical College.—Established by the Female Medical Society for teaching to educated women the theory and practice of Midwifery and the accessory branches of Medicine.

The Liverpool College of Chemistry.—Founded by the late Dr. Muspratt, M.D., &c., in 1848, is now under the direction of Mr. Martin Murphy, F.C.S., who may be regarded as the deceased founder's *alter ego*, having had, we learn, the responsible duties of the college in his keeping during a considerable period. The prospectus of the college in our advertising columns states that, in addition to the ordinary course of chemical studies, the Principal offers certain facilities to medical and pharmaceutical students; and we do not doubt Mr. Murphy will render it advantageous for such students to avail themselves of the benefits of his experience as a teacher of Chemistry.

Owen's College, Manchester.—This institution, although not under the category of medical schools, was established in connection with the University of London, for which it prepares a very large number of students. The principal is Professor J. G. Greenwood, B.A., under whose able direction in the courses of study pupils have distinguished themselves at the University examinations, by carrying off many coveted honours. The prospectus will be found in another column.

Addenbrooke's Hospital, Cambridge, in connection with the Cambridge Medical School.

Liverpool Northern Hospital.—146 beds. Clinical clerkships and dresserships are open to all the students. Clinical prizes are awarded at the termination of the session.

Liverpool Southern Hospital.—110 beds. In a few months the new hospital will be ready, in which there will be upwards of 200 beds.

Notice as to Additional Information.—Where further details are wanted than those given in the foregoing pages, it will generally be found on reference to our advertisement columns at the end of the journal.

NOTICES TO CORRESPONDENTS.

*** We beg to thank those gentlemen who have favoured us with returns enabling us to present in a single number the information necessary for students in the three kingdoms.

The following Original Communications, Correspondence, &c., are in type, or have been received since our last, and will have the earliest insertion possible:—

ORIGINAL COMMUNICATIONS.

"On the Treatment of Eczema." By J. L. Milton, Surgeon to St. John's Hospital for Diseases of the Skin.

"The Unity of the Syphilitic Virus." By S. Messenger Bradley, F.R.C.S., Lecturer on Human and Comparative Anatomy, Royal School of Medicine and Surgery, Manchester.

LETTERS.

"Divinity *versus* Physic." By Alexander Lane, M.D., R.N.

"Bichloride of Mercury in the Treatment of Ringworm." An explanation of the melancholy case, in which death resulted, and which we commented upon in our last number. By Edward E. Meeres, M.D.

"Mercurial Lotions in Ringworm." By Trevor Fowler, L.K.Q.C.P.

"Rules and Regulations for the Marylebone *Post-mortem* House." By a Physician.

VACANCIES.

Westminster Hospital. House Physician. Board and residence free.

Marylebone Dispensary. Resident House Surgeon. Salary £100 per annum.

Chorlton Workhouse Hospital. Assistant Resident Surgeon. Salary £10 per month.

Gainsbury Dispensary. House Surgeon. Salary £100 with residence.

Bodmin Union. Medical Officer. Salary £80, exclusive of fees.

British Medical Association. Secretary. Salary £350 per annum.

Manchester Royal Infirmary. Physician's Assistant.

Liverpool Dispensaries. Resident House Surgeon. Salary £150.

Stockport Infirmary. House Surgeon. Salary £100, with board.

Royal London Orthopædic Hospital. House Surgeon. Salary £100 residence, and partial board. (See Advt.)

ESTABLISHED A.D. 1800.

121, 122 CAPEL STREET, DUBLIN,
September 20, 1871.

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DUBLIN:

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MILLS—ASHTOWN, PHŒNIX PARK.
CHEMICAL WORKS—ANGLESEA ROW, AND LITTLE BRITAIN STREET.
BRANCH—26 COOK STREET, CORK.

CATHOLIC UNIVERSITY SCHOOL OF MEDICINE, CECILIA STREET, DUBLIN.

THE WINTER SESSION, 1871-72, will commence with Dissections on MONDAY, 2nd October.

The Lectures will be commenced on FRIDAY, November the 3rd, at Three o'clock p.m., by an INAUGURAL ADDRESS from the Dean of Faculty, Dr. CRYAN.

The several Courses will be as follows:—

Anatomy and Physiology—Dr. Hayden, Dr. Cryan.
Anatomical Demonstrations—The Professors of Anatomy and Physiology.
Chemistry—Dr. Sullivan.
Theory and Practice of Surgery—Mr. Tyrrell.
Theory and Practice of Medicine—Dr. Lyons.
Theory and Practice of Midwifery—Dr. Byrne.
Practical Chemistry—Dr. Sullivan.
Materia Medica—Dr. Quinlan.
Medical Jurisprudence—Dr. MacSwiney.
Pathology—Dr. Lyons.
Botany—Dr. Sigerson.
Logic—Dr. Dunne.
Natural Philosophy—Mr. Hennessy, F.R.S.

Dissections under the superintendence of the Professors of Anatomy and the Demonstrators.... Dr. Hayes. Dr. Fennelly. Dr. Nixon. Dr. Ward. Dr. Coppinger.

The Lectures delivered in this School are fully recognised and received by the Universities and all other licensing bodies in the United Kingdom. The School is, therefore, strictly on an equality, as regards privileges, with any other School of Medicine in Great Britain or Ireland.

Special accommodation has been provided by the University for the residence of Medical Students, under the direction of a resident Dean. Application to be made to the Very Rev. Dr. O'Loughlin, or the Very Rev. Dr. McDevitt, 85 and 86 Stephen's Green South.

A Connolly Exhibition (value £20) will be offered for competition at the termination of the Winter Session, in the combined subjects of Physiology, Physiological Anatomy, Chemistry, and Botany; also a Gold Medal of the value of £7, in Surgery, Practice of Medicine, and Midwifery (including female and infantile diseases). The usual class prizes will likewise be given.

The Summer Session, 1872, comprising Operations in Practical Chemistry, and Lectures on Materia Medica, Medical Jurisprudence, Pathology, Botany, Natural Philosophy, and Logic, will commence on the 15th April, and terminate on the 18th July, when class Prizes will be awarded in each subject, and a University Exhibition (value £20) in Practical Chemistry, Materia Medica, and Medical Jurisprudence combined.

For particulars, apply at the School, Cecilia street.
PATRICK J. HAYES, Medical Registrar.

THE ADELAIDE HOSPITAL, PETER STREET, DUBLIN.

Physicians—Henry H. Head, M.D., M.R.I.A., Fellow of the College of Physicians, James Little, M.D., M.R.I.A., Fellow of the College of Physicians, Lecturer on the Practice of Medicine in the Ledwich School of Medicine.

Surgeons—Albert J. Walsh, M.D., President Royal College of Surgeons, John K. Barton, M.D., Fellow Royal College of Surgeons, Lecturer on Surgery in the Ledwich School of Medicine, Benjamin Wills Richardson, Fellow and Member of the Court of Examiners, Royal College of Surgeons.

Obstetric Physician—Lombe Atthill, M.D., Fellow and Examiner in Midwifery, College of Physicians.

Ophthalmic Surgeon—H. Rosborough Swanzy, M.B., L.R.C.S.I., lately Assistant at Professor von Graefe's Ophthalmic Hospital, Berlin.

Assistant-Physician—Walter G. Smith, M.D., Fellow and Censor College of Physicians, Senior Demonstrator in the University School.

Assistant-Surgeon—Montgomery A. Ward, M.B., M.Ch., L.R.C.S.I., Demonstrator of Anatomy, Ledwich School of Medicine, Ex-Medical Scholar, T.C.D.

The central position of this Hospital renders it peculiarly convenient to gentlemen attending Lectures at the University, College of Surgeons, or Ledwich School. The arrangements for Clinical Teaching have been made as complete as possible, and are such as not to interfere with attendance at the Medical Schools. There are Fever Wards apart from the Hospital, and two Wards for Infants and Children. Special hours are devoted to Clinical Instruction in the Diseases peculiar to Women, the Diseases of the Eye, and Cutaneous Diseases, and Students are individually instructed in the Use of the Stethoscope, Ophthalmoscope, Laryngoscope, and Microscope. Two Resident Pupils are selected half-yearly. Prize Examinations are held at the termination of the Session.

Further particulars can be obtained from Dr. Atthill, 11 Upper Merrion street, or any other Member of the Medical Staff.

PRIVATE RETREAT
FOR
THE UPPER AND MIDDLE CLASSES
OF BOTH SEXES, MENTALLY AFFLICTED,
THE BROOK VILLA,
NEAR LIVERPOOL.

Further information may be obtained on application to Dr. H. OWEN.
Vide page 1075, "Medical Directory," 1869.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 27, 1871.

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CLINICAL LECTURES

ON THE

DISEASES PECULIAR TO WOMEN.

By Lombe Atthill, M.D. Dub.,

Fellow and Examiner in Midwifery King and Queen's College of Physicians; Obstetric Physician to the Adelaide Hospital, Dublin.

LECTURE XIII.

Displacement of the Uterus.—Retro-flexion—Causes of, Symptoms of, Treatment by Hodge's Pessary.—Value of Local Blood-letting.—Ante-flexion.—Prolapsus Uteri.

The healthy unimpregnated uterus is an organ of great mobility. Its connection with the pelvic walls by means of the broad ligaments, which are merely folds of the peritoneum, is so very lax that it can without difficulty be inclined either anteriorly or posteriorly; they no doubt oppose a certain amount of resistance to its lateral motions, but very little to its movements in other directions, while the round ligaments which do materially aid in supporting it are yet incapable of offering any effectual opposition to either the descent, muchless to inclinations of the womb in an anterior or posterior direction, so should the organ in consequence of its being in an abnormal condition become liable to displacement. In young women who have not borne children, the muscular structure of the vagina, forming as it does a firm tube into which the cervix uteri is inserted, aids materially in supporting the womb; but in women in whom that canal has become relaxed from the effects of frequent parturition, or of local or constitutional disease, the support afforded by it is in a great measure wanting, and the organ may sink directly down, a displacement the tendency to which becomes greatly aggravated should the womb as is frequently the case, be from early cause enlarged and heavy. But common as prolapse of the uterus is, the other displacements to which the organ is liable are still more so. Hardly a day passes in which we do not meet with examples among the extern patients of flexions of the womb either backwards or forwards. I shall call your attention to these first and afterwards return to the consideration of prolapse.

The womb then may be bent onitself either in a posterior or anterior direction, and to these flexions the terms retroflexion and anteflexion are especially applied. Now it is of importance that you should clearly understand what is meant by these terms. Some writers, and among them the late Sir J. Simpson used the words retroversion and retroflexion as synonymous, but in reality they indicate two very different affections, for retroversion signifies a turning back of the entire uterus, and is applicable to that change of position to which the gravid womb is liable, in which the fundus lies in the sacral hollow, the os being forced up behind the pube, a condition very rarely seen unconnected with pregnancy; while by retroversion on the other hand is to be understood a bending back of the fundus alone, the os remaining very nearly in its natural position. In cases of anteflexion the fundus is in like manner bent forwards.

Retroflexion which is by far the most common displacement to which the uterus is liable may be met with at nearly every period of life from puberty onwards. It is however rare in youth and in advanced age, the great majority of cases occurring during that period of life in which the uterine system is in the state of its greatest activity, namely, between the ages of twenty and forty years. It is besides an affection, the existence of which is more liable to be overlooked than any other form of uterine disease, this being due rather to the fact that the symptoms to which it gives rise have often but little apparent reference to the uterus, than to any difficulty in detecting it when once our suspicions are aroused.

When we consider the position of the uterus in the pelvis with the bladder, an organ capable of such immense distension placed in its immediate front, and constantly exercising a pressure backwards, and when we remember that many women from mere habit or from motives of

delicacy oftentimes pass many hours without emptying that viscus, we can readily understand the frequency of this displacement as compared with any other to which the uterus is liable. But though the distended bladder may thus be the agent in directing the uterus backwards it is but a secondary cause, for the uterus itself must be in an abnormal condition otherwise it would regain its proper position whenever the bladder became flaccid. Retroflexion is however in my opinion generally produced gradually, and is the result of affections which increase the bulk and weight of the uterus, and more especially of its fundus. It is not however necessary that the increase should be confined to the fundus, though if that be the case the danger of retroflexion occurring is much increased, for if the bulk of the entire uterus be augmented this may still take place, because not only is there a force acting from before, directing the fundus downwards and backwards, but also because there is no resistance from behind to counteract that tendency.

We however frequently meet with cases in which, while retroflexion obviously exists, the uterus certainly is not enlarged or increased in weight, but this is capable of explanation if we bear in mind that, when the uterus is bent on itself at an angle, the circulation must be seriously interfered with. Congestion doubtless at first occurs, but subsequently, if the case be neglected, atrophy of the organ may result. In time the original cause of the affection may cease to exist, but the uterus does not necessarily on that account regain its normal position, for not only may the fundus be bound down by adhesions formed on its peritoneal surface, but also a process of absorption and consequent thinning may take place at the point of flexion, especially on the lower or concave surface, so that even when no adhesions exist permanent restoration of the uterus to its normal position is impossible, and this fact enables us to understand the unsatisfactory results which often follow treatment adopted for the cure of cases of old standing.

The causes producing the condition likely to result in retroflexion may be reduced to three classes—namely—

1st. Congestion frequently terminating in chronic inflammation of the uterus, and hypertrophy of that organ.

2nd. Subinvolution of the uterus after labour or abortion.

3rd. Tumours of the uterus.

But in addition to those in which we can trace the flexion to the existence of one of the conditions here enumerated, we occasionally meet with cases the origin of which is so obscure as to prevent our being able to decide as to the mode of their occurrence. Dr. Barnes in a recently published lecture on this subject suggests that in many, the flexion may be congenital, an opinion which I think probably is correct.

I believe congestion of the uterus to be a common cause of retroflexion, and one frequently overlooked. It is met with in two very different classes of females—namely, those who lead a very active life ; and again, in those of weakly constitution and sedentary habits such as needlewomen and teachers. Thus young women of active habits who from necessity or for pleasure walk, ride, or garden much, or who follow employments, or amusements, necessitating much standing, will sometimes continue to pursue these duties or amusements during the catamenial period, the result is that the organ remains congested for an undue length of time, and a condition favourable to chronic inflammation is produced. The following case illustrates this form of the disease :—

M. F., æt. twenty-five, unmarried, has always lived a very active life, and till within a comparatively recent period enjoyed excellent health. About three years ago having been compelled to undertake the superintendence of a large farm, she underwent great fatigue, generally spending from eight to twelve hours each day in the open air, either on foot or on horseback, and never relaxing her xertions even during her menstrual periods. She at first suffered from a sense of fulness and weight in the lower part of the abdomen, but to these symptoms she paid no attention. At about the end of a year she for the first time perceived a new train of symptoms. She now experienced difficulty in passing water, and was obliged to strain in doing so. After a little time her sufferings were further increased by a difficulty experienced in defæcation. The bowels were not actually constipated but their action caused great pain, and the fæces when passed were as small as those of a little child. The catamenia appeared regularly but in diminished quantities. I felt in this case as I always do when the patient is unmarried, great reluctance to make a vaginal examination, but her sufferings were so great and treatment directed to other organs had so entirely failed to afford relief I deemed it absolutely necessary to ascertain the condition of the uterus, and on examining I discovered that organ to be much enlarged, tender to the touch, and completely retroflected, its fundus occupying the hollow of the sacrum and pressing against the rectum, this explained one of her symptoms—namely, the difficulty experienced in defæcation, the irritation of the bladder being evidently reflex. With the view of retaining the uterus in its normal position I introduced a Hodge's pessary. The fundus was raised without difficulty, but the pessary first used proved to be too large, and caused so much pain that, after the lapse of a few hours, it had to be removed. On a subsequent day, however, I introduced a smaller one. This answered admirably, and she experienced such relief that she was able to return home, and has since followed her ordinary occupations. In this case the retroflected uterus was in a state of chronic inflammation, and to this condition her greatest sufferings were due. In the following case, however no inflammation was present. The uterus was simply congested, and a very different train of symptoms manifested themselves.

A schoolmistress, æt. twenty-one, had suffered for more than a year from occasional attacks of vomiting, which for the last three months had become incessant. She had been treated in various ways, but without benefit, and at the time I saw her in consultation with my colleague Dr. Little, under whose care she had been admitted, rejected everything she swallowed. She even vomited lime water and milk, and this though only one spoonful had been given at a time and at regular intervals, no other food of any kind being allowed. In like manner she had been fed on beef-tea exclusively, a spoonful only being given at intervals of fifteen minutes. The food thus taken would be retained for a time, till some ounces had been swallowed, then the whole would be rejected. Nevertheless she had not become actually emaciated, and she only complained of debility, and pain in the pit of the stomach and in the back. The catamenia appeared at regular intervals, but in much smaller quantities than formerly. On examining the abdomen tenderness on pressure was detected over the left ovary, and to that spot four leeches were applied. The effect was marked. That afternoon the stomach retained some beef-tea, that being the first food retained for several weeks. The vomiting, however, did not entirely cease, it still occurred once or twice a day, nearly always in the morning. Being now satisfied that the vomiting depended on some reflex irritation, we decided on making a vaginal examination, and I was somewhat surprised to find the uterus completely retroflected. The fundus was enlarged and occupied the hollow of the sacrum. It was easily raised to its normal position, and to retain it there I introduced a Hodge's pessary of small size. This was from the very first borne without inconvenience, and from the time it was introduced the vomiting entirely ceased. The catamenia subsequently appeared in much larger quantities. I removed the pessary after it had been worn for three months. Since then there has been no return of her distressing symptoms, and I understand that she is now married.

Both these patients were unmarried women, in both congestion of the uterus occurred, which in one had

reached, in the other was slowly assuming, the form of chronic inflammation, when this happens the patients sufferings are always greatly aggravated. She will tell you that in addition to pain in the back, she suffers from severe lancinating pains over the pubes, in the groin, and shooting down along the course of the crural nerve. Change of posture, or any motion, aggravates this pain, which sometimes becomes so severe as to render walking a matter of great difficulty.

Dr. Graily Hewitt has recently described this condition, and applied to it the term of "uterine lameness." Often too in these cases the bladder sympathises and a constant desire to micturate wears out the patient; touching the fundus of uterus causes pain sometimes of a very severe character. Sexual intercourse therefore becomes so painful and distressing as to be actually impossible. It is this form of the affection which most imperatively calls for our interference, for it gives rise to great distress and often lays the seeds of unhappiness in married life.

The following case exemplifies the distress which exists in cases of retroflexion when aggravated by the occurrence of chronic inflammation of the uterus. S. B., æt. twenty-eight, had been married for eight years. Not long after marriage, when in the fourth month of pregnancy, she fell down stairs and was much hurt. As the result of this accident she aborted. For a year following she continued in a miserable state, the pain in her back and in the region of the uterus being so severe that she was seldom able to leave her bed. The catamenia were scanty and irregular. She was at length induced to go to Edinburgh, and placed herself under the care of Sir J. Simpson. He incised the cervix uteri, and introduced a stem pessary. Severe inflammation followed and the instrument had to be removed. From this attack she recovered, and returned home feeling somewhat better, but soon relapsed into a condition even worse than before. She now experienced a distressing feeling of weight in the neighbourhood of the rectum; this was greatly increased and accompanied by severe pains at the menstrual periods, which recurred regularly, the discharge however being very scanty and lasting only a few hours. At length she became a confirmed invalid. Walking caused such suffering that she dared not attempt even to cross the room. The uterus was completely retroflected, the fundus which occupied the hollow of the sacrum being very tender to the touch. The os was gaping and freely admitted the tip of the finger, and a copious discharge of semi-purulent fluid exuded from it. I leeched the cervix on three occasions, and when the tenderness of fundus was lessened, introduced one of Hodge's pessaries, which she wore without inconvenience. Her condition has since steadily improved. Menstruation now lasts for two or three days, and she is able to perform her usual household duties. She still continues to wear the pessary. In this case as well as in the foregoing one, menstruation though not entirely suppressed had become very scanty. The reverse will be found to be nearly invariably present when the flexion depends on other causes.

You doubtless remember my having pointed out the fact, that not unfrequently after labour or abortion, the uterus from various causes fails to regain its natural size, and remains unduly enlarged; to this condition the term "subinvolution" is applied. When this is the case the organ is peculiarly liable to retroflexion, for not only is its fundus unduly heavy but the muscular fibres also are relaxed, consequently the natural rigidity of the organ is in a great degree wanting. When retroflexion occurs as a sequence of subinvolution, it gives rise to very grave symptoms, the most prominent of which nearly invariably is menorrhagia. Indeed it is frequently for the relief of this that we are most commonly consulted. We have recently had in our wards a good example of this. The woman was admitted suffering from menorrhagia, and from severe left-side pain; she stated that three months after the date of her last confinement menstruation came on very profusely and lasted for six weeks, and that on each subsequent period the loss had been considerable. On examination the uterus was found to be retroflected, the whole of the organ being also enlarged; but it was *not tender* to the touch, nor was sexual intercourse painful, and the introduction of the uterine sound caused no distress. You see at once how strongly this case contrasts with the ones previously detailed. Here is another, the particulars of which I have recorded in my note-book. A lady gave birth after a very difficult labour to a still-born child, about five months previous to my seeing her. Considerable hæmorrhage followed delivery, and her convalescence had been very slow. Subsequently she suffered from profuse menstruation, had gone to the seaside and been treated by the administration of tonics, but without effect. On examining her I found the uterus to be completely retroflected and much enlarged. The case was clearly one of subinvolution of the uterus and subsequent retroflexion. This lady did not suffer any pain. She complained of the debility consequent on the menorrhagia and of nothing else.

There is no doubt but that the presence of a tumour in the cavity of the uterus may predispose to its flexion, or again, by bulging out one wall it may simulate a flexion, although in point of fact the axis of the uterus remains unchanged. This was so in the patient whose case is illustrated by the diagram in Plate II, Lecture vi. The uterus appeared to be anteflected, but in reality the anterior wall had merely yielded to the pressure exerted by the polypus as it increased in size. In like manner fibrous tumours, if situated within the cavity, may bulge out the walls of the uterus, or if embedded in them or situated on the peritoneal surface, may possibly by their weight draw the fundus of the uterus downwards. Care therefore is needed to discriminate between a retro- or anteflected uterus and an extra-uterine fibroid projecting from its surface, or an intra-mural or intra-uterine tumour bulging the wall outwards. It is only by means of the uterine sound that you can clear up this point.

From the details of the cases to which I have called your attention, you will see that the symptoms they present vary much, and are very vague; still, as I shall presently notice, they present some well-marked points, common to at least all the cases falling under one of the heads into which I have classed them.

If you refer to most of the works on diseases of women, you will find the symptoms of retroflexion of the uterus stated to be "a sense of weight" in the pelvis, "pain in the back," or "shooting down the thighs," &c., symptoms which are common to nearly every form of uterine disease, and, therefore, worthless as a diagnostic mark; while, with respect to the menstrual function, no attempt is made to apply to it any definite rule. Thus Sir J. Simpson, in the first volume of his "Obstetric Works," says that he has found the "catamenial discharge to be most oppositely affected, occasionally in the way of menorrhagia, sometimes of dysmenorrhea." Again, Dr. Churchill says, "Menstruation may be profuse or painful, or both." I cannot but think that this apparent contradiction in the description of symptoms is due mainly to the want of careful discrimination between two classes of cases, depending on totally different conditions of the same organ. Doubtless there is not any one symptom on which we can rely as indicating the existence of retroflexion of the uterus, and I do not remember in my own practice a single case in which, prior to my making a vaginal examination, I had sufficient grounds for concluding that this displacement existed. Thus in the first of the cases which I have detailed, the most prominent symptoms were irritation of the bladder and difficulty in defæcation; in the fourth they were pains over the ovary and total inability to walk; while in the second regurgitant vomiting alone was complained of. Another case presented an example of uterine lameness, and in her the uterus was so tender to the touch, that sexual intercourse was impossible. In all these cases, however, differing as they do in

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other respects, the menstrual function was similarly affected, being in all much diminished in quantity. In two other cases, on the contrary, menorrhagia was the sole symptom which attracted the patient's attention. And, again, in a case recently under observation, although menstruation was profuse and weakening, the prominent symptom was paroxysms of intense pain. But though the result produced—namely, retroflexion—was in all these cases alike, the causes giving rise to that result were different. Thus, in those in which menstruation was diminished, the retroflexion was the result of congestion terminating in chronic inflammation, and slowly produced hypertrophy. In the others, where menorrhagia existed, it followed on subinvolution, so the catamenial discharge will be diminished or increased in respective cases.

I have already noticed the occurrence of vomiting as having been the prominent symptom in one case; this of course, was due to reflex irritation; but the stomach is not the only organ liable to sympathise with the uterus when it is retroflected; the mammæ may be affected. Thus I recently was consulted by a married lady, mainly for the purpose of deciding whether she was pregnant or not. She stated that four years previously she had given birth to a living child, and that subsequently she had several times become pregnant, but on each occasion had miscarried at the end of the third month. She supposed that she was now again pregnant, because she suffered from incessant nausea, while at the same time her breasts had become enlarged, painful, and distended with milk; but still she was in doubt, because the catamenia appeared not only regularly, but in increased quantity. I speedily satisfied myself that she was not pregnant. The uterus was retroflected. It was manifestly a case of subinvolution, terminating in retroflexion. In this case a pessary was at first badly borne, though finally one was introduced, which answered admirably.

From the consideration of the foregoing cases, I think we may fairly draw the following conclusions:—

1st. That retroflexion of the uterus is a common affection, and that it is met with both in married and unmarried females.

2nd. That it is generally a secondary, not a primary affection.

3rd. That when it is due to congestion, or chronic inflamation of the uterus, terminating in hypertrophy, the catamenia are diminished in quantity, and frequently painful.

4th. But that when retroflexion is the result of subinvolution of the uterus, following labour or abortion, the catamenial discharge is increased in quantity, sometimes even to an alarming degree.

5th. That in addition to the symptoms common to all forms of uterine disease—namely, pain in the back, sense of weight, &c.—we have not unfrequently, where the uterus is retroflected, reflex irritation of the bladder, stomach, and breasts, occurring as to frequency in the order given, and also constipation of the bowels.

It is seldom that much difficulty is experienced in recognising a retroflected uterus; you feel a tumour in the recto-vaginal *cul de sac*, which you can in most cases raise by making pressure on it with the finger; and in doing so you can generally satisfy yourself that it is the fundus of the uterus, the cervix of which lies in its natural position; but the use of the sound will decide the question; for if the uterus be retroflected, the instrument will pass with its concavity towards the sacrum; and when introduced you can in most cases, by giving the handle of the instrument a half turn, raise the retroflected fundus to its normal position. It will, however, drop back as soon as the sound is withdrawn unless it be supported by means of a pessary. If the tumour be anything but the uterus, the sound will pass in its proper direction—viz., with the concavity looking to the pubes, while the tumour itself will not be influenced by rotating the instrument.

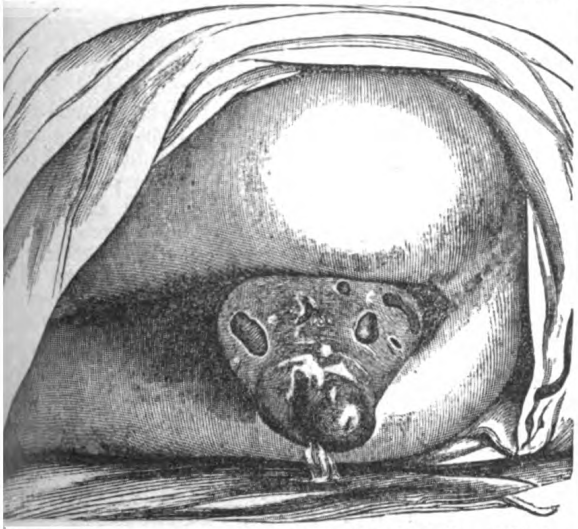
Great difference of opinion exists among practitioners as to the best mode of treating cases of retroflexion. Dr. Meadows would endeavour to cure the inflammatory condition, which is the chief cause of the patient's sufferings, before having recourse to mechanical treatment. I, however, think that where a pessary can be borne, the restoration of the organ to, and the supporting of it in, its proper position, will materially aid us in our efforts to effect a cure. Almost the only instrument that I use for the purpose of supporting the retroflected womb, is the modification of the ring pessary, known as Hodge's lever pessary; it is oblong in shape, and has a double curve. (Plate iv.) When introduced it should lie in the position shown in the engraving. The best are those made of vulcanised indiarubber, on which the secretions of the vagina take no effect. I prefer, also, those with transverse bars; the cervix projects through the space behind the posterior one of these. Care must always be taken to select a pessary of suitable size and length; for if one be introduced which is too long, it will cause much discomfort, and perhaps actual pain; while, if the instrument be too small it will slip out; you must therefore have a number of these pessaries of various sizes by you, and remember that the vagina varies greatly in size in different women. A properly fitting pessary generally affords immediate relief to the patient, and may be left *in situ* for several weeks, or even months. I always, however, recommend patients to have it removed after the lapse of ten or twelve weeks, and not to have it replaced for a week. By adopting this precaution, all danger of unpleasant consequences following its use will be obviated. Should, however, the uterus be so tender to the touch that the pressure of a pessary cannot be borne, I first endeavour to relieve that condition by local depletion, effected by puncturing the cervix; but leeching will no doubt do equally well if you prefer that method, the greatest relief often follows this practice. Dr. Hall considers repeated blood-letting, effected by puncturing the cervix, to be sufficient alone for the cure of flexions. This assertion is however too general: it is occasionally, but not generally sufficient. I always use it as an adjunct, supporting the cervix by means of the pessary, and subsequently endeavouring to bring the organ back to its normal condition by local depletion, practised at intervals of a few days.

Finally, I would urge on you the necessity of bearing in mind that cases of retroflexion are occasionally met with which seem to cause neither distress, nor even inconvenience, to the patient, and that such cases should not on any account be interfered with.

But the uterus, as mentioned at the commencement of this lecture, may be displaced in other directions besides backwards; the fundus may be thrown forward towards the pubes, the os being drawn upward, and looking somewhat towards the rectum. Anteflexion, as this displacement is termed, is of less frequent occurrence, and is less amenable to treatment, than retroflexion; but it seldom produces such distressing symptoms as the latter does. I do not think either that the flexion is ever so marked as in the other—indeed, I believe that many of the recorded instances of this displacement were merely cases in which the natural inclination of the uterus forward became excessive, the womb not being *bent* on itself, but merely sloping more anteriorly than was normal. In these cases, if tenderness on pressure, indicating the existence of inflammation, be present, I puncture the cervix just as I do in cases of retroflexion, but I seldom use any pessary. Dr. Graily Hewitt has invented a double-curved one for the purpose of supporting the anteflected uterus. I have not as yet tried it—indeed, the cases requiring support are not numerous.

Prolapse of the uterus is another displacement of frequent occurrence, productive of great discomfort, and in aggravated cases of actual suffering, but it is by no means so common as is supposed. Great numbers of women, especially of the very poorer classes, present themselves among the extern patients, stating that "the womb is

coming down," but on examination the uterus is found to be in its normal position, the sensation of dragging and bearing down being due to a relaxed condition of the anterior wall of the vagina, which often protrudes slightly beyond the vulva, and is mistaken by the patient for the womb itself. When this proceeds to any extent, the prolapsed part contains a portion of the posterior wall of the bladder, and constitutes the affection known as cystocele. Prolapse may be partial or complete : by the former we understand a protrusion of the cervix to a greater or less extent beyond the vulva ; by the latter, the rarer form of complete extrusion of the whole uterus. When this occurs the vagina is everted, a portion of the bladder, and sometimes of the rectum also, being drawn down with it. In old standing cases of complete prolapse the mass hanging outside the vulva is frequently enormous ; in them the surface of the tumour, especially in the



Complete Procidentia with extensive Ulceration of the Os and Vagina (after McClintock).

neighbourhood of the os uteri, is covered with extensive patches of ulceration, while the mucous membrane of the vagina, is so altered by exposure and the effects of friction as to resemble true skin. The annexed wood-cut illustrates this condition. The patient from whom the drawing was made was under the care of my friend Dr. McClintock, in the Rotundo Hospital ; the prolapse was of twenty-five years' standing. Details of the case will be found in Dr. McClintock's work on "Diseases of Women," p. 59.

These aggravated cases are not, however, of very frequent occurrence ; more commonly when the patient stands for any length of time a portion of the cervix protrudes, receding however when the patient assumes the recumbent posture. If, however, the case be neglected, the protrusion is sure to become gradually larger, and may in time remain permanently outside the vulva.

Numerous kinds of pessaries have been invented, with the view of supporting the uterus and retaining it in its proper position. The best for general purposes is Hodge's, the same which I recommend in cases of retroflexion. You should however, in cases of prolapse, choose one with transverse bars ; they prevent the anterior wall of the vagina from coming down, and as this is the part which first protrudes, it is important to support it. Another pessary in general use is the disc of box wood, or vulcanised India rubber ; those made of the latter are much to be preferred. Globular ones are also employed. I dislike them very much ; they are difficult to remove, and sometimes, as occured with the patient we had here the other day, can only be extracted with the aid of a blade of the forceps, or by the instrument devised by Dr. McClintock for this purpose, an instrument very like a corkscrew in appearance, the spiral end of which is to be introduced through one of the holes in the pessary, and traction then made. ("Diseases of Women," p. 71.) But if the prolapse be large, or the perineum much relaxed, or if it have been destroyed by laceration occurring during labour, no matter what pessary you use, it will be forced out by the pressure constantly exerted on it. In such cases unless you narrow the vagina by operative means, you can do but little for your patient.

This operation, originally suggested by Dr. Marshall Hall, has been modified and improved by Dr. Marion Sims. He removes the mucous membrane in the form of a V from the anterior wall of the vagina, the apex being near the neck of the bladder, and the two arms extending up on the sides of the cervix uteri. These denuded surfaces he then brings together by silver-wire sutures, passed transversely, thus including a longitudinal fold of the vagina, which has the effect of narrowing that canal considerably. In some of his more recent operations Dr. Sims united the base of the V by a transverse dissection. ("Uterine Surgery," p. 311). This without doubt is the best operation which can be performed, and holds out the greatest promise of a radical cure. But I must refer you to the work from which I have just quoted for further information on this point, for it is impossible for me at present to enter fully into this subject. If there be great deficiency on the perineum, or if prolapse of the rectum (Rectocele) exist, it may be necessary subsequently to perform an operation similar in principle, but differing in details, on the posterior wall of the vagina. This proceeding is advocated by Mr. Baker Brown. The first of these operations has for its object the narrowing of the vaginal canal, the latter the restoration of the perineum ; but neither of them has any direct influence on the uterus itself, which is often enlarged to a great degree. This enlargement in many cases is confined to the vaginal portion of the cervix, which becomes greatly elongated, while in not a few there is little if any descent of the uterus itself. You saw a well-marked example of this in the woman who presented herself among the extern patients the other day. She is an over-worked needlewoman. She sits, she tells you, sewing for fourteen or fifteen hours a day. She suffers from partial prolapse of the uterus, with great elongation of the cervix, the vaginal portion measuring at least two inches in length. She is unmarried. The perineum is perfect and the vagina narrow, therefore, in her case, neither of the operations just mentioned is applicable, but, on the other hand, in her you would effect much good by amputating the cervix. I have urged this on her several times, but she is unwilling to submit to the operation ; probably the inconvenience and distress which she suffers will by-and-by compel her to do so. The operation is a simple one : you can without difficulty remove the hypertrophied part by means of an *écraseur*. Great care, however, is necessary to prevent any portion of the wall of the vagina getting under the chain, for if this point be not attended to it is possible that a fold of the peritoneum, or, as occurred in a recently recorded case, a portion of the posterior wall of the bladder, may be drawn in and removed, and give rise to very serious and probably fatal consequences. However, before having recourse to any operation, you should in all cases try palliative means. It is sometimes astonishing how much can be done by rest in the horizontal posture, by astringent injections, and by the judicious use of pessaries.

THE UNITY OF THE SYPHILITIC VIRUS.

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At the recent meeting of the British Medical Association, at Plymouth, a paper of mine on the above subject was read,* giving the details of three cases in which I

* An abstract of this paper appeared in Medical Press, August 23, 1871.

had succeeded in producing an auto-inoculable, freely suppurating, non-infecting, soft chancre, by direct inoculation from a true infecting sore. Two of these cases occurred in guinea-pigs, the remaining one in a kitten ; in each instance I had taken a scraping from the surface of the *unirritated* sore, and produced the mature resultant chancre within a week from the date of inoculation. As these experiments were made more than three months ago, the possibility of being mistaken as to the absence of constitutional taint is removed, when it is remembered that in two instances we are dealing with rodents, in whom the disease, if once implanted, runs a very rapid course. I am now able to detail a fourth successful case of inoculation, also in a guinea-pig ; but I admit that it is yet too soon to speak with certainty as to the non-infection of the general system. It so closely resembles my other cases however, that I regard this (non-infection) as in the highest degree probable. On July 20, 1871, I inoculated a guinea-pig on the inner surface of the left thigh with matter taken from a hard chancre. The subject who supplied me with the virus was a girl, aged seventeen, at the time an in-patient at the Manchester Workhouse. The chancre was situated in the vestibule, it had a distinct hard base, it secreted scantily, and was accompanied by multiple inguinal adenopathy. There was also present a general copper-coloured papular eruption. She had discovered the sore three weeks before, but at the time of my seeing her it had not begun to heal.

The third day after inoculation the puncture on the guinea-pig's thigh was raised and red, on the fifth day there was a distinct pustule, which on the seventh had left a freely suppurating circular sore ; with matter taken from this, I successfully inoculated the opposite thigh in two places. Up to the present date, August 21, 1871, there has been no adenopathy, or any trace of constitutional taint.

If we briefly sum up the evidence in favour of the unity of the syphilitic poison, I believe we must consider it as conclusive. In the first place we have the admission of the most experienced observers, that sores which, so far as our present means of observation go, must be considered as soft, are occasionally followed by constitutional symptoms, and again that sores with every feature of the true infecting chancre are not invariably followed by secondaries. Much evidence to this effect will be found in the "Introduction to the Report of the Committee appointed by the Secretary of State for War, and the Board of Admiralty, to enquire into the Pathology and Treatment of the Venereal Disease," and also in the various articles "On the Nature of the Venereal Poison," by Dr. Morgan, published in the pages of the MEDICAL PRESS AND CIRCULAR. In the second place, multiple adenopathy, which many observers regard as more certain evidence of constitutional infection than the character of the initial lesion, does not always occur where systemic poisoning has taken place. Bassereau mentions 120 cases of syphilitic erythema where the initial lesion was neither accompanied or followed by adenopathy. This, too, Mr. Berkeley Hill, a firm dualist, admits, for, speaking of certain cases, he says, "This makes it probable that the glands in a small number of cases escape alteration." —("Syphilis and Local Contagious Disorders," page 78.) In the third place it is admitted that in syphilised subjects inoculation with the matter of an infecting sore, or with the secretion from a moist secondary, will occasionally produce an ulcer, and that the inoculated sore so produced is invariably soft. M. Rollet writing on this subject says, "M. Ricord arriva à cette conclusion que le chancre induré lorsqu'on reussit à l'inoculer à un sujet syphilitique, se manifeste chez à dernier avec les caractères du chancre mou."—(Rollet, "Maladies Veneriennes," page 665.) In the fourth place there is the testimony afforded by the experiments which I have made upon the lower animals.

It is quite true that the interchange of the two lesi takes place very rarely : thus the great majority of my experiments failed. I do not know exactly what the proportion was, but I should say about 95 per cent. of the operations gave negative results.* It is quite true too that in an immense majority of cases, the skilful surgeon will be correct in prognosing constitutional immunity in cases of the soft chancre, and constitutional infection in cases of the hard sore. It is quite true in a word that the poison of syphilis has developed into two well-marked varieties, which, as a rule, "breed true," but in the face of such positive evidence as that which I adduce, it is impossible to claim more than the position of a variety for the soft chancre. It seems to me that this fact of the original unity of the syphilitic virus taken together with the well-marked double type, into which it has now divaricated, is interesting too in affording an adumbration of the general evolution of disease. I shall perhaps explain my meaning more clearly by sketching the possible history of venereal disease. Once upon a time, for pathological time so to speak is as vague as geological chronology, we will imagine that gonorrhœa was evolved from, or let us say commenced in, a traumatic urethritis, which was soon transmitted from one sex to the other, and from that time assumed a persistent type. Dirt, low vitality, &c., prepare a suitable soil for the gonorrhœal matter which, after a time produces an ulcer in the readily abraded vaginal mucous membrane. The matter which this ulcer secretes is more virulent than the former, and tends to produce an ulcer like itself. The same factors which evolved the ulcer from the urethritis operate again, and so increase its poisonous qualities, that its cell elements become capable of self multiplication in the blood, producing at length a true constitutional malady. This, of course, is purely imaginary, but it is probable that when the "special creation hypothesis" has given way to the "evolution hypothesis" in disease, as it is doing in natural history, we shall adopt some such theory as the above to account for the origin of different diseases. Leaving the improved, however, we find a parallel to the history of syphilis in the history of the epiphytes, or vegetable parasites. It may be held as settled, that the various epiphytes which infest the human body have a common origin, *e.g.*, that the ærial spores of penicillium, that torulæ, and sarcinæ, and the various tineæ, &c., are all the offspring of the same vegetable cell ; and yet it is a clinical fact that, their mutual interchange is scarcely ever witnessed in the human subject. Is it not possible that the same causes which operate to change these low forms of vegetable life, such as differences in the nature of the soil, and the age, &c., of the seed, are also the principal agents in determining the character of syphilis? Though not as yet demonstrable, such a solution seems to me in the highest degree probable.

DIARRHŒA AND CHOLERA :

THEIR SUCCESSFUL TREATMENT BY MEANS OF THE SPINAL ICE-BAG.

A SUMMARY RECORD OF

CASES AND RESULTS.

By JOHN CHAPMAN, M.D., M.R.C.P.,
Physician to the Farringdon Dispensary.

(Continued from Page 227.)

In the treatment of cholera, as, indeed, of diarrhœa, when of a especially severe type, and threatening to merge into cholera, an extremely important remedy, co-operative

* Von Roosbrock, on the authority of Rollet, has proved by experiments that if the discharge of gonorrhœal ophthalmia be deprived of its pus globules by filtration, the remaining fluid is innocuous, and Rollet states that he has obtained like results with the pus of soft chancres.—(Bumstead on "Venereal Diseases," page 346). It is very probable that the small quantity of pus present in my experiments was a common, but as I have shown not invariable, cause of negative results.

with that of the Spinal Ice-bag, consists in the simultaneous application of heat to the general surface of the body. I am aware that heat when thus applied, by whatever method, has generally failed to recover patients from collapse, except in favourable cases, in most of which recovery would have occurred without any treatment at all. The reason of this is, that heat so applied does not, and cannot, affect the condition of the blood-vessels ramifying throughout the spinal and sympathetic nervous centres in any considerable degree. Hence, the hyperæmia of those centres being allowed to persist, the arterial spasms throughout the body, due to the excessive energy of the sympathetic centres, remain unsubdued, and are too strong to admit of blood being drawn through the vessels to the periphery when heat is applied there. But if, while these spasms are being overcome by the application of ice along the spine, heat be simultaneously and energetically applied to the surface of the body, its effects will be wonderfully beneficial, because now the relaxed blood-vessels will permit the blood to pass, and the impulse given by the heat to the vital processes in the organic textures causes them again to attract blood to themselves, and thus to revive the circulation.

Moreover, these local applications of heat are more effective than might *à priori* be supposed even, from what I have just said, for they do exert a certain amount of beneficial influence on the nervous centres. In slight cases, where the vasic spasms of the extremities are distinct, but not strong, vigorous friction or heat, so applied to one hand or foot as to make it thoroughly warm, will generally so act, as already explained, on the nervous centres related to the limb as to cause them, by reflex action, to relax the arteries of, and thus to insure warmth in, the corresponding limb. And, deductively, I conclude that this law obtains in every segment of the body.

The importance of making the utmost effort to facilitate the operation of the Spinal Ice-bag in relaxing the arterial spasms throughout the surface of the body is attested by a fact mentioned to me by the late Dr. Brinton—viz., that if equal doses of opium be given to two dogs of equal size, and then if one dog be kept in a room at a low temperature—say 50°, and the other in a room of a higher temperature—say 70°, the former will die, but the latter will live. The cause of this difference in the fate of the two animals lies, I doubt not, in the fact that the constringing action of the opium on the peripheral arteries was assisted by the external cold in the case of the dog placed in the cold room; whereas, the same action was impeded by the external warmth in the case of the dog placed in the warm room, and thus the circulation was kept up sufficiently to sustain life until the poison had been excreted, or its force expended. The most convenient and effective method of applying heat is that by means of hot water contained in India-rubber bags.

It is impossible to state too emphatically that *in cases of cholera under treatment by my method, the life of each patient depends in great measure on the nurse in attendance. The remedial power of the Spinal Ice-bag can only be exerted while it is rightly applied. It must be kept exactly along the centre of the spine; if it is not it will do harm, and had better not be used at all.* The only method known to me of keeping it in its place which does not involve the incessant watching on the part of the nurse, is that of employing the "Ice-bag Jacket," described at page 33 of my volume on "Diarrhœa and Cholera;" and even then in cases of extreme restlessness slight readjustment may be necessary occasionally. To insure the proper application of the bag; to keep each of its cells, when all are used, duly filled, and duly replenished, when needful, with ice; to keep the surface of the patient clean and dry; to insure the continuous application of heat along the four extremities and over the surface of the body; and duly to attend to the other and various wants of even one patient—all this is a considerable task, and one which demands for its adequate fulfilment considerable intelligence, a resolute will, and a strong sense of duty. I am painfully aware how difficult it is to secure these qualities in attendants on the sick, and how strong in the eyes of many will seem the objection to my method, that its successful practice necessitates not only first-class nurses, but a great many of them in proportion to the number of patients whom they attend. To this objection I can only reply; No easy method of curing cholera is yet known; drugs have been proved useless; and it behoves all whom the matter may concern to ask themselves, "Is the life of the patient in question worth saving at the cost of providing the conditions mentioned?" If the answer is affirmative—then, as in cases of cholera, life is destroyed very swiftly, it will be well to insure those conditions, not only completely, but promptly; an hour, half an hour, nay, a few minutes lost in delay may seal the fate of the sufferer, whose life might have been saved by swift as well as judicious action.

Cases of Cholera.

Case I.—I was summoned in the morning of March 14th, 1865, to see Mrs. D. Just as I reached her room at 7.30 a.m. she had been got up to the night-chair. Immediately she rose from the chair she stood still and speechless, and anxiously beckoned to her attendant, who rushed to her and caught her as she was falling. She was got on to the bed, where she lay for some time as if dead. The window having been opened, she was raised and held up, when she soon recovered from what seemed to be a fainting fit. At 8 a.m. she had another motion, and experienced such extreme dyspnœa, that she appeared to have quite lost the power of breathing. She gasped; her countenance rapidly changed—became quite dark-coloured and remarkably pinched and contracted. Her hands were purple and icy cold. The attack began two days previously with diarrhœa, which had continued ever since. During the night of the 13th the patient was purged several times, became alarmingly weak, and suffered much from cramps in the abdomen and lower extremities, which quite doubled her up. While I was with her, between 8 and 8.30 a.m. she was agonised with cramps, especially in the thighs, and had vomited repeatedly in the morning.

Not until 8.30 a.m. was it possible to procure ice. I applied it immediately, *and within five minutes she was in a placid sleep!* She slept forty-five minutes, and was then woke up by the leaking of the ice-bag. She had another motion immediately—nothing but a serous-like fluid, with flakes of mucous floating in it—a true "rice-water stool."

The treatment of this patient was continued by means of the Spinal Ice-bag alone—no medicines—and although she was fearfully weak during the 15th, 16th, and 17th, the choleraic symptoms were completely controlled, and she rapidly and completely recovered.

[Cases II. to V. inclusive were kindly placed in my hands for treatment either by Dr. Cheeseman or by Mr. Bencraft, surgeon, of Southampton.

Case II.—Mrs. F., æt. twenty-nine, eight months pregnant, living in one of the worst parts of Southampton, was first seen by me on October 4th, 11.30 a.m., 1865. Has had diarrhœa about ten days. On the 2nd inst., in the afternoon, felt faint, and at 7 p.m. took to her bed. Had previously begun to be purged "dreadful." Since then has been purged continually every ten minutes, or oftener. Cramps have occurred at intervals during the ten days, but on Monday night they became very bad, recurring continually, has not had five minutes' sleep at a time for them; skin cool, but not very cold. Ate an egg this morning, and, as her first act of vomiting, has just thrown it up. No headache, but is very giddy; cannot stand one moment. Head decidedly cold; eyes deeply sunken; tongue cool. "Feels," she says, "tight in the chest, and hot in myself." Very slight pain in bowels; passes water. Pulse 108, thin, and very feeble. Applied ice at 11.45 a.m. along the whole spine, and ordered it to be removed at once if any hypogastric pain were experienced. 2.45 p.m.—Was soothed during the first forty minutes, then

began to have pain in the region of the womb, but continued the ice; cramps much lessened; bowels moved but twice; has been sick twice; pulse 104. Continue the ice every other half-hour, and give beef-tea. 7.15 p.m.—Bowels moved twice, sick twice, but retained the beef-tea. Cramps have subsided, but still has pain in the hypogastric region and down the thighs; is very comfortably warm all over. To apply the ice only between the scapulæ every other half-hour as before: to remove it at once if internal pain is induced. 11.15.—Has slept several times during the evening. Hypogastric pain continues; bowels moved once; sick twice; continue as before.

5th, 8.30 a.m.—Bowels moved twice; sick four times, twice provoked by medicine prescribed before I saw the patient, and given without my knowledge. Pulse stronger; warm all over; no cramps. Still has dull pain in hypogastric and lumbar regions; nothing however of the nature of spasms. Has retained her beef-tea, and says the ice comforts her. To re-apply it until it melts along the whole spine, unless hypogastric pains increase. 5 p.m.—Is altogether better; pain lessened; no cramps; warm all over; bowels moved but once; stool decidedly fæcal; has vomited a little after drinking; sleeps often, and feels rather heavy in the head.

7th, 9.30 a.m.—Used ice three times since last evening. Has been sick three times. The bowels have not been moved since yesterday morning. Still warm; no cramps; pulse 104; has eaten two eggs and some fish. To use ice only if coldness, cramps, sickness, or diarrhœa should recur. To eat anything she may fancy. 10 p.m.—Has been much better all day; neither sickness nor movement of the bowels. Is now asleep.

8th, 9 a.m.—In the middle of the night began to "wander," and got up. Does not answer questions coherently this morning. The eyes have a peculiar aspect, as if expressive of cerebral oppression. Head, chest, and extremities warm; pulse rather strong and rapid. She has been neither sick nor purged. Loud bronchial breathing, but no respiratory murmur at back of each lung; breathing rather laboured. I *thought* the breath had a diabetic smell. Still no movement of bowels. To discontinue the ice, and to apply heat between the scapulæ, and to renew the warm water in the bag every hour. 4 p.m.—The heat gave immediate relief, both to the head and chest. In a few minutes after its first application she became quite coherent, broke out in a perspiration, and felt much better. Has had a long sleep—the longest since she has been ill. Says, "I'm wonderfully better; I only want a cup of tea to be all right now." Still neither vomiting nor purging. To renew water-bag at intervals of ninety minutes.

9th, 9 a.m.—Feels a great deal better in herself; slept two or three hours; still no sickness and no movement of the bowels; passes urine freely; skin cool; pulse 112; tongue coated. To continue water-bag once every two hours, and to have a saline mixture. 4 p.m.—Still better and stronger; has slept much; tongue cleaner; no sickness; bowels still unmoved. Says she feels now that she only wants plenty of good food. On this occasion I ordered the use of the water-bag to be discontinued, and took my leave.

Comment.—As this woman is pregnant, peculiar care and patience were needed in her treatment by means of ice, otherwise a miscarriage must have been induced. Foreseeing before ice was first applied the danger of its prolonged use at one time, I ordered its removal at once if hypogastric pains were caused by it. It will be seen that my precautions were needful, but that by careful management such tolerance of the ice was ultimately established as to enable me to overcome all symptoms of her malady. The experience of the effects of the heat in restoring sanity, inducing sleep, causing perspiration, and relieving the lungs is not less striking than instructive.

Case III.—Mrs. L., æt. twenty-nine, first seen October 6th, 1865, at 4 p.m. Began to have diarrhœa and vomiting at 6 a.m., stools being yellow. Cramps began at 10 a.m.; at 11 a.m. the skin became cold and discoloured. Symptoms gradually increased. At 4 p.m., when seen by myself, Mr. Bencraft, and Dr. Welsh, she exhibited the choleraic countenance in a very striking degree: eyes deeply sunken; lips blue; the whole surface of the body cold; cramps violent; rice-water purging and vomiting. Ice ordered to be applied continually. 10 p.m.—Decidedly improved. Markedly warmer; cramps and sickness much lessened. The cramps only recurred when the ice had melted and the bag had become warm.

October 7th, 10 a.m.—Aspect and voice much improved; lips red; whole surface of body quite warm; pulse 100. Cramps only occurred once—when the bag had become warm. Bowels moved three times; vomited once. To continue ice as before. 8 p.m.—Body nice and warm. Pulse 94, fuller and stronger; slightly sick once; no cramps; bowels moved twice; the stools have a fæcal smell. Very thirsty and weak; indisposed to take nourishment, Had some beef-tea and milk, and kept it. To apply ice till it melts, then omit for half an hour, then repeat it in the same way.

8th, 10.30 a.m.—Has had rather a restless night, wanting sleep, and troubled with hiccough. Warm all over. Pulse 90. No vomiting; bowels moved but once; no cramps. To apply warm water-bag along cervical and upper dorsal region, and to renew it every two hours. ℞ Ferri et quinæ citratis, gr. v, ter die. 11 a.m.—Called again and found her asleep. Without giving further details, I may say that this patient steadily improved and completely recovered.

Case IV.—Ellen S., æt. fifteen, first seen October 6th, 12 p.m. 1865. Began to menstruate five months ago. Of late years has had pretty good health, but has always been delicate in the chest; eight years ago had a severe attack of diarrhœa and "slow fever." This morning, at 7.30, had a stool, and complained of pains in her chest and stomach. She continued to be purged and to vomit at times, and at 4 p.m. assumed the ghastly cholera aspect, and said she thought she was going to die. Since then the purging and vomiting have been almost incessant. She is very cold all over, the wrists and tongue especially so; the head alternately cold and hot. Pulse almost wholly imperceptible; cold perspirations; very bad cramps; rice-water stools. When first seen the peculiar choleraic countenance was more striking than I had seen before; it was appallingly deathlike. Had "a bilious pill" at 10.30 a.m., a pill of calomel and opium (gr. ¼ of the latter) at 11.30 a.m. I ordered ice to be applied to the whole spine every two and a half hours.

October 7th, 9 a.m.—Is strikingly better; warm all over; tongue considerably warmer; pulse very distinct, 116; head comfortable; countenance immensely improved; no cramps at all; has vomited but once. The fæces, which are still passed under her, have a distinct fæcal smell. Has had a cup of tea. Ordered to apply ice during an hour; then to omit it half-an-hour; then to resume it for the hour, and so continue. To have beef-tea as often as she can take it. 2 p.m —Continues warm; tongue warm; no cramps. Has been sick once, at 9.30; not since. Bowels not moved since 11 a.m. Has dozed a little; no headache. Has had half a cup of beef-tea, and and has kept it. 8.30 p.m.—Thinks she does not feel quite so well. Warm all over, except the feet; pulse 104; no cramps; sick once; bowels moved once; stool fæcal. Has had two half cups of beef-tea, and has kept them. Had the ice on every alternate hour. To continue the ice an hour, omit half an hour, and repeat continually in this way.

8th, 10 a.m.—Is still warm all over, especially the chest. Pulse 116. Has been sick and purged ten or twelve times during the night. The last stool was quite of the rice-water character, and contained a large round worm which was dead. She complains of pain in the chest, and I cannot hear respiratory murmur at the lower part of the back of the lungs. Has recently slept about half an hour. To

apply ice to lumbar region only, and continually. To apply warm water between the scapulæ every hour. 4 p.m. — Found her asleep. Feels easier in the chest; vomiting and purging much lessened; stools have strong fæcal odour. Has had more beef-tea. Continue. 10 p.m.— Still better; has slept an hour; pulse 100. Mr. Bencraft, who saw her with me, is struck with the improvement in her appearance. She soon became quite well.

Case V.—Mr. B., a strong man, accustomed to work at the Docks, was attacked on the morning of October 8th, 1865, I saw him with Mr. Bencraft in the evening of the same day, when he complained of incessant vomiting, purging, and cramps, and evinced great anxiety and distress; bnt though the skin was rather cool, it was not cold; and as therefore no marked algide symptoms were developed, the case was not thought to exhibit the characteristic symptoms of cholera in a form so decided as to be a desirable one for testing the efficacy of my method of treatment. He was therefore treated by medicine only.

October 9th, 11 a.m.—I was again requested to see the patient, the algide symptoms being now very marked. Indeed all the characteristic evidences of cholera were present; but just before I reached the patient, Dr. Lake had applied an Ice-bag along the spine. I did not see this patient again. Dr. Bullar, however, who called upon me the same day just as I was leaving Southampton, informed me that by twelve o'clock a favourable change in the patient was observable, and that he was already becoming warm; and I afterwards received a note from Mr. Bencraft, dated 9 p.m. the same evening, in which he says :—" B. is much better, warm all over, a capital pulse, but still sick; no cramps." He quite recovered.

Case VI. (under the care of Mr. Bencraft). — Kate Leggett, æt. seven, became ill on the night of July 13th, 1866, and was first seen at 9 a.m. on the 14th, when she had all the symptoms of cholera, and was quite pulseless. Ice was applied continuously, and reaction was perfectly established by 2 p.m. of the same day; a good pulse having returned, she continued to do well, and has quite recovered.

Case VII. (under the care of Mr. Bencraft).— Mary Ann Gregory, æt. twelve, was attacked July 12th, 1866, at 11 p.m., with vomiting and purging, and cramps in the legs, which continued to increase, and in the afternoon of the 13th she was collapsed and livid. The Spinal Ice-bag was applied at 1.30 p.m., the cramps and vomiting speedily ceased, and by 5 a.m., of July 14th the purging had ceased also. The ice was continued uninterruptedly till I saw her in the evening of this day. She was then warm all over, had a good pulse, and was seemingly out of danger. I advised that the ice should now be applied at intervals, and that ice should be given internally. July 15th.— Continues to improve; the Ice-bag was applied once this morning. Finding the head hot, I ordered warmth to the cervical region, the use of the Ice-bag being discontinued. The patient steadily recovered.

Case VIII (under the care of Mr. Bencraft, and treated by me).—Emily Eliza Gregory, æt. seven, sister of the above, was attacked July 16th, 1866, at 2 a.m. with vomiting, purging, and cramps; became collapsed and quite pulseless. Ice was applied for the first time at 10 a.m., and was continued uninterruptedly until 4 p.m., when the countenance had become much less choleraic, and the vomiting, purging, and cramps were already greatly subdued. I then recommended the application of ice in the lowest cell of the Ice-bag, and in the middle one up to the top. Warmth was simultaneously applied to the extremities in this as well as in the preceding case. From this date the child continued to improve, and did well.

Case IX. (under the care of Mr. Bencraft, and treated by me).—Mrs. Witt, æt. sixty-three, after suffering from diarrhœa for some days, while assisting to nurse the children just named, was attacked with cholera. She entered the room when I was there, suddenly sank down, uttered an exclamation, became deathly pale, strikingly cold, the lips turning livid, and the sweat exuding in large drops over her face and upper extremities. I found her quite pulseless, her head being cold. She was carried to her own house, when it appeared there had been a discharge from her bowels as she sat. I applied ice immediately along the whole spine, and in about five minutes afterwards her pulse became distinctly perceptible, slight colour returned to her face, and in a few minutes more she said, "I am better." Ice to the spine and heat to the extremities were continued at intervals for some days. She steadily improved, and was out of danger when I left Southampton. On several occasions, when for want of ice in the house none was applied to the spine, vomiting and purging returned, to be again subdued when the Ice-bag was reapplied.

Case X. (under the care of Dr. Griffin).—Mary Goodwin, æt. nineteen, was attacked July 12th, 1866; became collapsed and nearly pulseless. The attendant of this patient having procured ice, but having no ice bag, placed lumps of ice in a row, supported on each side by sawdust, and then caused the patient so to lie upon it that the ice came in contact with her along her spine. An Ice-bag was subsequently applied two or three days. The patient completely recovered.

Case XI. (under the care of Dr. Griffin).—Charles Adams, æt. seven, attacked July 12th, 1866; became completely collapsed; had the Spinal Ice-bag applied "off and on" during the two days, and quite recovered.

Case XII. (under the care of Dr. Griffin).—A girl, named Feltham, æt. six, was attacked July 19th, 1866. She became collapsed, but continued to have a slight pulse. Under the use of the spine-bag she recovered.

Case XIII. (under the care of Dr. Griffin).—Mr. Willis, æt. fifty-six, was attacked July 18th, 1866; became collapsed, his pulse, however, continuing perceptible. He was treated by means of the Spinal Ice-bag, and recovered.

Case XIV.—Penny, a girl, æt. about twelve, attacked July 18th, 1866, became collapsed, but continued to have a slight pulse; she was first treated by Dr. Griffin, who applied ice to her spine, and subsequently she came under my care. She recovered.

Case XV. (under the care of Dr. Griffin).—George Thorn, æt. eleven, was attacked July 15th, 1866, with very profuse vomiting and purging (rice-water stools), and violent cramps. Ice was applied to his spine during the whole day of July 16th, and at night all active symptoms were subsided. On the 19th he was up again and at play.

Case XVI (under the care of Dr. Oliver).—A girl, named Maguire, about ten years old, had been suffering for some days from cholerine; she was treated successively by astringents, calomel, and arsenic, each of which failed to arrest the sickness. She was, therefore, placed under my care. I treated her by means of ice along the spine, by which the vomiting was speedily and completely subdued. The girl steadily regained her appetite and strength.

Case XVII. (under the care of Dr. Cheeseman)·—Eliza Randell, attacked July 16th, 1866, with cramps, vomiting, purging, and partial collapse. Dr. Cheeseman gave her a grain of calomel every half hour, and ice internally: the cramps were relieved, and the purging lessened, but the vomiting persisted. She was then treated by dilute sulphuric acid, which was also powerless to arrest the vomiting. She was therefore sent to Anspach House and placed under my care. In the evening of July 17th one bag of ice was applied along her spine, she vomited once, but expressed herself as immensely relieved and comforted by the application. She begged to have another bag during the night, which, however, the nurse did not supply. She rallied rapidly, notwithstanding, and ascribed the beginning of her improvement to the use of the ice. The next morning Dr. Cheeseman found her much better, and then, saying she was scarcely a fair case to test the efficacy of the ice, resumed her treatment by means of stimulant salines.

Case XVIII.—This case of obstinate suppression of urine during choleraic reaction resulting in uræmia and delirium, was treated by Dr. Allen, of Brighton, who kindly supplied me with the following report:—Mr. K., of Brighton, was attacked in December, 1866, with violent diarrhœa, vomiting, and cramps in the stomach and limbs, attended with intense pain. As the disease advanced the evacuations assumed completely the "rice-water" character distinctive of cholera. The eyes were sunken, the complexion and general surface of the body became dark, the fingers and nails were purple; the pulse was so weak as to be almost imperceptible; there was total suppression of urine, and intense thirst. In short, there were, as Dr. Allen said, all the symptoms of "Asiatic" cholera. During the administration of opium and stimulants which he prescribed, all the symptoms, except that of the arrest of the urinary secretion, began to subside at the end of the second day. Notwithstanding the use of diuretics of all kinds, the urine still continued suppressed at the end of a further period of fifty-two hours; and this condition was followed by the usual phenomena of uræmic poisoning, including a urinous smell of breath, hiccough, and delirium—making the case apparently hopeless. An ice-bag was then applied along the lower half of the spine, and was repeated from time to time. In half-an-hour after the first application the patient voided nearly half-a-pint of urine, loaded with albumen. Two hours afterwards he passed a pint, and during the next twenty-four hours considerably more than the usual quantity of urine, with a gradually decreasing quantity of albumen. From the time the ice was first applied the patient began to improve, and he continued to do so steadily until he had completely recovered.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 27, 1871.

AN UNJUST VERDICT.

That the office of Coroner ought to be held by a medical man has frequently enough been argued in our columns. It is therefore with double vexation that we read that a medical man was the coroner in the case in which a jury has censured a medical man in a most unwarranted way. Dr. Meeres, with a true manliness that does credit to him as a man and a physician has given to the world, and to the Profession, an account of the treatment he adopted in the case enquired into, and his reasons for it. We invite the attention of every reader to his statements, and we assert, without fear of contradiction, that unless the reports of the proceedings that have been published are mere misrepresentations, that Dr. Meeres has suffered a gross injustice, and that the coroner, as a medical man, ought not to have allowed such a wrong to be perpetrated.

We read that Dr. Meeres only knew of the inquest an hour before it took place, and then had to go four miles in order to be present; that the coroner in a most impertinent manner warned him as to any statement he might make, and suffered it to be asked whether he was a qualified practitioner in a manner that might leave doubt in the minds of the ignorant. We do not at this moment remember the name of the medical coroner, but we have little doubt that he has not attained the high distinctions in the profession that Dr. Meeres holds, and in any case such injurious remarks, uncorrected by a medical man exercising the office of judge, towards a medical brother, are enough to excite the indignation of all, and make us regret that the inquest had not been presided over by a lawyer who, when such a turn was given to the inquiry, would have seen at once the injustice about to be perpetrated, and probably have adjourned in order to give Dr. Meeres the chance of producing evidence or employing legal assistance. There would have been no difficulty at all in proving that Dr. Meeres was fully justified in the treatment he adopted. In fact, the coroner, if he is, as we hear, a medical man, ought to have known this; and, knowing it, ought not to have kept back that knowledge, when the reputation of another medical man was at stake. The questions raised by this inquest are of public and professional consequence far beyond the single case. The lesson to be learned as to the possibility of injury from a particular drug, is not likely to be lost. The injury to Dr. Meeres will, we trust, not be permanent. We congratulate him on his bearing in a trial that must be most painful to any man, but which might happen to any practitioner. We exonerate him from all blame, and assure him of the hearty sympathy of all his brethren. We declare that his conduct contrasts most favourably with that of the other medical men in the case, and we assert that the insinuations respecting the qualifications of a man who took a high place at the London University are only worthy of scorn.

Further, we think that Justice has so completely miscarried that the Profession is entitled to some explanation from that one of its members who has obtained the office of Coroner. If medical coroners conduct inquests in the manner this appears, from the newspaper reports to have been conducted, it will be better for us to fall into the hands of lawyers.

Let Dr. Meeres speak for himself. He has written to us the following letter:—

Sir,—An account has been published in the London and Provincial papers of an inquest held on the late Miss Harriett Fowler, whose death the verdict of the coroner's jury states was caused by poison from the application of a very strong preparation of bichloride of mercury, made to the head and neck by Dr. Meeres, and the verdict adds that Dr. Meeres is very greatly to be blamed for having made the application.

I should be glad to have the opportunity, through your columns, of laying the facts of this very melancholy case before the profession. The child was between nine and ten years of age, of a fresh complexion and stoutly built.

On the 21st August she was brought to me with ringworm (tinea tonsurans) of the scalp. She had also some patches of tinea circinata on the face; for the latter no local treatment was used.

I prescribed steel wine and the use of a lotion of carbolic

acid, glycerine, and water, and directed that the head should be shaved. This comprises the whole of the treatment for the first week.

August 28th (Monday).—The disease appeared to be spreading, and I proposed as a speedy cure, the application of bichloride of mercury, as recommended by Dr. Tilbury Fox. On several previous occasions I had had recourse to this treatment with success. The application was made to each of the patches with a small camel's hair brush. A little of the solution accidentally ran down the sulcus behind the left ear. No pain whatever was felt while the patient remained in my room.

Monday evening.—The painted surfaces were blistered, including the line behind the ear. The subjacent scalp was tumid. There had been considerable pain, and there was sharp diarrhœa and sickness. The vomited matter consisted of pieces of greengage or apricot. No medicine given. Water dressing applied to the head.

Tuesday morning.—The patient had passed a restless night, and was very weak. There was relaxation of the bowels, and everything except cold water induced sickness.

Tuesday evening.—Mr. Gore saw the patient with me. There were patches of blisters on the head. The face looked pallid and puffy, and the eyelids were œdematous. There was great prostration, and tendency to diarrhœa and sickness. The gums were swollen and saliva ran from the mouth. It was only too evident to both of us that salivation had begun.

Wednesday morning.—The blisters had pretty well subsided. The parotid and submaxillary glands were considerably swollen, and saliva ran from the mouth. The tendency to diarrhœa continued, and there was great prostration of strength. Some pain complained of in opening the mouth.

Wednesday evening.—The parotid and submaxillary glands were still more enlarged. To procure sleep and allay restlessness—Liq. morphiæ acet., ℥x. were given, and directions left that the dose should be repeated if sleep was not induced.

Thursday morning.—The second dose of morphia had been given, the patient had passed a quiet night and was drowsy. No further swelling about the jaws, and the diarrhœa and sickness had ceased. Coffee to be given at once, and as much nourishment as possible through the day.

Thursday evening.—The patient still rather drowsy; had taken some essence of meat, milk, and brandy and water through the day. The swelling about the jaws apparently slightly receding.

Friday morning.—The patient had taken nourishment through the night. Between seven and eight o'clock she got out of bed unassisted to go to the night-stool, and remained out several minutes. In getting into bed again she fainted, and although assistance was at hand she did not rally. No mercury was given by myself or others during the illness.

There was not at any time delirium, convulsions, or, until after the morphia had been given, drowsiness.

It is I fear indisputable that salivation and general prostration were induced by one application of an alcoholic solution of mercury, and that the patient was in fact poisoned by the mineral.

It is needless to say that this very sad case has caused me the deepest sorrow—a sorrow that will never be altogether effaced. The practice of the profession is always attended with sufficient anxiety and uncertainty, but a calamity like the present is enough to crush a man in his work.

I am, sir, your obedient servant,

EDWARD E. MEERES, M.D.

Melksham, September 12, 1871.

THE GRAIN OF WHEAT IN THE PECK OF CHAFF.

THE motive power of Mr. Benson Baker's tour in Dublin, in search of bad smells and sanitary grievances has been made public in his last communication to the *British Medical Journal*.

Having led up to the subject of the most preposterous exaggerations and misrepresentations as to the sanitary state of Dublin, he proceeds to say:—

"The sanitary arrangements of Ireland require to be recast." Nothing will be efficiently done for Ireland until a Ministry of Health shall be established. *The appointment of a Medical Health Commissioner* for each of the four provinces would doubtless, in a few years, produce results as economical and humane as that which has issued from the admirable working of the Irish Dispensary and Medical Counties Acts. My friend Dr. Maunsell says, &c., &c., &c."

Who could have dreamt that the statistical fervour of Dr. Maunsell, and the virtuous horror of "his friend," the deputation should have led to such a conclusion!

By all means let us have a Medical Health Commissioner for Leinster and one for London if Dr. Baker likes. Indeed, let us all be Health Commissioners, and well-paid. Mr. Benson Baker's proposition is carried *nem dis.* Has he not conclusively shown that there is a great deal for the Health Commissioner to do, and that "my friend" Dr. Maunsell is the man to do it, and *sequiter*, that the public has to pay for it.

Notes on Current Topics.

Hypodermic Use of Morphia in Operative Midwifery.

DR. MELVIN RHORER, Assistant Demonstrator of Anatomy in the University of Louisville, now in Vienna pursuing his studies, sends the following to the *American Practitioner:* "I have in a number of instances seen turning effected long after the liquor amnii had passed by fully narcotizing the patient. I have never, however, seen the uterus brought to that desirable state of rest whereby the operation may be easily performed when the usual means of producing narcotism have been employed; that is, by chloroform or the internal exhibition of opium. I believe the sovereign remedy in such cases is the hypodermic injection of morphia. I have witnessed its good effects in a large number of cases, one of which, witnessed at the clinique of Professor Braun, I here report. The patient was a strong, healthy woman, thirty years of age, the mother of three children, at whose birth she had had no trouble. Her condition on examination was as follows: The abdomen tense and somewhat sensitive to the touch; the liquor amnii had passed seven hours previously. Her pains were recurring at short intervals; great sensibility on vaginal examination. An arm, purple and much swollen, was found in the vagina, with the corresponding shoulder deeply wedged in the pelvic cavity; the surrounding parts of a higher temperature; the patient much exhausted from pain. One sixth of a grain of morphia was injected into the linea alba, midway between the umbilicus and symphisis pubis. In five minutes the hitherto spasmodic action of the uterus was much more feeble, the intervals became longer, &c., and in twenty minutes complete rest was secured. The uterus was soft, and the shoulder moveable in the pelvic cavity. Turning was easily and quickly effected, and the child was extracted without causing contractions. By continued gentle friction on the abdomen, the uterus was again excited to activity, and in half an hour the placenta came away. Very soon afterwards the womb had contracted under the symphisis, and the patient continued to do well."

Condemned Communists.

"COURBET," says the *Paris Journal*, "has been removed from Versailles to Tours, where he is to undergo

his sentence." Dr. Rastoul, one of the members of the Commune recently condemned, has become mad, and passes his time in uttering imprecations against Commander Gaveau, the Government Prosecutor in the third court martial. He has been removed to the hospital of the civil prison at Versailles. Jourde is in a state of great prostration, and his condition is becoming more and more critical every day.

A Black Town.

A REPORT has been made by Dr. Thorne Thorne, one of the inspectors of the Medical Department of the Privy Council, or rather, as it must now be termed, the medical department of the local Government Board, on the excessive mortality registered from "fevers" during the past two quarters at Dudley. An analysis of statistics shows that more than 11 per cent. of the mortality from all causes in the ten years ending 1869 has been caused by the chief infectious diseases. Diarrhœa accounts for $6\frac{2}{3}$ per cent. of the deaths. The infantile mortality is excessively high. The mortality tables, for 1870, taken in connection with the population prove that with a decreasing population the general death-rate has risen markedly. It was, in 1870, 25·7 per 1,000, as against 22·6 per 1,000, the average of the three preceding years. More than one-third of the deaths were those of children under one year old. The mortality from fever was double that for the large towns in England and Wales. Dr. Thorne says Dudley has many natural advantages as regards drainage, but these have not been taken advantage of. Large portions are still unsewered, slips and filth may be seen trickling down the streets; sewer ditches run through thickly inhabited districts, and many of the sewers are improperly constructed and defective. Even in some of the best streets the sewers are so ill-adapted for their purpose that they fail to drain the cellars, from which a foul and offensive fluid has, in some instances, periodically to be removed. There is no plan of sewers (Dr. Thorne adds), and nothing is known concerning them. The sewage is received after leaving Dudley into huge holes dug in the ground, and situated, at least in one case, within forty yards of a group of houses, to the inhabitants of which the stench must be intolerable. The sewage ultimately finds its way to canals and watercourses. There are about half a hundred closets in the place, otherwise the town is dependent on the midden system, and the removal of the refuse is wholly insufficient. Soakage from the huge middens takes place in the surrounding soil. The water-supply is condemned as bad in quantity and quality. A place called the Mousesweet Brook, a name which is a perversion of "mouth sweet," so proverbially sweet was its water, is now an open sewer, the contents of which are too foul to the sense of smell ever to be tested by that of taste.

The reforms urgently required in Dudley are, according to Dr. Thorne, the adoption of a thorough system of sewerage and drainage, the provision of an ample and pure water supply, the systematic removal of all excremental matter and refuse, the removal of fouling influences that at present exist in the place, the better construction of houses in accordance with the principles of the act to "provide better dwellings for artizans and labourers," the prevention of overcrowding, the introduction of a proper system of disinfection for polluted localities, the erection of hospitals for the isolation of infectious diseases, and of a proper mortuary; and, lastly, the appointment of a well-qualified and an energetic medical officer of health.

The Connection between Foot-and-Mouth Disease and Small-pox.

AT a late meeting of the Medico-Chirurgical Society of Montreal, Dr. F. W. Campbell read a paper in which he claimed to have proved the following:—

1st. That cattle in many ages, and different countries, have been afflicted with small-pox.

2nd. That this disease has existed among the inferior animals simultaneously with small-pox in man.

3rd. That it appeared among the cattle in England at various times during the 17th century, and that comparatively recently it has shown itself with considerable severity.

4th. That when the disease appears among the inferior animals in a malignant form, it produces by inoculation a disease of similar severity in man.

5th. That as man has received this affection from the cow, so likewise has it been produced *in* the cow from man.

6th. That the direct inoculation of the cow with human small-pox, has produced a mild and mitigated disease, and that such diseases reproduced by inoculation on man accords entirely in its character, in its progress, and in its protective influence with the variolæ vaccinæ, as described by Dr. Jenner, thus irresistibly proving his fundamental proposition, that cow-pox and small-pox are not dissimilar, but identical, and that the vaccine disease is not the preventitive, so to speak, of small-pox, but the small-pox itself.

As to the operation of vaccination, the method he invariably adopts is to make use of the *perfect* scab. He admits there is room for the exercise of much caution, and that it would be ill advised to use crusts from even healthy children without having subjected them to the following easy examination. The scab should be held up to the light, and if it presents a mahogany coloured semi-transparent centre you may put it aside for use, first having taken care to cut away from around it, the few drops of pus with epithelial scales that have dried with it. Enquiry should also be made to ascertain if the vesicle had ruptured in its course; if it has he would advise its rejection. In his early experience as a vaccinator he found many scabs, which had in their course been accompanied with considerable constitutional disturbance, all but destitute of vaccine matter, being nearly perfectly clear when examined by the light test. Enquiry as to the cause, at once showed, that there had been an early rupture of the vesicle with a copious discharge of clear liquid lymph. Having selected a crust, he shaves a portion of it down upon the back of a plate or saucer, and adds a drop or two of *cold* water, and works it into a ropy solution. Taking a quantity of this solution he smears the portion of the arm he intends to vaccinate, freely with it, and then makes what he terms the tartan cut, viz.: a number of parallel scratches, with cross scratches. Care must be taken not to draw blood freely, for when this is done, the chances are decidedly against the success of the operation. If the child is pale, use a moderately blunt lancet. If the child is florid, with a fresh looking arm, make the scratches with a fine needle. With this method, which is in many respects similar to the plan generally adopted by the profession in Montreal, Dr. Campbell had very great success, and has succeeded in getting vesicles

filled with lymph, and ending in large dark brown mahogany crusts. The method of arm-to-arm vaccination he has tried several times, but the vesicles and crusts which have followed have not shown any superiority over the first named method, while the difficulty attending it is such as to prevent its being adopted in Canada—even anything like universally—for many years to come. As to liquid lymph preserved in capillary tubes, during one whole year and a part of a second he adopted it, but for constant use has now abandoned it, being satisfied that the results obtained are not one bit better than what are always obtained from a first-class vaccine crust.

Allopathy versus Homœopathy at Southampton.

At a recent meeting of the Southampton Guardians was elected (vice Dr. Griffin, resigned), a Homœopath named Archer to fill the vacant place. The protestations of Dr. Hearne, Mr. Davis, and one or two others were of course of no avail in the face of the all convincing logic of Mr. Archer's proposer and seconder, which we here give lest such eloquence should be lost in the comparatively localised circulation of a Southampton paper. "Mr. Archer is described as about 35 years of age, and belonged to that school known as the Homœopathists', and from what he (the proposer) had known of the old system he found that many of the old school had gone over to Homœopathy. He was, therefore, a Homœopathist, pure and simple, and would be prepared to practise that system were he elected—which would be *not only a saving of life* but money to the ratepayers also. Mr. Waters had much pleasure in seconding the proposition, believing that the new school was much better than the old one ; if not, it must be bad indeed (laughter). For himself were he ill he would rather go to the Bastile than be under their treatment. He had heard that the medical gentlemen of the town had said that were Dr. (*sic?*) Archer elected they would not consult with him, but he had seen a telegram from Portsmouth from a medical gentleman, offering to come and assist Dr. Archer at any time rather than he should be thrown over."

We sincerely hope that our readers will not be visited with the nightmare, or that troubled dreams of "wasted lives and ratepayers' money" will tempt them to leave their old loves, and, like Mr. Archer, seek for fields and pastures new. Bravo, Guardians of Southampton! You are bidding well to rival even "the St. Pancras Board." We regret to be obliged to think that the guardians would not have committed themselves to the course of forcing Homœopath on the poor had they not been encouraged by "trimming practitioners," who have held themselves out as willing to practise either system. Again it is not to be forgotten that a registered medical man, a few months ago, *proposed* a Homœopath as "an eligible candidate for a vacancy at the Southampton Dispensary." If medical men thus act, after all, the conduct of guardians who are chiefly tradesmen, is perhaps excusable.

French Medal.

The French War Minister on the 6th instant proposed to the National Assemby at Versailles to have a medal struck for distribution to such persons as distinguished themselves in the Ambulances during the late war. In submitting his proposal His Excellency observed that the Cross of the Legion of Honour can only be accorded to those who have merited it ; and added that a medal could be given to ladies as well to the men who had taken an important part in this work of charity and humanity. The proposal was adopted.

Legion of Honour.

The friends of the Rev. Dr. Smyth, D.D., will learn with satisfaction that the French Government has conferred upon him the Cross of *Chevalier de la Legion d'Honneur*, for the eminent services performed by him during both sieges of Paris. It will be in the recollection of our readers that Dr. Smyth volunteered to proceed to Paris from St. Germains when the capital was being invested ; that he exerted himself when other members of his profession had quitted their posts, in administering material relief and spiritual consolation to hundreds of British subjects, and finally only quitted the city when his health had completely broken down under the severe labour, anxiety, and privations which he underwent.

He was an active member of the British Charitable Fund, or in other words of the Committee to which Mr Wallace entrusted the distribution of much of his own charity to needy British subjects, the other members being Drs. Herbert Shrimpton, and McCormack. Mr. Wallace has most deservedly been rewarded ; so has the self-denying clergyman. We look for a similar recognition of the services of the then medical members, who not only distributed money to the needy, but assiduously attended the poor during periods of sickness, besides performing meritorious work in the ambulances.

Enlarged Tonsils.

Dr. Rumbold, of St. Louis, has treated successfully a number of cases of enlarged tonsils by injecting the glands by means of a hypodermic syringe, with a solution of iodine—iodine, gr. ij ; potass. iod., ℈ij ; aqua, ℥j. Generally a slight inflammation followed the injection, but soon subsided. From twelve to seventeen injections, ordinarily two a week, were sufficient to reduce the gland to its normal condition.

The Iron Cross.

The *Globe* says that according to a general estimate made by the German Ministry of War the number of persons who received the Iron Cross during the late war was about 40,000. Though this number may appear large, more decorations in proportion to the troops engaged were conferred during the War of Liberation. At least four times as many German soldiers were engaged in the late campaign as in those of 1813 and 1816. Yet in the earlier war about 15,700 iron crosses were distributed. The disproportion becomes still greater when we take into account the higher classes of the order. During the War of Liberation the Grand Cross was awarded to seven officers, while during the late campaign only six received it. The other classes of the Iron Cross have also been less lavishly distributed ; indeed, almost twice as many were conferred in 1813 to 1815.

The Medical Directories.

The Editors of the "Medical Directory" have given notice that they will not in future insert qualifications

which cannot be registered under the Medical Act. It seems that there is a great increase in the number of Foreign degrees. These give no right to practise, and the editors will exclude them from the "Directory." A very proper resolution this.

Actual registration is not a condition of insertion in the Medical Directory, but the qualifications must be such as the Registrars would receive.

On the Manufacture of Chloral.

Dr. Squibb, at the last annual meeting of the American Pharmaceutical Association presented a report on this subject in which he said that he had used alcohol of various degrees of strength in preparing chloral, but had met with no success, except when using absolute alcohol. In regard to the time required to complete the process it was found that the slower the current of chlorine, and the longer the time taken to produce the chloral, the better the result. About twenty-eight days are required for one operation, in which sixteen gallons of absolute alcohol weighing 92 pounds, and about a ton and a quarter of mixture of binoxide of manganese and common salt, and about the same quantity of sulphuric acid, were required to produce 160 pounds of crude hydrate of chloral.

Some accidents of an apparently trivial nature seemed to indicate that chloral is very liable to decomposition from contact with organic matter, but experiments have shown that it is not equally liable to this decomposition from all kinds of organic matter.

Under such circumstances, the only safe practice is to keep chloral as free as possible from all organic matter until we know more about it; and this particularly in view of the harm it does when given in even a partially decomposed solution. It appears to be by far the best practice to dispense it in simple watery solution in glass-stoppered vials, since in this condition it keeps indefinitely, and can be added to any desired vehicle at the time of taking, and ice-water appears to be about as good a vehicle for this, as for all saline substances, as any yet devised. When given to patients who have been long fasting, it is often found to disagree with them, or, at best, to affect them less favourably than when given near a meal, or when the gastric secretions are not in the condition of long fasting. Hence the syrup of orange-peel or the mucilage, &c., with which it is common to give it, may not be without useful effect, and those physicians who have now abandoned these mixtures for the simple solution, often, if not generally, advise their patients to eat a cracker, or take some other light food in small quantity, before or immediately after an hypnotic dose. When the medicine affects persons unfavourably, it should always be examined for hydrochloric acid by smelling and testing, and by litmus paper. Nitrate of silver is too sensitive a test, for if the solution has been for some time made, and especially when water containing organic matter is used, a cloudiness may be produced with this test which it is quite safe to disregard.

If the chloral be given under favourable circumstances, only about eight to twelve minutes elapse before the patient is asleep. If the first dose, namely, the ordinary dose of twenty or thirty grains, is not effective, a second one may be given in fifteen minutss. For if the effect is not obtained in fifteen minutes it is not likely to be experienced at all. If the second dose is inoperative, the physician may conclude that the medicine is inappropriate, since the heroic quantities that have been given have generally produced unpleasant effects. Unpleasant effects are, doubtless, often due to bad quality in the chloral. Of the various grades of it now in the market, it is, perhaps, not too much to say that a large proportion of it is unfit for use; none of it is as good as it should be, or as it will be when the makers get to know better how to make it, and when those who buy know better how to test it, and what to reject.

It will thus be seen that we are probably better off in Europe since it has been freely stated that there is very little impure chloral in the market. Yet the Report presented by Dr. Squibb seems to show a very different state of affairs in the United States. It seems to us not improbable that we have yet much to learn respecting this substance.

Freshly made solutions of chloral, especially if made from large crystals, are often more or less opalescent or milky, and this milkiness may continue for a few moments only or for many hours, but if the chloral be of good quality, the solution will sooner or later become perfectly clear, or will at once become clear on being warmed. Solution of nitrate of silver should give no reaction, or but the faintest cloudiness, with freshly made solutions of good chloral. But a little dust in the chloral, or a little organic matter in the water with which the solution may have been made, will soon give a decomposition sufficient to produce slight cloudiness with this test. If the solution has been kept in a cork-stopped bottle it will always give a cloudiness.

Chloral appears to be a hypnotic and not an anæsthetic; it produces sleep, but it will not often relieve pain when the pain arises from any organic disease. If it be inflammatory pain or pain from injury, it does not relieve it, although it sometimes forcibly superinduces sleep. A person may have suffered an injury and take a large dose and get six or seven hours' sleep, but on waking the sleep will be found to have been unrefreshing. The knowledge of how to use it is not complete, but experience is accumulating every day upon it. Our greatest interest in it, is to know how to select, keep, and dispense it; as it absorbs moisture and becomes moist in a damp day, and becomes the opposite in a dry wind. It is liable to decomposition under conditions not yet well known.

Lunacy in Ireland.

The inspectors of Lunatic Asylums in their report just issued, state that the statistics of the year 1870, show an apparent increase in the total number of insane persons in the country, as contrasted with those of the previous year.

It thus appears that the inmates of public—that is, of district lunatic asylums, have increased within the year by 347 insane persons, while the returns of lunatics at large, obtained through the Royal Irish Constabulary, exhibit an addition of 357 to the numbers returned through the same channel in 1869. A falling off of 153 appears as regards the lunatic and idiot classes resident in poor-houses. There was only one lunatic confined in gaol at the end of the year.

With reference to the considerable apparent increase of the insane who are not located in any asylum or other

place specially adapted for them, it may be observed that on no former occasion were these returns obtained for two consecutive years, and hence it may have arisen in many instances that the constabulary were enabled to furnish a fuller and more complete return with the information and experience of the previous year to assist them than when making a similar one at intervals of two, three, or five years, as heretofore.

The increase in the number of lunatics in district asylums is natural and was to be looked for, the accommodation for the classes of insane supported at the public expense having been considerably extended within the last few years, so that these institutions have now, in round numbers, provision for 7,600 inmates.

The diminution observable in poorhouses is accounted for by the number of insane persons transferred from them to the various asylums during the year. The term insane is here used in a general sense, and applies, we regret to say, indiscriminately to the idiotic and demented, as well as to the lunatic classes, many of whom, when they become a little troublesome to those in charge of them, are sent to asylums, without any reference to their fitness for treatment in institutions for the insane, or consideration for the additional expenditure entailed upon the district by placing persons in expensive curative establishments who cannot possibly derive any benefit therefrom, and who, with due care and attention, could be very well and suitably provided for in the wards of a poorhouse.

Harvey.

In 1878, the Tercentenary of the discovery of the circulation of the blood will be completed, and his native town, Folkestone, has already inaugurated a subscription for a suitable monument. At a public meeting reported in the *Folkestone Express*, we find that Mr. Simon who was on a visit to Folkestone, took part in the proceedings, and the profession was otherwise well represented. We naturally feel a lively interest in the proposal, and have much pleasure in noting its early success. It was unanimously resolved

That subscription lists be opened at the Town Hall, National Provincial Bank, Pavilion, and Libraries in Folkestone, and also in London and other places (to be selected by the Committee) in aid of the object, and that all funds collected be placed to the credit of an account to be opened at the Bank of England, Burlington Gardens, London, with "The Harvey Memorial Committee."

We have, no doubt, the response will be liberal, and that when the time arrives, one of our great worthies will be worthily honoured in his native town. Honour to Folkestone for having taken time by the forelock in so good a work.

The Adulteration of Beer.

Several cases have lately been reported from Leeds and elsewhere of publicans being heavily fined, two in no less sums than £50 each, for adulterating their beer with grains of paradise;" and another has had to pay a still heavier fine of £75 for having a large quantity of this obnoxious drug in his possession. *The Standard* considers that these and other recent revelations go far to demonstrate that the whole question of the adulteration of our food and drink must be thoroughly investigated, and dealt with by some comprehensive legislation.

Lunacy Expenditure in Ireland.

The cost of support and maintenance in District Lunatic Asylums for the year 1870, was £150,964, and exceeds that of the preceding year by £10,930. This increase is caused in the first place by the additional number of patients to be supported, namely, 347, which, at the average rate of maintenance per head, gives £8,088; the actual advance, therefore, in the gross expenditure has been but £2,742.

Vaccino-Maniac Logic.

At Glasgow last week a person named Gibbs, whose trade it is to stir up agitation against the law of vaccination, in the course of an address said, that all benevolent persons should refuse to subscribe to hospitals where such an insane practice as vaccination was carried on. He referred to Sir William Jenner having advised the Queen and Royal Family to be re-vaccinated. The consequence of her Majesty having undergone that operation was apparent now, for Dr. Lister had been suddenly called to Balmoral to perform an operation upon her arm. *He did not know the precise nature of the malady*, but at any rate it was an abscess, and *he thought it was not at all improbable that the Queen's ailment was the consequence of re-vaccination.* Sir William Jenner no doubt acted in ignorance in giving her Majesty such advice, but many persons were obliged to leave the country for a much less indiscretion.

Irish Private Lunatic Asylums.

Respecting these institutions, the Inspectors in their Blue-book report that, they continue on the whole to be satisfactorily conducted, some in every respect in the most creditable manner; the visits to them, being one with another, at least monthly.

The aggregate number of patients in them at the close of 1870 amounted to 675—of whom 339 were males, and 299 females; during the year 182 were admitted—82 males, and 100 females—136 were discharged, 70 recovered—26 males, and 44 females, and 40 improved, 20 of either sex, and 26 unimproved—9 males, and 17 females.

The deaths on the daily average (and none of which resulted from accident) under treatment—namely 630—was 42, or at the rate of 6¼ per cent., a comparatively low rate of mortality.

A Persistent Vaccino-Maniac.

At a meeting of the Guardians for the Leeds Union, an old woman presented herself and pleaded with piteous earnestness that no further prosecutions might be entered against her son, George Holroyd, on account of his refusal to have his child vaccinated. Using hyperbolical language, she asked that the attempts which had been made to force on the murder of the child might be discontinued. She intimated that her son had done everything he could to meet the heavy burdens imposed upon him, but being now without means, he must go to prison unless the guardians stayed their hands.

The guardians deliberated upon the course that ought to be pursued. The son had been fined five or six times for non-compliance with the law, and it was stated that he has some intention of going to America in order to get beyond the reach of vaccination prosecutions.

The Chairman and all of the members who spoke regarded the case as a very painful one, and admitted that the objections were conscientious; but all, with the exception of Mr. Kenworthy, thought the board could not do otherwise, in simple consistency, and in compliance with duty than put the law in force again if the parties still refused to vaccinate.

The guardians decided on taking proceedings against Holroyd, but the applicant was informed that a month's time would be granted to get the child vaccinated, if there was a disposition to do that.

Sanity of Criminal Lunatics.

It would appear, from the last report of the Inspectors of Lunatic Asylums, that thirty-one of the total number of persons in confinement (167) are sane. The others labour principally under mania, melancholy, and imbecility.

Salford Hospital.

At the annual meeting of the managers of the Salford Hospital the Board recorded the munificent donation of £7,000 from Mr. Humphrey Nichols, one of the vice-presidents of the Institution, given without any other stipulation than that it should be invested for the future support and maintenance of the Hospital. This sum, together with former gifts, and recently (1869) the presentation of a number of chief rents, made up an amount of at least £10,000 as contributed to this charity by the repeated acts of generosity of the above-named gentleman.

Charge against a Medical Practitioner.

Last week an inquiry took place as to the circumstances connected with the death of Mrs. Sayer. It appeared that Dr. Times had been engaged to attend deceased in her confinement; that he had been called there and found her in a fit; had given some medicine and then left, promising to return in two hours. He did not go back, however, but two hours later than he should have returned sent a letter saying that another medical man had better be called in, as he had to go into the country. Another surgeon, Mr. Jakins, was called, but, owing to his not knowing what medicine had been administered by Dr. Times, he was unable to treat her, and had to send to Dr. Times to inquire. The woman died. In answer to the jury, Dr. Times admitted that it might have been better had he sent another medical man to take his place. The jury returned a verdict that the deceased died from exhaustion in childbirth; but wished to append the following: "The jury consider Dr. Times to blame in leaving the family in expectation of his visit at seven o'clock till half-past nine o'clock without sending any other medical man in such a critical case."

Charitable Bequests.

Mr. Joseph Jackson, of Northumberland Park, Tottenham, has bequeathed £10,000 to establish in Shoreditch a soup kitchen and cottage infirmary, to make up four beds, with paid housekeeper and surgeon. Mr. M. B. Mullins, of Fitzwilliam square, Dublin (in addition to the legacies to medical charities previously mentioned), bequeathed £500 to the Coombe Lying-in Hospital. "R. M. H." has given £300 to the Halifax New Infirmary. Mr. Samuel Morley, M.P., has contributed £100 towards Mrs. Gladstone's Convalescent Home. The West Kent General Hospital, Maidstone, has received £100 under the will of Mr. T. R. Cutbush. Messrs. Iliff and Mounsey's workmen have subscribed £23 7s. 8d., and the North Eastern Marine Engine Works' workmen £25 12s. 5d., to the Sunderland General Infirmary. Mr. Edward Wigan, of Hibernia Chambers, London Bridge, bequeathed £1,000 to the London Fever Hospital, and £500 each to the London Hospital, King's College Hospital, and Charing Cross Hospital.

Preserved Vegetables.

Last session Mr. Buchanan read a paper before the Society of Arts on the preservation of vegetables by a cold, dry process. Having submitted samples to the Admiralty, the following satisfactory report has been received upon them from Mr. Harry Leach:—

1. *As regards present condition.*—All the samples are sound, and in a very good state of preservation.

2. *As regards nutritive properties.*—Quite equal, if not superior, to those of compressed vegetables.

3. *As regards general flavour.*—The spinach, onions, savoy cabbage, and brocoli are exceedingly good, in some respects comparable to vegetables in the fresh state, and the other varieties are fully as good as any average specimen of mixed or compressed vegetables.

4. *As regards facility of cooking.*—No special care or caution appears to be required.

With a view to inaugurate the permissive use of these vegetables in the mercantile marine, it is competent for the Board of Trade (on medical and sanitary grounds) to substitute the word "preserved" for the word "compressed" vegetables (mixed) in the scale of medical stores issued and caused to be published in pursuance of the "Merchant Shipping Act, 1867."

Our Poor Profession!

Our "Obituary" gives the name of Samuel H. Cornish—as kindly a spirit as could be conceived, a real friend of the poor, he will be sadly missed by many a family in the locality in which he resided. Twelve months since he was in possession of a large general practice, and the confidence of all with whom he came in contact. A few months later he was a raging madman, confined within the walls of an asylum, and now kind death has come to put an end to his sufferings. This is a sad but true picture, and the subject of it both publicly and privately was a man *sans peur et sans reproche;* yet possessed of a highly sensitive nature, he was charged by a patient in childbed—probably suffering from puerperal mania—with being her murderer! The very thought—although we believe the woman afterwards recovered—preyed so heavily upon his mind, that reason soon gave way, and the poor fellow died, as before-mentioned, on Wednesday last—a helpless maniac. There is no other profession against a member of which such a charge could be made, no other where an innocent man may so easily forfeit his reputation and even his very life! 'Tis a sad, sad reflection.

The inquiry into the Hampstead Small-pox Hospital is still pending.

With respect to the Queen's health, the latest telegram states that although somewhat better, Her Majesty's foot is not yet well enough to allow her to leave her apartments.

Cases of Asiatic cholera having appeared in Constantinople, the officers of the Board of Health have resolved not to give bills of health to masters of vessels about leaving that port.

It is reported that Dr. MacDonald Fox is about to be appointed to a Naval Medical Professorship at Netley Hospital, and that about twenty additional students will be sent by the Admiralty to the Hospital.

With improved sanitary arrangements the health of the city of Paris may now be pronounced satisfactory. The week's mortality to Saturday last amounts to 832 deaths, of which 55 are from diarrhœa, 45 from bronchitis, 35 from dysentery, 17 from infantile cholera, and 2 from cholera.

Dr. Headland, who is now senior physician to the Charing-cross Hospital, has been elected to the Professorship of Medicine, vacant by the death of Dr. Hyde Salter. Dr. Douglas Powell will succeed Dr. Headland in the chair of Materia Medica.

Our contemporary *The British Medical Journal*, has announced the probable purchase and removal of the Westminster Hospital. Such a rumour at the present season is likely to injure the prospects of this excellent Medical School most seriously, and we have pleasure in giving to it a most unqualified denial. Our contemporary, in its greed for gossip, too frequently gives credence to the most absurd reports, without regard to the institution or persons affected thereby.

The second fasting case has turned out to be as delusive as the first, but happily that conclusion has not been arrived at at the cost of so unhappy a test. The *Preston Herald* publishes a report on the case supplied by Dr. Marshall, who is in a position to state that the rumour that she has fasted for sixteen months has originated with the public. The girl is confined to bed, and has been for the time specified. She takes a little food, though she can only take a little. The people seem respectable, though poor; and are very much grieved at the publicity which has been given to the case. With the denial of the "fasting," the public interest in the case, of course, is at an end.

There has been something of a panic caused by exciting reports of the prevalence of yellow fever in Charleston, South Carolina, and at New York and other ports vessels coming from there are put under strict quarantine. *The Times* says that the Charleston authorities, while admitting yellow fever to exist there, say it is only of a mild type, deny that it will be epidemic, and state that in the aggregate there have not been over thirty-five cases. The quarantine ordered at New York has caused a great dissatisfaction among shipowners; but as a cholera "scare" of large proportions already exists there, the authorities persist in quarantining vessels whenever a chance is offered.

SCOTLAND.

Dr. Alleyne Nicholson, Lecturer on Natural History, Edinburgh Medical School, has been appointed Professor of Natural History in the University of Toronto.

Anderson's University, Glasgow.—As showing the financial prosperity of this institution it may be stated that, while the expenditure for the year amounts to £411, the receipts are £5,223.

THE PHARMACEUTICAL CONFERENCE.

ABSTRACTS OF PAPERS READ.

Brief Remarks on the Bark of Rhamnus Frangula, or Black Alder Tree, a Shrub of the North of Europe (Pentandria Monogynia).

BY H. C. BAILDON, EDINBURGH.

Some time since a gentleman from Holland applied to me to prepare for him a decoction of the *Rhamnus Frangula* bark. The bark he brought with him, having previously found that he could not obtain it in this country. He spoke most enthusiastically of its good properties as a general cathartic, which had proved very beneficial to himself, and which was much used and esteemed by the Medical Profession in Holland. He kindly offered to procure for me a small quantity of the bark. To my surprise, I shortly afterwards received a bale containing nearly a quarter of a cwt., accompanied by the following letter. He writes, "I hope you will find it giving as much benefit generally as I have derived from it personally. The preparation of my Dutch physician was three or four drams of bark to a pint of water boiled down to a half a pint. Two or three tablespoonfuls occasionally night and morning, as an aperient. Than this nothing can be more simple or less injurious, and it does not require increase of dose, but the contrary."

I am aware that this drug is not altogether unknown in this country, though I believe rarely or never used. In the 2nd volume of the first series of the *Pharmaceutical Journal*, page 721, I find a letter signed George Mennie, Plymouth, speaking very favourably of it as a purgative and alterative, and again in the 9th volume, page 537, there is an analysis by M. Benswanger.

I have repeatedly taken the decoction myself, and find the taste not unpleasant, with a slight prussic acid flavour, of which the analysis shows traces. It operates gently as an aperient, without griping, in doses of two or three tablespoonfuls. It appears to me to possess properties which should in many cases render it a valuable substitute for senna—which is often found drastic in its effects, and is nauseous to take—and to be especially suitable for children.

In Holland it must be very plentiful, as it was charged me only at the rate of about 10d. per lb., including cost of carriage. A specimen of the bark and decoction is now upon the table.

SOLUTIONS.

BY T. B. Groves, F.C.S.

A short discussion that ensued on the reading, before the Pharmaceutical Conference at Liverpool, of Mr. Rimmington's paper on "The Specific Gravity and the Actual Weight of Certain Volume Measures of Various Liquid Preparations," set me inquiring on the subject of the volume occupied by salts when dissolved in water.

The statement credited to the President by the reporter of the *Pharmaceutical Journal* is to this effect, "That the contents per oz. were coincident with the specific gravity; for instance, lemon juice having a sp. gr. 1·040 would contain 40 grs. of citric acid per oz., and so on, except in such cases as alum and sulphate of soda, where there is much water of crystallisation. In those cases it would be half, or 20 grs. per oz.

Mr. Reynolds followed with the remark, that the same rule applied to sugar in diabetic urine, but properly qualified the assertion by the phrase "roughly speaking."

In the cases of both lemon-juice and urine, the estimation by that method must necessarily be exceedingly rough, as the variations in the proportions of other constituents affecting the specific gravity of the fluids are left out of the question entirely.

Although I have no new experiments to offer, I shall, I think, be doing some service if I recapitulate shortly the facts I have ascertained in the course of my recent reading on this subject. It will, at least, serve to caution some who otherwise would be inclined to place too implicit reliance on the "rough methods," already referred to.

Dalton, during the latter part of his life, occupied himself with the question of solution, and derived from his experiments this supposed law, "that when a body dissolves, it will only increase the volume of the solvent in proportion to the water of crystallisation it contains." His method of research involved the use of two measuring vessels, and pouring backwards and forwards—in fact, was quite incapable of giving accurate results.

This, as well as the want of general applicability of his laws, was pointed out by Hilton, whose volumeno-meter, consisting of a glass flask with a long, narrow, graduated neck, enabled the experimenter to approach more nearly to accuracy of determination. He found that whilst the theory approached correctness in the cases of desiccated sulphate of magnesia and carbonate of soda, it completely broke down in the cases of the naturally anhydrous salts, nitrate of potash, sulphate of potash, &c.

Walker found, to his astonishment, sometimes an expansion, sometimes a contraction of the whole volume of salt and water, according to the nature of the salt employed, and the strength and temperature of the solution. However, he does not appear to have commenced with very clear notions, for after repeatedly employing the terms "bulk" and "volume," he goes on to say, "I next proceeded to determine if the increase of volume had any relation to the specific gravityof the different substances, or if, when a known weight of salt was dissolved in water, the increase of volume was in proportion to the volume, as indicated by the specific gravity, and if so, the salt would dissolve without either expansion or contraction." Did he really expect an ounce of sulphate of magnesia, for instance, to occupy the same space as an ounce of water!

This method involved the use of a volumenometer. The one employed was not so well adapted for the attainment of accurate results as that of some other experimenters, but was, on the whole, far superior to that of Dalton.

Nitrate of potash was the first salt employed in testing the value of his new idea. The specific gravity of nitrate of potash being, according to his determinations, 2·074, one hundred grains of the salt would occupy the space of 48·21 grains of pure water. The calculated specific gravity would therefore be found thus—100 grs. of salt being dissolved in 500 grs. of distilled water—

$$\frac{100+500}{48{\cdot}21+500} = \frac{600}{548{\cdot}21} = 1{\cdot}0944.$$

But the specific gravity ascertained by experiment was 1·1100 showing, according to him, a condensation amounting to 6·22 grain measures.

I certainly cannot deduce this amount from the data given, but make it 7·7 gr. m. However, the principle being established, it becomes possible when the ratio of condensation of a salt is known, to calculate the specific gravity of a solution, within certain limits of accuracy—those limits being defined by temperature and degree of dilution.

The effect of dilution as exemplified in the case of a saturated solution of nitrate of soda is shown to be the following:

If to 430 gr. m. of a saturated solution 60 gr. m. of water be added, the mass will suffer a decrease of volume of 1 gr. m. Sulphate of magnesia behaves in the same manner, and to the same degree. Nitrate of potash suffers a diminution of ·5 gr. m., muriate of ammonia ·25 gr. m. under the same circumstances.

From a long and laborious paper by Messrs. Playfair and Joule, describing a series of experiments undertaken in order to ascertain whether there really existed any similarity between solid and gaseous combinations, in respect of the law of equal or multiple proportions observed first by Gay-Lussac in the case of gases—I propose to select those facts only that seem to have some pharmaceutical interest, and are possibly capable of practical application, omitting reference to the theoretical deductions therefrom further than to say that they have since been roughly handled by Professor Marignac, of Geneva, whose criticisms appear to me to well deserve consideration.

The volumenometer employed differed from that used by Holker, in that it had a tubulure in its side for introduction of salt, fitted with a ground-glass stopper. This admitted of the stem being of smaller diameter, and enabled the experiments to be attended with greater accuracy.

Unfortunately, however, the experimenters whilst acknowledging the disturbing effects of temperature and dilution, seem to have adopted no systematic method of procedure as to the one or the other, unless it be true that the particular temperatures and dilutions adopted were selected because the results so obtained accorded best with certain theories sought to be established. This Professor Marignac evidently points at, though he does not actually affirm it.

I may mention the case of sugar as being especially interesting to the pharmaceutist. The volume occupied by an equivalent of this substance=172 grs., varies according to dilution between 99·00 and 108·06 grm. as follows:—

Ratio of Sugar and Water.	Temp.	Vol. in gr. m. of 172 gr. Sugar.
1 : 20	60	99·00
1 : 10	52	105·09
1 : 1	52	107·01
3 : 1	52	108·06

The temperatures here even are not uniform, I may observe that when the ratio is 1 : 1, the sugar occupies a volume very nearly co-incident with that due to its specific gravity 1·606.

The investigation included the determination of a vast number of specific gravities and solution volumes of salts of every description. In compiling the following table I have selected a few only of special interest, considered pharmaceutically. The specific gravities are, in general, not those of Playfair and Joule, but those obtained by H. Buignet through the use of the Air Volumenometer invented by Regnault; and, therefore, I consider, more worthy of acceptance. The term "specific gravity in solution," I employ simply to designate the weight of the solvend in air divided by the space it occupies in the solvent:—

Name of Salt.	Sp. Gr. in Air.	Sp. Gr. in Watery Solution.
Sulphate of Copper	2·302	2·77
,, Soda	1·471	1·76
Biborate	1·692	2·085
Chloride of Calcium	1·68	1·98
Potash Alum	1·757	2·135
Ammonia	1·653	2·00
Carbonate of Soda	1·463	1·58
Sulphate of Magnesia	1·675	1·96
,, Iron	1·902	2·22
Nitrate of Potash	2·126	2·80
,, Soda	2·265	3·22
Chloride of Potassium	1·986	2·80
,, Ammonium	1·55	1·50
Bromide of Potassium	2·65	4·10
Iodide ,,	2·97	3·77
Chloride of Sodium	2·145	3·21
,, Barium	3·081	4·42
Chromate of Potash	2·68	5·60
Bichromate ,,	2·624	3·35
Carbonate ,,	2·10	7·54
Bicarbonate ,,	2·18	3·00
,, Soda	2·165	4·70
Oxalate of Ammonia	1·47	2·00
Sugar	1·606	1·608

Bearing in mind the irregularity that seems to attend all bodies, and mixtures of bodies, on the verge of change of

state, and, therefore, confining oneself to solutions of mean condition, neither extremely strong nor excessively weak, it is possible by means of this table to ascertain beforehand, with tolerable accuracy, the effect of mixing definite quantities of a salt and water, and *vice versâ* of determining the proportions of both salt and water necessary to produce a given specific gravity. Thus taking the case of sugar,—what will be the specific gravity of a solution containing equal parts of sugar and water? The volume of the water will, of course, be 1, the volume of the sugar 1·1·608th, the total volume being 1·6218. Dividing the total weight = 2 by this, we get the specific gravity = 1·23. According to the table in Watts' "Dictionary," the specific gravity of a solution containing 50 per cent. of sugar is 1·2166 at the temperature 63·5°. Proceeding in the same way with chloride of sodium, we get for a solution containing 20 per cent. of salt the theoretical number 1·159, the experimental number being 1·1511.

Sulphate of magnesia gives for a 30 per cent. solution 1·172 theoretically, 1·1536 experimentally, the temperature in the latter case being 72·4° instead of 60°, which accounts, doubtless, for the comparatively large discrepancy. A solution of specific gravity 1·72 would, at that temperature, contain 33·5 per cent. of salt.

To determine the necessary proportions of salt, or other soluble substance, and water in order to produce a given specific gravity is not quite so simple. In order to avoid having two unknown quantities, we will assume the quantity of water to be known. Let it be 10. It is required to ascertain the quantity of sugar necessary to produce with that amount of water a syrup having the specific gravity 1·20. The specific gravity of the water is, of course, 1·00: the specific gravity of watery solution of sugar 1·608. The symbol x represents the unknown quantity we have to ascertain. Then

$$\frac{10}{1} + \frac{x}{1{\cdot}608} = \frac{10+x}{1{\cdot}2} = 7{\cdot}89$$

i.e. to produce a syrup of specific gravity 1·20, 7·89 parts of sugar must be added to every 10 parts of water. Such a syrup ought theoretically to contain 44·1 per cent. at 60°. According to the table in Watts' "Dictionary,' a syrup of specific gravity 1·2057 at the temperature 63·5 should contain 45 per cent. of cane sugar.

The theoretical considerations involved in the phenomena of solution are so numerous and interesting, that I propose some day to resume the subject I have now merely scratched on the surface, as it were; in which case I will ask again to be permitted to bring the subject before the notice of the Pharmaceutical Conference.

Literature.

COLLENETTE'S CHEMICAL TABLES FOR THE USE OF TEACHERS AND STUDENTS.*

Evidently resolved to place within easy reach of students *complete* and truly royal road by which the goal of success may be reached at a minimum sacrifice of mental and intellectual power, Mr. Collenette has compiled this series of wonderfully concise and extremely simple classification tables, by the aid of which may be unravelled in a few hours the tangled skein of chemical formulæ, so as to enable the student of even mediocre intellect to snap his finger at the most "crusty" examiner. These tables are sure to reach the hands of all teachers of chemistry and students of that noble science. Their price is merely a few pence. What a boon!

SDOONVARNA SPAS AND SEASIDE PLACES OF CLARE.†

It seems hard that the natural resources of Ireland should fail to be sufficiently appreciated from want of proper enterprise, and this is particularly to be regretted in situations endowed with spas or mineral waters. It is a misfortune both to the physician and to the invalid, for the recommendation of the former loses half its force if his patient has to fear insufficient lodging and a poor *cuisine*. The sulphur and iron spas of Lisdoonvarna, no doubt, deserve a larger *clientèle* than they have yet had, and Dr. Mapother has opportunely brought out a handy little *brochure*, giving from personal experience the necessary information to intending visitors. The pamphlet is divided into four parts:—Historical, chiefly taken from Dr. Rutty's work on the "Mineral Waters of Ireland;" Descriptive, giving an account of the locality, hotel accommodation, &c.; Chemical; and lastly, a sketch of the principal morbid conditions in which the waters are found useful. The sulphur spa has acquired its special repute in chronic scaly skin diseases, particularly psoriasis, in chronic rheumatism, and in gouty affections, while the chalybeate waters are to be recommended in convalescence from exhausting diseases, in ague, protracted diarrhœa, &c.

THE MEDICAL TEMPERANCE JOURNAL.

Our quarterly contemporary for October, has appeared, and is up to its usual standard of excellence. The article on cholera, by Dr. Edmunds, which originally appeared in the Medical Press, has been copied in full into our contemporary, principally we opine, because the treatment pursued by the author was in direct opposition to the usually adopted methods of alcoholic stimulation. The number also contains various articles original and extracted, and the followers of total abstinence may congratulate themselves upon the possession of so excellent an organ of opinion.

New Inventions and Preparations.

RED HEART RUM.

The great variety in the quality of spirits and wines is frequently a source of difficulty to Medical men, who find it no easy task to secure a stimulant on which they can rely. There is no doubt that the popular impression that rum is the best liquor is to a large extent true, and this spirit would have attained much higher repute had it been possible always to obtain it of the finest quality and of good age. Messrs. White, who are as well known in the rum trade as Martells or Henessys in the brandy trade, now offer the public the very article that was supplied to the "National Society for the Sick and Wounded in War" during the late contest between France and Germany. We learn from other sources that this was the only rum sent out by the society, and we are also aware that it met with universal approval. We believe that the success of this article is well deserved, inasmuch as it is derived from its excellent quality and great age. Many people who find rum disagree with them and its flavour disagreeable will be surprised if they try this to observe that it has none of the objectionable qualities they attach to rum. Time has sufficed to remove them, and really old rum like this is better than brandy at a much higher price. Hospitals and those who study economy should take the hint.

LIQUOR ET SAPO CARBONIS DETERGENS.

We have used Wright's *Liquor Carbonis Detergens* on a large scale in hospital practice, and can recommend it as an efficient preparation. The coal tar-soap has been lately improved, it is all that can be desired. We recommend it, not only in those skin diseases in which it has been so much used, but as an excellent soap for the medical man himself, who so often requires a purifying agent of the kind.

POROPLASTIC SPLINTS.

Mr. Jonathan Hutchinson has taken a good deal of trouble in the investigation of substances suitable for splints, and we have had the opportunity of examining those he has introduced at the London Hospital. Of these

*"Useful Chemical tables for the use of Teachers and Students." Adolphus Collenette, Teacher of Chemistry, Elizabeth College, Guernsey. London: Baillière, Tindall and Cox.

†"Lisdoonvarna Spas and Seaside Places of Clare." By E. D. Mapother, M.D. Dublin: Fannin and Co.; London: Longmans and Co. 1871. Pp. 47.

Mr. Cocking's Poroplastic Sheet is one of the most valuable. It is light, porous, flexible, plastic, and economical—is made in all required strengths and sizes. It consists of a felted substance in sheets, is plastic when softened by heat, and becomes rigid when cold, and can be re-softened any number of times without injury; it is rapidly and easily manipulated, the most difficult splint requiring but a few minutes to complete—is very well adapted for metal attachments, and is thus a very valuable material for interrupted splints. There is no glue used in its application, and the gums with which it is stiffened are quite harmless.

It is used in the following manner:—Select the sheet of the most suitable strength, and, having fitted and cut a paper pattern, put it on the sheet, and mark the shape clearly on it. Cut it accurately, and then soften the piece or splint in hot water: the time it will take to soften will depend on the substance of the splint, but a minute will be about the average. Then, having cooled your hands in cold water, mould the splint as near the required shape as you can. Whilst it is still warm (but not inconveniently so for the patient), place it on the part, previously protected by a linen, cotton, or wadding covering, and press gently till the splint has set. Should any portion not fit exactly, the whole splint need not be re-softened, but apply a hot-water sponge, and soften it locally where required. The splint thus prepared and fitted will retain its shape, and will be cool and light, and cause little, if any, inconvenience to the patient.

We have no hesitation in recommending it as the best and most convenient splint. The country practitioner will find it a special boon. Mr. Cocking deserves further the thanks of many, inasmuch as he supplies it to hospitals almost at cost price.

THAMES SHIPPING INSPECTION COMMITTEE.

A MEETING of the above committee called together by Dr. Buchanan, in view of a Cholera Epidemic, for the more efficient inspection of the shipping of the Thames, was held at Guildhall, on Monday, September 11th, at which repreSeniatives were present from most of the boards or vestries of districts abutting on the Thames. The chair was taken by G. S. Pedler, Esq., C.C.

The hon. secrectary (Dr. C. Meymott Tidy), stated that he had communicated the resolution of the committee to the Admiralty, and that they were willing to lend the *Rhin* to the committee as a hospital ship for cholera patients in the event of its being required for that purpose. It would be possible to bring her down to Gravesend in about twelve hours. It was agreed to accept the *Rhin*, and the committee empowered the Mayor of Gravesend to telegraph for the vessel to be sent, immediately a case of cholera makes its appearance. The Admiralty requiring that the committee should insure the *Rhin* against fire in the sum of £2,500, a resolution was passed agreeing to these terms.

Dr. Tidy reported that he had received a letter from the Secretary of the Metropolitan Asylum District Board, to say that patients suffering from cholera, for whom immediate provision must be made, may be received on board the hospital ship *Dreadnought*.

A letter was read from the Vestry Clerk of Rotherhithe, to say that the vestry declined to name a representative to act on the committee, inasmuch as they were of opinion that any expenses incurred in the more thorough inspection of shipping on the river, should be borne by the country at large, and not by the river side authorities only.

It was reported to the committee that as yet no case of cholera had made its appearance on the Thames. A discussion took place respecting the appointment of a special medical officer, to carry out the inspection of shipping along the whole river and in the docks. It was agreed that such an appointment was most advisable, and that it be referred to the sub-committee to further such an appointment, and to report to the committee at their next meeting.

NOTICES TO CORRESPONDENTS.

NEW READING CASE.

In consequence of the postal restrictions as to stitching the Journal, improved reading cases with twenty-six strings to hold one volume can now be obtained through any bookseller in town or country, price 2s. 6d. The advantages to subscribers are, that each number when received by post has but to be slipped into the cord, no stitching or pinning being required. The Journal is kept flat for reading, and each volume complete for reference. The same portfolio can be used for successive volumes where desired.

WASP STINGS.—A Correspondent writes, that he has found the most simple and the best remedy for the sting of wasps and bees is to apply to the parts affected common salt, moistened with a little water; and even in a case where a person has accidentally swallowed a wasp in a draught of any kind of liquor, and been stung by it in the throat, the alarming symptoms that ensue may be almost immediately relieved by swallowing repeated doses of salt and water.

ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.—The Treasurer begs to acknowledge the receipt of £1 for the year 1870-71 from Dr. Lynch, Loughrea.

RULES AND REGULATIONS FOR THE POST-MORTEM HOUSE, PARISH OF MARYLEBONE.

To the Editor of "The Medical Press and Circular."

SIR,—Reading over the rules of the vestry of Marylebone, I find that the Surgeon who desires to make a *post-mortem* examination of a body, is bound to undertake to convey the body to the *post-mortem* house enclosed in a shell or coffin, and remove it at *his own* expense. Now, Sir, I should like to know why the Surgeon is to be the undertaker, and pay expenses on such an occasion? Should not the friends of a corpse be liable for all this. As to making a *post-mortem*, it is not done in my branch of the profession, whatever opinion I may form on the examination, is another thing as performed by a Surgeon for my inspection. I, nevertheless, consider the laws of the vestry an error, and that the relations or friends of the deceased, should direct an undertaker to do what is required as far as conveyance and removal of a corpse at their expense.

Yours truly,
A PHYSICIAN.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

A New Operation for Bony Anchylosis of the Hip-joint. By William Adams, F.R.C.S. London: J. and A. Churchill.

Epidemic Cholera. By E. Ambrose Fitzgerald. London: J. & A. Churchill.

Mortality Experience of the Prudential Assurance Company, London.

Darwinism. By Chauncey Wright. London: John Murray.

Miscellanies. By John A. Symonds, M.D. London: Macmillan and Co.

The Drink Bill of the British Nation.

Nature; Boston Medical Journal; La Presse Medicale Belge; the Medical Temperance Journal; Play for the People; the Advantages of the Alexandra Park Tontine—two Addresses by Francis Fuller, Esq.; the Royal Commission and the Contagious Diseases Acts.

VACANCIES.

Manchester Royal Infirmary. Physician's Assistant. Salary £84, with board.

Liverpool Dispensaries. Resident House-Surgeon. Salary £150.

Warrington Dispensary. Resident Surgeon. Salary £130.

Stockport Infirmary. House-Surgeon. Salary £100, with board.

Warminster Union. Two Medical Officers. The Warminster District at a salary of £130, the Corsley District at £50 per annum.

Mayo Infirmary. Resident Surgeon. Salary £200. (See advt).

APPOINTMENTS.

CRONIN, J. D., M.D., Medical Inspector of Vessels for the Port of Cork.

CUMBERBATCH, E., M.R.C.S., Chloroform Administrator at St. Bartholomew's Hospital.

RICE, T. D., L.A.H. Dub., L.M., Resident Apothecary and Accoucheur to the Westmoreland Lock Hospital, Dublin.

RINGLAND, Dr. A. H., Assistant-Master to the Coombe Lying-in Hospital, Dublin.

ROBERTS, J. L. L., M.B., Visiting Surgeon to the Chester Infirmary.

SAWYER, J., M.B., a Physician to the Queen's Hospital, Birmingham.

SLAUGHTER, W. B., M.R.C.S.E., Assistant House-Surgeon to the General Hospital, Bristol.

SMITH, T. S., L.R.C.S.Ed., Resident Assistant Medical Officer to St. Giles's and St. George's Union, Endell street, London.

STEVENS, G., L.F.P. & S. Glas., L.M., Medical Officer for District No. 6 of the Sudbury Union, Suffolk.

SWALES, P., M.R.C.S E., Medical Officer of Health for Sheerness.

WHITE, H., L.R.C.S.I., Medical Attendant to the Royal Irish Constabulary, Feenagh and Kilmeedy, Co. Limerick.

WOODWARD, E., L.R.C.P.Ed., M.R.C.S.E., Medical Officer to the King's Lynn Union Workhouse and Infirmary.

Marriages.

DUSTAN—HARTNELL.—On the 14th inst., at Trinity Church, Valetta, John Dustan, Staff Assistant-Surgeon, eldest son of William Dustan, Esq., of Oaklands, St. Saviour's, Jersey, to Mary Ann Elizabeth, only daughter of the late Rev. M. A. Hartnell, M.A., of Tresco, Scilly.

Deaths.

CORNISH.—On the 20th inst., after a lingering illness, Samuel H. Cornish, M.R.C.S., late of 32 New Cross road, Peckham.

FILKIN.—On the 15th inst., Richard Filkin, M.D., of Ormond terrace, Richmond, Surrey, aged 95.

MALE.—On the 17th inst., James E. Male, M.R.C.S.E., of Euston place, Leamington.

MILTON.—On the 4th inst., at Wildbad, Germany, Michael John Milton, M.R.C.S.E., aged 31.

TOONE.—On the 12th inst., Henry Toone, L.R.C.S.I., of Whitwick, Leicester, aged 37.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 4, 1871.

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INTRODUCTORY LECTURE

DELIVERED AT THE

LONDON HOSPITAL MEDICAL COLLEGE.

By W. J. LITTLE, M.D.,

Formerly Senior Physician to the Hospital, and Professor of Medicine at the College.

GENTLEMEN,—This is the first occasion of a past member of the staff appearing before the class of the London Hospital for the purpose of giving the Introductory Lecture. This fact itself is significant of a belief in the existence of an identity of interest and of feeling in the present staff and school and the past members of the staff. Every thing, indeed, that has interested the past, that interests the present, or may interest or affect the welfare of the future body of officers or pupils, constitutes our common bond of union and fellowship as members of the London Hospital and its Medical College, and is a gratifying result of the past history and working of the Hospital. In perhaps too readily, on this occasion, responding to the summons of the Council, we may be permitted to say, in consonance with habit, with great justice in our case, to dwell upon the mistrust we entertain lest we should fail to do justice to its wishes. In deciding to appear in the present capacity, we believe a sense of duty has preponderated over some other considerations; perhaps, however, the thought so well expressed by the Poet Laureate,

> "How dull it is to pause, to make an end,
> To rust unburnished, not to shine in use!"

may not have been without its weight, forgetting at the moment the precept of Horace,

> "—— Versate diu, quid ferre recusent,
> Quid valeant humeri."

Revolving in the mind the relationship of the past and the present stirs the thought as to the future of the Hospital and of its youngest members in particular, and of the medical profession itself as it may be influenced by them. We are tempted—"*Laudator temporis acti*"—to look back to the moment when, forty-three years ago, we for the first time sat upon the benches of the old anatomical theatre, listening to the introductory lecture of that day, delivered by Mr. Headington, at the commencement of his annual course of anatomical lectures. We were then freshly entered, like so many of you, gentlemen, this day. The first thought, and that a painful one, is of how few of the then young faces, soon to become familiar ones, which glowed with intelligent emotion at the eloquence of a Headington, are now to be seen. One at least is here—Mr. Curling, who by his persistent exertions in the cause of practical and scientific surgery, his researches in pathology, by his readiness to adopt all novelties that promise to be beneficial to humanity, has shown the present generation of students how the advantages of the London Hospital can best be utilised. He can recal, we doubt not, the glories of the discoveries and improvements of the previous forty years, as related to us in language unsurpassed for accuracy and for freedom from exaggeration, in language pure in diction, noted for clearness, quietness, and perspicuity—language, indeed, to which we, unhappily, can make no approach. Mr. Headington was an accomplished and sound surgeon, who had more the appearance of the learned and well-bred physician of that day. He early handed over the operating knife to the able hands of Mr. Luke, then his assistant-surgeon. The greater number of my hearers may never have heard the name of Headington: in fact, he lived, he practised, and died in a part of London—Spitalfields—then wealthy and of comparatively fashionable resort. It has been a loss to surgery that he was not addicted to spreading his fame by any writings; but it is a sufficient proof of the distinguished hold he possessed of the respect and affection of his colleagues and pupils, that he was one of the few whose bust and portrait adorn the building in which we are now assembled.

Headington made known to us the triumphs of Hunter, Pott, Jenner, Baillie, Haller and Bichat, Cavendish and Lavoisier, Dalton and Davy. The theories of Stahl, Cullen, Brown, and Broussais were then first brought to our knowledge; we learnt then how great had been the progress of the medical art during the previous forty years.

It may on this occasion be not merely a matter of personal interest to ourselves and any contemporaries—medical antiquaries as it were—to note briefly some of the men whose merits were eulogised by Headington, and who almost constituted in themselves stand-points in medicine and surgery, and the allied branches of knowledge, during the forty years

preceding Mr. Headington's address. It is too easy perhaps to fall into the historic vein.

The beginning of the period we are considering may be roughly stated as having been ushered in by two important events in the world's history, the American war of Independence and the great French Revolution. The consequent agitation of men's minds, as well as the acquisition of a new power supplementary to man's individual physical force, in the application of steam to the purposes of mankind in branches of the arts into which it had not been previously introduced, were probably all momenta aiding the progress of man in the departments of science and learning embraced by the cultivator of medicine. In this country eminent medical men worked on in our thoroughly English way, little aided by state assistance, except in the happy circumstance of the purchase by Government of Hunter's museum. Hunter's fame needed not even the preservation of his museum to render it "*ære perennius.*" It cannot be doubted that Hunter's career had exercised considerable influence on the progress both of English and foreign medicine during the first thirty years of this century. But in France in particular, at the beginning of the present century, a great impulse was given to medical studies by the appointment of a Government commission on the reorganisation of the medical schools of Paris, Montpelier, and Strasburg. The names of many of the ablest physicians and philosophers of that country appeared upon that commission. In Germany, also, the younger University of Berlin, fostered by the wide confidence in the future of German science, was beginning to emulate the reputation of Leyden, Gotttingen, Upsal, Halle, and Vienna.

The beneficial influence of a man's labours, and especially of so great a man as John Hunter, being often greatest after his disappearance from the scene of his labours, was illustrated in this instance. Anatomy, Surgery, and Physiology were all powerfully impelled onwards during the epoch we are considering—say from 1790 to 1830—by his unexampled successful career. Headington in his lecture laid great stress upon Hunter's operation of ligaturing the artery above the aneurism as even then one of the greatest practical improvements of his age.

Mr. Headington might well expatiate on the merits of Jenner as a man of science, and as one having a higher claim to profound admiration as a benefactor to mankind in general. Bacon has said, "There are short methods for men of genius," but it might perhaps with propriety be also said that there are *new* methods for men of genius; their characteristic is that they do not walk in beaten roads, and are not deterred from following it through unfrequented paths. The originality of Jenner's mind and his accuracy of observation are shown by the universal reception and practice of vaccination, by the brightest luminaries of our profession in all the civilised parts of the earth.

The fair way of judging of the merits of an invention is, as Sir Humphrey Davy said, "by the operation of the discovery upon civilised and social life; and in this respect Jenner"—a pupil of John Hunter, be it remembered—"stands almost alone, having discovered the means of subduing a positive evil, and having secured a benefit not only for all the inhabitants of the earth that have existed since his time, but for their most remote posterity, gaining for his name the most enviable kind of immortality—that arising from the gratitude and blessing of the reflecting portion of his fellow-creatures in all countries, and which will be more estimated in proportion as men estimate more correctly the nature of the truest glory—that of saving the lives of myriads of mankind."

We cannot let pass this occasion of stigmatising the conduct of government which, after a statue, the first erected in this country to the memory of this great man and physician, was inaugurated with considerable ceremony in Trafalgar square—the ceremony being graced by the presence of one of the most benevolent and enlightened men of the time, the late Prince Consort, and other distinguished personages, as well as by the authorities of the Royal College of Physicians—caused it to be removed from its public and noteworthy position from amongst the statues of men famed for their military glory, to a comparatively obscure walk in Kensington gardens. Surely even the shades of Sir John Franklyn and Lord Clyde in Waterloo place must blush at the injustice inflicted on the memory and services of Jenner. However much we may all admire military virtues, the discredit done to the memory of Jenner and to the medical profession, by the removal of his statue from a prominent and unrivalled situation in the metropolis to a subordinate one, indicates a preference for the glory attendant on the destruction of human life rather than for that attendant on its preservation.

This was the period also when the names of Black, Cavendish, Priestly, Dalton, Scheele and Berzelius, Lavoisier and Gay Lussac, Berthollet, and Davy were in men's minds. You will learn from your excellent teacher Dr. Letheby and his coadjutor Dr. Tidy, to how great an extent the atomic theory, morphology, and chemistry in general, have since been modified by Davy, Mitscherlich, Faraday, Tyndall and others. Perhaps one of the proudest things ever said of a great chemist has been said of Berthollet, who died in 1825—"He was remarkable for a high degree of candour, renouncing his opinions with the greatest readiness whenever the progress of science was opposed to them, and this even in old age:" a point of character worthy of all imitation.

Headington did not leave untouched the researches of Cuvier and his assistants, of whom Brogniart was the principal. To Cuvier's genius, belonging entirely to the period we are considering, we owe the great elucidation of the then mysterious subject of extinct animals. Hunter had been one of the earliest, if not the earliest, who showed how many thousands of years appeared necessary to account for the terrestrial changes associated with fossil remains. And yet in Headington's time Geology was only in the condition of sturdy youth. A generation of able men, most prominent among whom has been a fellow member of our profession, Owen, has been successfully employed in its advancement.

Headington overflowed with admiration of two most notable physiologists who are now rarely mentioned, but whose works, together with those of Hunter, formed the foundation of English physiology of the period we are considering—Haller and Bichât. Of the sterling worth of Von Haller's Physiology I cannot do better than quote a naïf remark made half a century after Haller's death by Rudolphi in the introduction to his own work on physiology, viz.: "That if any author of a book on physiology were asked whose work on that subject was the best, the inquirer could not complain if the author named his own. But if inquiries were made whose was the second best, all would reply 'Haller's.'" That work, however, on physiology which appears to all authors on the same subject the second best, is doubtless, as Rudolphi remarks, the best.

Some modern pathologists do scant justice to the physicians of the last century. We may be permitted to say a word of commendation for another of Headington's great men—we allude to Cullen. It is doubtful whether any better *vade mecum* in nosology than that of Cullen has since been published, although needing adaptation to the present time.

Of the remaining physicians lauded by Headington, Baillie's works show the accuracy and coolness of his judgment, his minuteness of observation, and his acuteness in referring effects to their true causes.

Brown and his speculations, in an attempt to supplant the theory and practice of Cullen, produced a profound sensation at the beginning of this century. Brunonianism, as they were called, since justly reviled, may after all, by its intense opposition to the antiphlogistic treatment of the period, have contributed to the reaction of later years in favour of the use of supporting treatment in disease.

On the other hand, Broussais' researches, which in Headington's day were on the tongue of every physician, referred all forms of pathological disturbance to gastro-enteritis. His severe antiphlogistic regimen and medicinal treatment contributed much to prolong the reign of most extensive blood-letting by leeches, and even of venesection. The student of to-day would be aghast at the application of fifty leeches daily for many days until the patient risked dying, or did die, from loss of blood, and at the string of twenty patients waiting their turns to be bled in the arm,—a weekly event in some practitioners' surgeries.

Bichât—"This was a man!" as Shakespeare says—Bichât, one of Headington's worthies, who has been named the physiological physician *par excellence*, has left an imperishable name in anatomy and pathology. He wrote his celebrated works, "Researches on Life and Death," and his "General Anatomy," before the age of thirty—"*Decies repetita placebit*"—an encouragement to you who are about to become engaged in the arduous pursuits of medicine. His career shows that it is not merely the inspired genius and power of observation of the poet, the artist, or the orator that may distinguish its possessor at an age when the majority of men are only beginning to find their position in the world, but that natural gifts, employed with industry and energy in the wards of a large hospital, in

the deadhouse, and in the laboratory, may yield one or more of you an undying reputation before others have awoke to the consciousness of a laudable career being really open to them.

Bichât was the first to study thoroughly the relations of the membranes and structures of the body to one another, and to subject them to such an analysis and generalisation as the state of chemistry and microscopy then permitted. He rendered a great service to pathology and practical medicine in first distinctly showing that the closest similarity existed between the phenomena of disease in each particular membrane or structure, wherever situated; that, for example, given the knowledge of certain changes which occur in and upon a serous membrane when inflamed—say, the peritoneum—the physician was first taught by Bichât that similar changes take place in, and other situations where a serous surface is found, the phenomena being modified only by the peculiarities of each organ which is invested by a serous membrane. With similar results he investigated the cellular and mucous membranes, the fibrous and other structures; and, whilst shedding a new effulgent light upon a minuter anatomy than had yet been taught, he prepared the way for much of the progress of morbid anatomy and the improved diagnosis of disease, and even for the minute microscopical investigation of the tissues, which has characterised French, German, and English medicine in later years.

We cannot forbear mentioning at this moment a former distinguished physician and professor here, Dr. Pereira, whose bust also adorns this museum. He became attached to the London Hospital several years after our pupil days, but we had the good fortune to be attracted by his reputation as a teacher of materia medica and chemistry to his lecture-room at the then existing Aldersgate Dispensary. Pereira was a warm expounder of many of the memorable discoveries of Bichât. We confess, however, to not having taken in the best part of his persistent efforts to make us understand the differences between Bichât's animal sensibility, Bichât's animal contractility, organic sensibility, insensible contractility, and lastly his sensible organic contractility—terms now happily for you relegated for the most part to the realm where there is neither pleasure nor pain; whither also have gone the vitalistic theories of Stahl, the theories which constituted Brunonianism, and many other theories and hypotheses.

> "All these, up-whirl'd aloft
> Fly o'er the backside of the world far off
> Into a *limbo* large and broad, since call'd
> The Paradise of Fools."

We all owe much to Pereira for the thoroughness and excellence with which he taught and the example he instilled. He was the first lecturer whom we saw who was accustomed to use diagrams to illustrate his lectures.

Mr. Headington did ample justice to contemporary surgeons in the persons of Dupuytren, Larrey, Cline, Cooper, and others.

During the last forty years numerous circumstances have tended to encourage increased knowledge in medicine. Possibly we may be disposed to disregard the cautions necessary in mistaking the *propter* for the *post*, but it appears nevertheless true that the last forty years, like the former period of similar duration, was ushered in by stirring changes in the world at large. One of these was the reform movement about 1830, of which certainly one consequence has been that of a greater attention to and diffusion of education, a direct result of the accelerated movement of ideas of that exciting period, and a great extension of periodical and higher class of literature within and without our profession. During this period the application of steam to land travel, and especially to transatlantic and other distant maritime locomotion, followed, as it soon has been, by electric telegraphy, have all contributed to bring peoples of different countries to mutual inter-communication of ideas, opinions, and discoveries, and have stimulated improvement in our art during the last forty years, equally with other arts, professions, and pursuits. An indubitable cause of progress in medicine was the establishment of the University of London soon after 1830.

The present owes much to the able and enlightened men, Lord Brougham, Mr. Grote, Dr. Billing, Dr. Roget, and others whom, during that great "march of intellect," the Sovereign honoured by appointing them members of the first senate of the university destined for the encouragement of learning, science, and humanity. Another notable circumstance, creditable alike to Dr. Billing, and to the London Hospital which it is permissible on this occasion to mention, is, that the first course of clinical lectures on medicine delivered in this metropolis was delivered at the London Hospital by him. Previously to his time isolated irregular bedside observations, both in surgery and medicine, will naturally have flowed from the lips of able men, such as Cheselden, Baillie, Abernethy, the Blizards, and others whose names have already been mentioned to day; any one, however, who witnessed the monotonous silent hospital round of the old-fashioned physician of Headington's time will bear us out that the example of thorough clinical teaching was sorely needed in those days. It may now be truly said of Dr. Billing, as was said of Morgagni in the language of Virgil.

> Nec tarda senectus
> Debilitat vires animi, mutatque vigorem.

Anybody whose memory can carry him back to the state of medical affairs in 1830 will agree that whatever influence was exercised upon English medicine from abroad was mainly derived from the schools of Holland, Italy, and France. So considerably was the study of medicine fostered by the varying French governments—the Directory, the Republic, the Consulate, and the Empire—acting under the inspiration of the world-renowned *savans* of the period, that by far the greater part of that which came to us from the Continent proceeded from French sources. This was particularly the case during the fifteen years following the peace of 1815, which opened Paris to our medical and surgical predecessors, with the medical and surgical treasures accumulated by Dupuytren, Larrey, Corvisart, Laennec, and a host of other distinguished men.

Since 1830 the most superficial student of medicine cannot fail to have noticed the influence of German anatomical, physiological, and pathological discoveries, as well as of practical, medical, and surgical improvements, upon English medicine. We have only to contrast the physiology taught by Burdach and Johannes Muller with that contained in the text-books of Richerand and Bostock, then most used; and it may be doubted whether any greater surprise could be experienced than that entertained by the students who passed from England to Germany early in the period since Headington's lecture, on their witnessing the enormous advance made in Germany in anatomy and physiology as compared with this country. Schwann, Henle, Remak, and a crowd of other eager students, under the fostering hand of Muller, were preparing the way for the discoveries in microscopical research, applied to anatomy and physiology, which have since rendered their names famous.

The opening of the London University College, followed by that of King's College, under a galaxy of teachers, foremost among whom were Grant, Sharpey, Conolly, and Carswell, rapidly accelerated productive inquiry in the highest departments of medical science in this country.

Charles Bell, Marshall Hall, and Kiernam may here be mentioned; these have been succeeded by Carpenter, so long professor of physiology in this College; Owen, and Quekett a worthy alumnus of the London Hospital, Huxley and Flower, and others who have followed in the footsteps of Hunter and Cuvier. Some of these have attained (*i.e.*, Cruveilhier) to the highest rank in the world of science, contributing to raise again the fame of England to the elevation it deserved to occupy. During the period we are considering the names of Majendie, Flourens, Cruveilhier, Louis, Longet, and Bernard, Ricord, Trousseau, Nélaton rise to our memory amongst the most distinguished of our nearest neighbours, and have become "household words." The English student has become acquainted with the labours of Reichart, Graëfe, Bischoff, Virchow, Liebig, Kolliker, Schönbein, Schroeder Van der Kolk, Wagner, Rokitansky, Skoda, and others, which speak to the activity of the Continental branch of the Teutonic races. The works of Physick, the Warrens, Mott, Brown-Séquard, Pancoast, Bauer, Van Buren, Jackson, and others, prove that medicine and the allied sciences have been successfully transplanted and have borne good fruit beyond the Atlantic. All these, and more, form "stars of several magnitudes—some goodly and great ones, that move in orbs of their own—others small and scarce visible; but all are stars, and no star is without some light." In fine, the almost innumerable contributors who have illumined our paths during the last forty years might be termed, in all humility and piety before the Father of Light and First Grand Cause, the "milky way" of medicine.

It would be presumption to select, even were it "*sine irâ et studio*" any names from amongst our own fellow-practi-

tioners. It will be considered excusable in the case of London Hospital men.

If we pass to the actual improvements in our art effected during the last forty years, almost the first in chronological order, and one of the most frequent and successful application, is that of subcutaneous tenotomy by Stromeyer. Subcutaneous tenotomy of the members paved the way for Stromeyer's suggestion of conjunctive operation for the cure of strabismus, and its successful performance by Dieffenbach, for which these two renowned surgeons received the prize of the French Academy of Medicine. Dieffenbach was also the able reviver and improver of plastic surgery. Subcutaneous osteotomy for the cure of ankylosis of the largest joint, the knee, has been performed, for the first time in this country and at this hospital, after a novel method, by a nearest relative of our own, Louis Stromeyer Little, a former junior surgeon of this hospital, who has also successively performed several other extensive osteotomical operations. Subcutaneous tenotomy laid the foundation for subcutaneous surgery in general, and it has probably not been without its influence upon the most conservative of all surgery, viz., the modern practice of closing all wounds as soon as possible, excluding the air as perfectly as possible, and leaving the part as much at rest as possible, with the help of improved mechanical apparatus where required: a state of things the very reverse in some respects of ancient practice.

"*Si parva licet componere magnis*," the knife used in tenotomy is, it is true, a very small one. We are unable to reconcile the danger announced by Mr. Lister, of carrying germs of disease into the body, say with a new cutting instrument, or one perfectly clean in the ordinary sense in which the operator speaks of his instrument, with the fact that we have ourselves performed thousands of divisions of tendons subcutaneously, without in a single instance witnessing a particle of pus secreted from the puncture: even when subcutaneous incisions of considerable depth and range have been made. Surely, if the danger of introducing pus germs or putrefaction germs into the living structures with the knife existed, some one instance of suppuration after subcutaneous tenotomy should have occurred in our experience.

We confess to a belief that in the treatment of wounds and compound fractures, as elsewhere in our art, other things being equal, the proportion of recoveries and the freedom from accidental complication correspond with the amount of skill and care with which the treatment is carried out by the individual practitioner. It is not surprising, therefore, that we read of less favourable results from antiseptic treatment of wounds by others than those obtained by Mr. Lister; nevertheless, the Profession and humanity at large owe much to him for the zeal and ability with which he has propagated his ideas. It is a gain to all—to the doctor as well as to the patient—to arrest putrefaction of the decaying tissues and discharged fluids.

Coeval with the discovery of subcutaneous anatomy by Stromeyer was that of lithotrity by Civiale and Heurteloup. We have since had the discovery of iridectomy by Gräefe; ovariotomy, the idea of which has been traced back to the Hunters, we are told by Dr. Tyler Smith has been successfully performed by Clay, and repeated by Spencer Wells and others, tracheotomy and excision of joints have become operations of established repute. The success of subperiosteal resection of bones, or parts of bones, followed by reproduction, enables us to understand the wonderful specimens of new or reproduced bones, contained in museums, thanks to Nature's respect for the periosteum. In the improvements in ophthalmology several London Hospital surgeons and pupils, past and present—Critchett, Wordsworth, Hutchinson, Streatfield, and Cowper—have borne parts. In fine, every department of physiology, pathology, and practice, has been diligently investigated anew, root and branch, with the result of undoubted alleviation of suffering, and the saving of human life.

As if the catalogue of previously known diseases were insufficient to engage all the knowledge and resources of our art, many others—severe and destructive, alas! and numerous—have struck our shores since 1830—Asiatic cholera and diphtheria; the trichina spiralis has probably also been imported. New arts, with all their value, exhibit the painful drawback of inducing previously unknown diseases—poisoning by phosphorus, and other agents employed in trade processes.

In past ages, happily, some diseases have taken their departure—plague, leprosy, malignant agues, for example—having left but feeble reminders of them to urge us to continue to labour in hygienic national self-preservation. Let us hope that some existing diseases may also disappear. The occurrence of malignant pustule, and its singular mode of propagation by insect carriers to man, as shown by Budd, and the communication of glanders to the human subject—horrid and fatal diseases—and the undoubted spread of several other epizootic diseases of various kinds to man, possibly equilibrated by their spread from man to animals, or their simultaneous occurrence in man and animals, appear until the last forty years to have little arrested the attention of medical observers.

Pyæmia, septicæmia; phlebitis, thrombosis, embolism; colloid, amyloid, fatty mucous, and lardaceous, gummatous, and cholesterine deposits and degenerations, have been brought to our knowledge by the labours of modern pathologists, and the relation of malignant to non-malignant been better studied.

Other diseases and changes which formerly escaped recognition in the dead-house have been brought to light. We were familiar in our pupil days with inflammatory dropsy; but it was reserved to Dr. Bright, of Guy's, to discover the disease of the kidney, of which albumen in the urine followed by anæmia, dropsy, and uræmia are the symptoms. Guy's may be proud that Addison, taught by Bright's success, discovered the singular and sometimes rapidly destructive diseased condition which is accompanied with bronzed skin, and changes in the supra-renal capsules.

The use of cold-water applications in disease, commenced by Currie, carried to abuse by Priesnitz and his followers, has of late years been largely extended to the relief of inflammation. Esmarch has acquired a world-wide reputation by his advocacy of cold-water irrigation and ice, as well as by many other valuable contributions to surgery.

An important addition to our resources, that of systematic thermometry as a means of diagnosis in inflammations and fevers, has been made during the period of which we are speaking, and may be mentioned here. We owe to a member of our staff, Dr. Woodman, an able translation of Wunderlich's treatise on this subject. It is due to a former senior physician of this hospital, Dr. Cobb, under whom we had the pleasure to officiate on occasion of the first invasion of cholera in 1831, at Newcastle-on-Tyne, to state that he, and others beside ourself, employed at that time the thermometer to measure the fatal tendency to death. Esmarch, who is as well known for his accuracy of observation as for his skill and boldness as an operator, has recently favoured us with his latest observation on ice-application to joints and acute inflammation of bone. He states that he can demonstrate the therapeutic propagation of cold to the interior of the living bone, and a reduction thereby of temperature in the internal part amounting to 10 deg. Cent.: a fact which, when considered in connexion with the daily palpable beneficial effect of ice to external parts, enables the physician to understand the efficacy of cold applications to the trunk in inflammations and hæmorrhage. Truly Æsop might have said of the physicians that we blow hot and cold with one breath, for as a Profession we still think highly of warm applications in similar cases. You, gentlemen, will have to watch the practice of your physicians and surgeons, and learn how and when to employ either one or the other.

In 1830 auscultation and percussion were just struggling into notice in this country. In this hospital Dr. T. Davies, fresh from the schools of Montpelier and Paris, laboured most effectively to disseminate a correct knowledge of heart and lung disease. It is pleasant to add, that our former pupil and colleague, Dr. Herbert Davies, has since worthily represented his excellent father in the branch of inquiry and practice he had made his own.

Improvements such as have been supplied by new instruments and modes of diagnosis—to say nothing of the fertile additions made by the chemists to the testing of the secretions, and excretions, keeping pace with their own discoveries in organic and animal chemistry—have been numerous since 1830. Much has been gained by the spectral analysis of blood and other fluids.

In thus hastily, but yet perhaps tediously, summarising the improvements in medical practice during the last forty years, we may be permitted to advert to the successive changes in theory and practice we have witnessed. We have seen, as already stated, antiphlogistic treatment and venesection lauded, then disregarded, now unduly disparaged.

We have seen pathology and therapeutics based on the solid changes found after death, taking the place of the remains of

the old humoral pathology, and of the neuro-pathology which had become predominant after the anatomy of the nervous system was better comprehended. As soon as there appeared fewer realms in wholesale morbid anatomy to be conquered—minute microscopical investigations, coming to the front, simultaneously with much discovery on the part of physicians and chemists, conspicuously headed by Andral and Gavarret, as to the chemical constitution of the blood and other fluids—the coarser morbid anatomy, and its great and profitable influence upon practice, gave way in a great degree to the more recent humoral pathology; and the tendency again rose of regarding all diseased actions as mainly the consequence of blood disease. One good result was the detection of the frequency of anæmia, which has contributed much to lessen the hasty resort to venesection. It is singular to how great extent the modern humoral pathology appears already to have had its innings. At present, not denying the influence of blood changes—it being in fact undeniable that blood modifications, as regards quantity and quality, dependent as the blood unavoidably is upon what we breathe, eat, drink, and avoid—pathologists are again inclining to a neuro-pathology, to this extent—that the determination of the part or organ in which a lesion shall be manifested depends upon the spot of the central parts of the nervous system with which that organ stands in relation by its nerves, organic and animal. In fact the brain, spinal cord, and sympathetic, may be regarded as a measurer, indicator, and resenter of blood impoverishment and other change. The central organs of the nervous system, being the largest receivers of blood—being as largely ramified throughout the frame as the sanguiferous system—presiding by their various nerves over the organic, incident, excito-motor, sensitive, and voluntary-motor functions—appear to be destined to feel first all morbid impressions and deficiencies, and to indicate and to resent, by means of localised distant phenomena, the injury they experience from altered blood. Of the component parts of the central nervous system, the spinal cord and its prolongation into the brain appear to lay claim to the greatest agency in the production of diseases, *i.e.*, morbid phenomena in the functions and organs of the economy at large. We would not say that the blood is diseased in certain states, but that the blood becomes the carrier to the centres of the nervous system of altered quantity and quality of material, instead of proper materials, such as are necessary to the physical building and maintenance of a healthy organism, including that of the maintenance of the physical structure of the organs of the nervous system itself, and also of its dynamic capacities. As an instance of the revived neuro-pathology, Bärensprung attributes herpes labialis to disturbance of the ganglia, or the posterior roots of spinal nerves from which trophic nerves spring. The supposed dependence of diabetes upon disease at the base of the brain is another instance of similar neuro-pathological explanation of disease.

We find Dr. Day following Mitchell of Philadelphia in attributing the visible phenomena of rheumatism to lesion of spinal marrow, a cerebro-spinal meningitis. Billing always taught that rheumatism was neuritis. Our experience of spinal disease tends to confirm such views. There again exists at the present time an increasing tendency of physiological pathologists to acknowledge the identity of nerve force with the electric, as suggested by the history of the torpedo, the *gymnotus electricus*, the action of frog muscle upon the galvanometer in Du Bois Raymond's experiments, and those of C. B. Ratcliffe.

The discovery of previously unnoticed forms of paralysis in contraction and deformities, and the association of peculiar forms of paralysis with insanity has largely engaged attention. Mr. Ramskill and Dr. Hughlings Jackson, members of our staff, have distinguished themselves in the path of nervous disease. In connection with nerve disease, we are reminded of the recent discoveries regarding the constitutional action of syphilis upon many internal organs, notably the nervous system. It is difficult to state what tissue escapes the action of syphilis. If ability, industry, and perseverance will settle in our time many still knotty points as to syphilis, it may fall to the lot of our senior surgeon, Mr. Jonathan Hutchinson, who has already done so much for the elucidation of this and other diseases. The symmetry of many diseases—for instance, certain skin diseases—appears explicable, most satisfactorily by referring one determining link in the causation to be in the nervous centres.

It has been long observed that pathology and therapeutics have always been shaped by the immediately preceding discoveries in anatomy, physiology, chemistry, and natural philosophy; and it has always seemed to us that the progress effected in these sciences, which approach nearer to exact sciences than the art of treating diseases, accounts better for the fluctuations in medical practice, without the necessity of invoking the aid of changes in the type or character of diseases.

It may help in the elucidation of this subject of change of type in disease to mention that, forty years ago, when one surgeon was apparently destroying the sufferer from fractured ribs by venesection, antimonial and laxative medicines, and low diet, laudably dreading inflammation, another was curing the same and the concomitant pain by a bandage, moderate diet, and a sedative at bedtime, and the worst class of cases of compound fracture, in a greater proportion than his contemporaries, by assiduous personal looking into everything, and by very free use for his day of meat, wine, and porter. One physician was dosing all his patients for weeks with C. c. J. (calomel and jalap), with mist. cretæ cath.; another salivated all his urgent cases; while a third was more eclectic and painstaking, and pulled his patients through by looking more to their wants and complaints, and their diet, using exceptional bleedings only, and relieving suffering freely with opium. These divergencies in practice at this hospital, and the opportunities of comparing different modes of treatment, bore fruit in the after practice of the pupils. The same process was doubtless carried on, more or less, at other hospitals throughout the kingdom. A more critical observation in later times, aided by improved knowledge of the human frame both in health and disease, has contributed more than the pleasantries of Montesquieu, Le Sage, J. J. Rousseau, or Butler, to bring about greater correspondence in the treatment of disease.

The words of Schiller in the mouth of Mephistopheles—

> "Der Geist der Medicin ist leicht zu fassen;
> Ihn durchstudirt die Grosz' und kleine Welt,
> Um es am Ende geh'n zu lassen,
> Wie's Gott gefällt"—

were not inappropriate in his day.

In no disease has there been a greater and more beneficial change than in the intimate knowledge and treatment of different forms of tubercular disease; in this work another of our staff, Dr. Andrew Clark, has borne an honourable share.

We would fain have dwelt on some of the more obvious improvements in military surgery, the opportunity for which was furnished by the Schleswig-Holstein war which has produced Stromeyer's "Maxims of Military Surgery;" by the Crimean episode, by the Italian war, by the enormous war between North and South America, and by the recent campaigns in which first Prussia and Austria, and next Prussia and France, were engaged. It is incontestible that the American struggle was redundant of examples to Europe of the manner in which modern appliances should be used to mitigate human suffering. It may be doubted, however, whether greater additions have been made to military surgery than through the comparatively small wars of Schleswig-Holstein. This may be regarded as an illustration that small wars, like small hospitals, when presided over by men like Stromeyer are more profitable to science than wars of greater devastation and human suffering, and the monster hospitals, despite all their modern improvements, which large wars necessitate.

And now, gentlemen, what are the prospects of our art during the next forty years, a long time to look forward to in the history of our profession, relatively a much longer period in the individual history of each of you, during which period you will constitute, we trust, some of the principal actors? Thanks for the almost lightning rapidity with which every discovery is flashed throughout the civilised globe, the time has long passed when the power of effecting and recording improvements was confined to the few.

He would be a bold lecturer who should undertake to forecast events. One statement may safely be ventured upon, that the rising generation, encouraged by the successes of the last forty years, assisted by former labours and the accumulated instruments of observation, with the materials—the book of nature—ever at hand, has advantages not exceeded, if even possessed, by former generations.

There are but too many departments of medical practice needing earnest study. You have to support the noble unselfish work of the prevention of disease, inaugurated by Hippocrates (see his writings on "The Airs and Waters"), nobly followed out by Jenner, Blane, and a host of laborious and benevolent men. There are still diseases and stages of

disease in the presence of which the ablest practitioner is disposed to sink his head upon his breast—in certain fevers, in tetanus, in cancer, in algide cholera, in hydrophobia, in advanced consumption.

Are we too sanguine when we express a hope that before another forty years shall have elapsed some of the diseases last named shall become more tractable to our art? Incredulity would be, as elsewhere, the parent of idleness, and is only a cloak for ignorance. The improvements witnessed during the last forty years justify ardent hopes of the future. Cabanis says, "good practitioners in medicine are all men full of confidence in their art. This confidence is perhaps in some respects as much the cause as the result of their success."

With great respect for a deservedly honoured former President of the Royal College of Physicians, we are not of opinion that purgatives will augment the chances of recovery in malignant cholera, as they do in English diarrhœa and cholera; these appear to us to be totally distinct diseases We have not lost faith in the idea that, when the normal function of the stomach and the lacteals are in abeyance, science is likely to discover the proper medicinal agents and liquids, and the proper mode and channel of introducing them into the circulating system in just the proper quantity necessary to sustain life. Each visitation of the disease enables us to learn something more of its nature. At the last visitation our assistant-physician, Dr. Sutton, proved that fatal cholera in one respect resembles, as was suspected, other epidemic diseases in being more fatal to those whose viscera were previously unsound.

Happily periodical and general literature teems now with sanitary exhortations. Parliament and the great outside public have begun seriously to believe that the prevention of disease is a possibility, and is not the mere lucubration of enthusiastic and visionary medical men. The teaching of preventive medicine was for a long period a purely unselfish act, though too often regarded as an officious one. There were long ago exceptional individuals outside our profession who recognised the value of its labours in this direction, and eminently aided its progress; of these the name of Chadwick deserves to be mentioned. Now that salaried officers are appointed to superintend and carry out the teachings of the medical philosopher, no lack of candidates for the office exists (some beyond the ranks of our profession), and sanitary science cannot henceforth fail to be more widely beneficial. It will rest with the rising generation of physicians, by their continued zeal in the elucidation of obscure points in the avoidable causation of disease, to take care that the seed of future honours, sown broadcast by the medical man, unrequited except by his own conscience and the admiration of his professional brethren, shall not be appropriated by other professions which have not borne the heat and burden of the day. May not our profession justly claim that the future health minister of the three kingdoms shall be selected from the ranks of medicine, as a tribute to its past labours in the cause, and an acknowledgment that the education of the physician can alone insure thorough comprehension of the evils sanitary science undertakes to combat.

As in the mineral world of both hemispheres, the choicest stores of the precious metals are found in remote or in the least accessible places, so the rich peculiar lodes of pathological knowledge, and mines of medical and surgical experience, of the London Hospital, were formerly only accessible from the west through the difficult "cañons" of Newgate street and Cheapside, or the obstructed passes of Smithfield and Whitechapel markets. The medical student of the present day, if he have not the advantage of the ubiquitous and everywhere faring steamboat, or the Great Union Pacific Railway, to carry him to his El Dorado, may, thanks to the Holborn Viaduct, the removal of two ancient markets, better police arrangements for the removal of street obstructions, supplemented by underground railways and tramways, be enabled to reach the site of his labours with a speed and saving of time undreamt of a generation ago.

You will receive, gentlemen, in this College and Hospital such aid in your studies from each of a fresh generation of lecturers, beginning with anatomy, as the veteran and justly popular John Adams, now one of your consulting surgeons, or the well-known Dr. Letheby, has been accustomed to give to his particular class; the Committee and Governors of the Hospital have most liberally spared no means to render the Hospital and College worthy of their objects, second in all essentials to none in the metropolis. The charity of the public distributed within these walls supports over five hundred inmates, looking to you, gentlemen, when sufficiently advanced in your studies, to assist the numerous staff in the performance of its hospital duties, asking you meanwhile to remember the hospital motto—

"Nihil humanum a me alienum puto."

Here you will see wholesale what cannot be seen in every hospital—we were about to say, in our admiration of the London Hospital, in any other hospital; we may say, as regards some classes of objects, that the London Hospital stands unrivalled. Situated close to the river and the docks, and surrounded by factories of almost every description, and railways travelling in several directions, some terminating in it, this large hospital of the Tower Hamlets may be described as receiving tribute from sea and land, of objects of misery seeking relief and cure at the hands of its medical and surgical staff. In order to profit by all the sad material of misery, rich in instruction to the student, you must not suffer your eyes to wander over it either listlessly or too much absorbed in the painful reflections so much suffering cannot fail to produce. Besides listening to formal lectures and clinical teaching, you must see well, with the unassisted, the microscopical, and your mind's eye, the things continually presented to you.

"Segnius irritant animos demissa per aurem,
Quam quæ sunt occulis subjecta fidelibus, et quæ
Ipse sibi tradit spectator."

Never be content with superficial observation; whatever you undertake to inquire into, look below the surface of things, employ all your senses in your investigations, avail yourselves of all the modes of inquiry taught you. In the present day it is useless to be merely a good auscultator, well up in the chemistry of the urine, familiar with the names and varieties of the excretions, skilful at anatomy and the setting of fractures; no you must apply *thoroughly* all your ability. In fact, the English word *thorough* should be your watchword and guide in all your doings.

Gentlemen, much has been handed over to you by your predecessors, much is therefore expected of you, and that promptly, if you would emulate the generation now passing away. Schiller says

"Wo viel Licht ist, ist starker Schatten."

Your first duty is so to profit by the instruction here provided that you may make capable members of an active, honourable, and useful profession. Many of you may hereafter be wholly engrossed in worthily performing the offices of the medical man—*Non omnia possumus omnes:* few of you who may not be able to hand the torch of science to your successors the brighter for the labours you have employed in tending it. Some of you, it will be expected, will, as London Hospital men, leave behind you names as honoured as those of Blizard, Headington, Pereira, and Billing, and others whose busts adorn this place.

As Schiller says also of Science and her followers—

"Einem ist sie die hohe, die himmlische
Göttin, dem audern
Einem tüchtige Kuh, die ihn mit
Butter versorgt."

Let it be your resolve, whilst seeking an honourable existence through your profession, to cultivate it more in the spirit of the first of these lines than in that of the second. This alone can make you satisfied with it.

ABSTRACTS OF INTRODUCTORY LECTURES

DELIVERED AT THE

OPENING OF THE MEDICAL SESSION, 1871-72.

WESTMINSTER HOSPITAL.

Oct. 2, 1871.

Dr. Basham commenced by observing that it might be to the advantage of those now entering the profession to have placed before them the relative position assigned to medicine and surgery among the other arts and sciences. These words were so constantly employed almost as convertible terms, that it

was expedient to give such a definition as would enable the student to comprehend clearly the position held by medicine among other branches of human inquiry.

The word science comprehended investigations into the powers and properties of matter—inorganic as well as organic—the mutual action of forces and masses—the laws of matter, statical and dynamical.

The term art was applied to everything which was the product of the mental or manual skill of the individual.

Science, properly so called, was either deductive or inductive. The first comprised the exact sciences—mathematics. The second inductive included the natural sciences, or physics; and the object of these was a knowledge of the laws of the material world.

The natural sciences were then classified, and the necessity for a knowledge of them to the student and practitioner of medicine was insisted on. It was shown that all these branches of knowledge rested on correct and trained observation.

The arts were then enumerated. They severally included whatever was effected or produced by the mental conception or the manual skill, or both, of individual minds, art producing combinations or effects which could not happen or exist except through the conceptions of individual intelligence.

The highest efforts or products of art might be accomplished without any specific knowledge of natural science. But when art was aided by natural science the result was greater perfection.

But if science was not absolutely necessary to the existence of art, how different was it with the practice of medicine. There was not one of the natural sciences, some knowledge of which was not imperatively required in medicine.

The aim and scope of medicine as an art were shown to be the preservation of the body in health, and the freeing it from those evils and disorders which neglect of the laws which govern and minister to life most surely entailed.

These could only be accomplished by a thorough knowledge of the nature and force of those laws. The first essential was a minute and searching knowledge of structure, both human and comparative; the second, a knowledge of the functions of the several organs. On a thorough knowledge of anatomy and physiology the whole fabric of medicine rested.

It was shown that the vital forces were examples of the economy of the natural laws of the material world. Not only did these vital forces work in accordance with the physical laws, but they were evolved in strict obedience to, and dependence on, those laws. The functions of the heart, of the lungs, the action of the muscles, the structure of the eye and ear, were illustrations of the adaptability of structure and function to the laws of the natural world.

The position of medicine up to this point was that of a science strictly inductive.

The causes of disturbed functions were then glanced at: a definition of health was offered as a starting point of comparison with the earliest manifestations of deranged or diseased structure or function. The scope of general pathology was thus mentioned as consisting of an inquiry into all the conditions, causes, symptoms, and results of disordered health, whether among individuals or among the mass. Allusion was made to epidemics.

Medicine, as an art, had, from its earliest records, recognised the prevalence at times of particular types of disease. In tracing the origin, the mode of propagation, and the means of restraining epidemic forms of disease, was recognised as one of the most important duties of the profession. Although little success had yet attended efforts to avert such epidemics as cholera or scarlet fever, yet over one fearful scourge the genius of Jenner had triumphed, and victory, complete and undoubted, had been the result of the contest between vaccination and small-pox.

There could be no higher aim for any science than to stamp out the causes which favour the propagation of disease of whatever kind among the community.

To investigate the causes of the unhealthiness of any given locality, to trace the development of disease to the co-operation of vice and ignorance, to propose means for the sanitary welfare of large and populous places, was the paramount duty of the profession. But to accomplish this required a mind specially trained, one accustomed to exact and patient observation, skilled in all the collateral branches of medicine. A chemist, a physiological one, conversant with the morbid agencies of air defective in purity, with its sources of contamination, with the influence of soil and drainage on animal health, with the qualities of water and its impurities, some knowledge of constructive art should also be added. The influence of particular kinds of labour on health, and the several diseases peculiar to special trades and occupations, also required attention. To perform these duties required a high-class medical education, to which should be added sound judgment, a tact in dealing with the prejudice and ignorance of people, and a power to persuade by reasoning rather than of dictating by authority.

After some remarks on the limited means of generalising on the action of remedies, and establishing any definite law as to the certainty and exactitude of their action, moral probability, or at most moral certainty, was all that could be arrived at.

The lecturer proceeded to sum up the attributes of medicine both as a science and an art.

It was a science in relation to the means and sources from whence it was derived, for it was built up of many, if not all, the other natural sciences.

It was an art, however, in its exercise, and its value was proportioned to the scientific training, the tact, and judgment of the individual practising it.

It was an art which, for extent and variety of knowledge possessed by its more distinguished members, was not exceeded, scarcely equalled, by any. Its utility was universal, for it was with advantage and benefit exercised in every region of the world, alike useful to all nations, peoples, or creeds.

Medicine was the science of observation applied to the investigation of everything which related to the health of man, individually or socially. It was based on a thorough knowledge of the structure of man and of the chief families of the animal and vegetable world, to which must be added a knowledge of the laws pertaining to matter and force. The need for such wide and extended information had been fully recognised of late years by the altered course of study now recognised by the London University as necessary for the preliminary degree of Bachelor of Medicine.

To be educated in such an art, brought to the possessor all the advantages and graces of an enlightened education. It trained the mind to understand the laws regulating the evolution of the germ out of which his organisation sprung. It taught him the conditions governing nutrition, regulating development, or ministering to decay, the premature tendency to which it was the effort of the art to avert.

As an art it dealt in no dogmas; it regarded, as reliable and true, only that which was susceptible of demonstration and proof. It sought no converts, for the essence of its teaching was, that its followers must be for ever students, for the words of Harvey were ardently accepted by all workers, "that all we know is infinitely less than all that remains still to be known."

In this art there was no fealty sworn to authority; and only that which was ancient was loved which experience or science had proved to be true.

The sciences on which this art rested could not be learnt from books alone. The fabric of nature and of the material world must be searched and studied, and each step the student made must be steadily from one demonstrated fact to another.

The theories of incomplete observation were constantly tested by more numerous and reliable facts, and which scientific experiment eventually verified or ignored.

Thus gathering within herself the tributary streams of many branches of natural science, each contributing some truth or fact applicable to the interpretation of the laws of health and disease, medicine might consistently take her place among the arts and sciences, and claim a prominent position among the most useful and beneficent of those scientific pursuits to which the intellect of man might be devoted.

THE MIDDLESEX HOSPITAL.

Dr. John Murray delivered the Inaugural Address at this hospital. The lecturer commenced by urging the new students of medicine to inquire of themselves whether they were adopting a profession for which they were naturally suited. According to the comparative vivacity and force of a young man's intellect, his fitness for a profession should be gauged. If a youth afforded no evidence of predominant interest in literary study and the delights of scholastic ambition, he ought not to be encouraged to adopt a profession requiring the considerable amount of application to such pursuits demanded by medicine. He referred to the unhappy instances daily to be seen, of men possessed of excellent abilities engaged in the half-hearted

pursuit of occupations wholly unsuited to their natural turn of mind—abilities which, if they had been directed into the proper channels, would have placed the possessors in positions in which they would not only have excelled, but would have increased their enjoyment of life—perhaps, also, the depths of their pockets, and certainly their value to the public. Most young men's minds, he believed, afforded a clue, if properly scrutinised, to their natural fitness, to ascertain which was the duty of parents and guardians; and this was becoming daily more and more imperative, as free trade, the correlative of natural selection, was, in this country at least, in the ascendant. To make the most of this natural fitness, the preliminary education of the young man should be of a most liberal character. The great acuteness in the observation and treatment of disease displayed by men of the present day distinguished in medicine, does not, he believed, rest on the possession of medical facts alone, but on a sound general education, aided by natural ability for the practice of their profession. He decried the growing tendency amongst the advocates of the real, or modern, or so-called useful studies to underrate the value of classics, by the study of which we are made acquainted with the *Alterthum swissenschaft*, the spirit and power of Greek and Roman antiquity, learned from its original works. A liberal education should make a man know himself and the world, not in a narrow sense, as Matthew Arnold expresses it, "to make a man a good citizen, or a good Christian, or a gentleman, or to fit himself to get on in the world, or to enable him to do his duty in that state of life to which he is called. There is a wider and more noble sphere—to do good to mankind and to advance his fellow-creatures."

After offering a few words of advice as to the manner in which the student of medicine should proceed in surmounting the mass of work before him, Dr. Murray continued: "To assist and guide the student in his studies, medical schools have been formed, in which more or less compulsory attendance is required; the different subjects taught being arranged in such a manner as to afford a very considerable amount of assistance to the pupil. Our metropolitan system of medical schools, as it at present exists, has found many able opponents, men whose opinions carry with them great authority, and in whose views I am prepared largely to sympathise. But, while we should sanguinely look forward to a future still greater than the present in the medical education of the metropolis, there still can be no doubt that even now, with its disadvantages, London affords many unrivalled opportunities for the study of medicine unattainable elsewhere.

"The mission of a medical school, it seems to me, should be not alone to cram the student with facts, but to effect as far as possible the *Gesammtbildung*, the total medical cultivation of the student in his strictly medical studies. What is to be avoided is, that the instruction degenerate into a preparation for examination, instead of providing that the pupil may have the requisite time to come steadily and without hurrying to the fulness of the measure of his powers and character; that he may be securely and thoroughly formed, instead of being bewildered and oppressed by a mass of information hastily heaped together. What faults our medical schools do possess are in a great measure due to the baneful influences of certain of our licensing bodies, which do not demand a sufficiently high standard for qualification, and do not allow the schools time to develop the student. That systematic teaching is, as asserted, carried to an excess in them, I do not believe; in fact, the very reverse. That students should be allowed to study wheresoever and howsoever they please, as recommended by not a few, is a doctrine which I think should be resisted as opposed to reason, and a retrogade step in education. Were it possible, as is proposed, to render the examinations all sufficient as tests, which I deny they can be made to be, the more or less want of system in the preparation for these examinations would entail a waste of time and strength, and by reaction, tend to reduce the standard of examinations. It is this absence of system which I believe is the bane of education in this country. In everything we lean upon our energy and wealth to overcome the drawbacks necessarily dependent on our want of gradual training and method.

"How are students, I would ask, to be guided in their studies unless in a systematic school? where are they to learn exact habits of mind? Not in books, certainly. Most students are willing and anxious to learn if intelligently managed; and if the teacher fail, it is, in the majority of cases, as much the fault of the teacher as of the pupil. If there are those disposed to apply themselves to their work, much can be done to make them learn if taught methodically and under a compulsory system. Were it not for our compulsory system, however, what would become of such men? One would stay at home and cram; another would go from place to place, 'taking tithe of mint and anise and cummin,' but neglecting the principles and more important matters of his profession, picking up crumbs which he would mould together into some crude idea representing his peculiar notions of the theory and practice of medicine, while only a comparatively small number would pass their examinations, possessed of a comprehensive medical education, and that chiefly through their inherent natural good qualities, a considerable number would probably be able to pass the examinations, however strict and searching they might be; but their minds would not have been gradually formed, and taught that exactness of reasoning which is likely to be engendered by a proper system of teaching, such as is aimed at in some at least of our medical schools. I would have you, therefore, to bear in mind that system and regularity in your work are all-important."

The lecturer concluded his address by reminding his hearers that beneficence formed medicine's highest title to respect; that their duty, their real pleasure would be found in allaying misery, in assuaging suffering, and advancing the physical well-being of man.

QUEEN'S COLLEGE, BIRMINGHAM.

Dr. Russell commenced his lecture by quoting the introductory remarks with which Burton opens the chapter on the cure of "Melancholy," because, as he observed, they present a more correct representation of the function of the medical practitioner than that which generally obtains. In place of imposing the entire responsibility in treating disease upon the medical adviser, leaving the patient to digest the medicine and swallow the advice he receives without co-operation on his own part, the author regards the patient as an active agent in effecting his own cure, and reminds him that if the doctor has a duty to perform towards him, he has also a duty which he owes to the doctor. Dr. Russell was thus led to dwell upon the two-sided character presented by the medical profession, its relation to medicine as a science, and its relation to the society in which the science is to be applied. In developing the subject, the lecturer proceeded to comment on the influence which public thought has exerted over the interests of the medical profession viewed merely in its scientific relation; noticing how, in narrating every step which has been made, the historian instinctively turns his eyes to the general state of learning at the time, and how universally medical opinion has been the reflection of the opinion of the age in which it has been formed. In one particular, however, he believed that medical science stood in contrast to the philosophy by which it was surrounded, at least in the earlier periods of its history. If Macaulay has rightly selected, as the characteristic element of the ancient philosophy, that "it disdained to be useful, and was content to be stationary," that "it could not condescend to the humble office of ministering to the comfort of human beings," then medicine must claim to have had a higher aim throughout its various fortunes, that aim being the very one which the same auther advances as the distinguishing feature of the Baconian philosophy—"fruit"—"the multiplying of human enjoyment, and the mitigating of human suffering."

Dr. Russell then proceeded to regard his subject in another aspect, one always of importance, but never of so much importance as at the present day. He observed that the evils with which medical science has had to deal have been in no small measure the product of human passion, and in a still greater measure have resulted from ignorance of those laws which have been imposed by Providence as necessary conditions for the preservation of health; and he noticed that the success, or want of success, which has attended the efforts made for the removal of such evils has depended in no small measure upon the degree of intelligence with which the subject has been regarded by the public at large. This statement may be applied to disease in all its forms, but it is illustrated on a large scale by the history of nations. He glanced at the pestilences which form so prominent a feature in past ages, preceded in almost every instance by famine, the consequence sometimes of bad seasons, but rendered so fatal in their results through ignorance of agriculture, through defective legislation, and through want of free intercourse between different districts; but far more frequently the consequence of civil and foreign wars, of the evil policy of kings

and nobles, and of popular outbreaks against the violence of rapacious governors. Then he passed to other causes of public disease connected with social or private life, as exemplified by the mode of living prevalent in the Middle Ages, by the condition of the land, covered as it was by fir and morass, by the state of our prisons as revealed by Howard, of our ships and hospitals as disclosed by Lind, Blane, and Pringle, down to the present time, when sanitary inquiry is announcing the presence of evils of precisely the same kind, and is tracing up to these evils precisely the same effects.

It is of vast moment to the interests of humanity that both parties in these matters, the profession and the public, should understand their part in the responsibility to be borne. An enlightened public must be the correlative of an educated scientific body, or nothing can be done.

But there is another element besides the intellect, powerful in determining human conduct, which is closely involved in the relation held by the public towards the medical profession, and is mainly determined by the spirit in which the work of the profession is regarded. I mean, said the lecturer, the character of its several members. The medical profession is in the position of having to study science with reference to its immediate application; and the aspect in which the subject presents itself to the minds of medical men is not that of abstract truth, but of truth valuable in proportion as it can be made available for the benefit of mankind. Their discussions, therefore, must be influenced by a consciousness of the momentous nature of the interests involved, and by the knowledge that the main responsibility rests upon their own shoulders. On this account it is natural and proper that medical men should throw their whole heart into the controversy. Thus it has happened that the relation held by the public towards the advocate of medical truth has not always been consistent; sometimes he is credited with possessing precise knowledge, such as can belong to the student of physical science only; at others he is regarded with absolute scepticism because he does not, like Molière's M. Purgon, "believe in his set rules more than in all the demonstrations of mathematics, finding in medicine nothing uncertain, nothing difficult."

The language of the student of medicine will be modest in exact proportion as he has obtained a better acquaintance with his subject and a larger view of its several relations. Yet he is no stranger to the tone of authority when circumstances justify its assumption. He knows that the conditions with which he deals are regulated by fixed laws; and where such laws have been clearly eliminated he announces them with all the authority of ascertained truth. And in the operation of these same laws he recognises a limitation placed upon his own power. He knows that it is as impossible for his science to avert the effects of sensuality upon the bodily functions, as for the ethical philosopher to prevent its exerting its baneful influence upon the mind. Nor can medical science be expected to shield a community from the consequences of violating the conditions imposed by Providence for the preservation of health. Foul drains will generate fever, let science say what it will; overtaxed brains will fail; overstrained muscles will ache. But if, in a large part of her utterances, medical science wisely uses a less dogmatic tone, it is because the interests with which she concerns herself are closely interwoven with those moral and physical conditions which constitute the discipline of life, and determine a man's moral position in the world. Hence, doubtless, the reason that many of the problems of health and disease appeal to men as free agents, and call upon them to assume a share of responsibility in the use they make of the knowledge which is afforded to them.

The lecturer concluded with some remarks addressed particularly to the students of the College.

SHEFFIELD SCHOOL OF MEDICINE.

By Alfred H. Allen, F.C.S.

Lecturer on Chemistry at the School.

After dwelling upon the advantages of a knowledge of chemistry and physics to all classes of medical practitioners, and pointing out how many valuable remedies the progress of these branches of science had given the modern physician, the lecturer proceeded to treat of the nature of infection and spoke of the germ theory as one which had many arguments in its favour and received great additional support from the recent beautiful researches of Dr. Thudichum. But there was another very ingenious theory which also explained the extraordinarily rapid development of infectious disease while ignoring the multiplication of cells by fusion.

There were many instances known to chemists, in which the presence of a minute proportion of some foreign matter acted in an extremely energetic manner to produce some chemical change, far more difficult to effect in its absence. In the same manner, Simon supposed that the infectious principle of small-pox possessed the power of causing some chemical change in the body with formation of a larger or smaller amount of the specific poison, and that the patient had the disease severely or lightly accordingly. By vaccination, therefore, all the substance susceptible of change by the virus became so altered, and an additional inoculation could produce no further quantity, so the person became insensible to its influence for some time subsequently. Some years ago, Dr. Simon obtained the opinions on the subject of vaccination of upwards of five hundred professors of medicine and surgery, at various universities and hospitals, and of all those consulted, *none* doubted the efficacy of vaccination, and very few believed that any disadvantage could possibly attend its universal enforcement. If, therefore, the efficacy and safety of vaccination (when carefully performed) had been thoroughly demonstrated, no man had a right to endanger the safety of others by an ignorant objection to the process. All were aware that the late extensive local opposition to the enforcement of vaccination, proceeded almost without exception, from the most ignorant people, led by interested quacks and *soi disant* "professors," who gained their adherents by apocryphal statements and "cooked" statistics. The enforcement was at one time, a dead letter as far as Sheffield was concerned, and the House of Commons recently inserted a clause in the Vaccination Act, making two small fines, the maximum penalty for omission of the precaution, thus virtually allowing a man to buy the right to spread disease and disfigurement. This was only prevented from becoming law by an amendment in the Upper House.

In further reference to the germ theory, Mr. Allen said, "the germs causing putrefactive change and originating zymotic diseases, are minute solid bodies, capable of conveyance by air or water. That the motes existing in the air consisted largely of organic matter has been long known, and has been recently demonstrated in a very beautiful manner by Tyndall. The active form of oxygen called 'ozone,' had a very energetic action on organic matter, while it is itself destroyed by various noxious emanations from putrefying matter. At present, we associated the idea of ozone with the pure fresh air of the country and seaside, while it is rarely, if ever, present in the atmosphere of Sheffield. Whether, by electricity or other means, the air of hospital wards could not be moderately ozonised, is a question well worthy of attention, and if ever ozone could be produced on such a scale, as to admit of still larger application, the benefits to humanity would be very great."

"A good and plentiful supply of water is of extreme importance to all, and though most natural fresh waters are more or less suitable for drinking purposes, they are so liable to contamination from various causes, that too much care cannot be exercised in the selection of a suitable supply, and in some localities the inhabitants might say with great propriety,

"Water, water, everywhere,
But none that's fit to drink."

"When once water has suffered contamination by sewage or similar matter, it is very doubtful whether any process short of actual irrigation and filtration through the soil will render it safe for drinking purposes. A flow of a dozen miles had by some chemists been considered sufficient to effect the purification of a stream containing sewage, while others considered ten times the above length of flow to be inadequate. It is a fact, that when cholera was raging in Sheffield, the people of Doncaster escaped the infection, though they drank of the water of the Don after a flow of but twenty miles from the junction of the Sheffield sewer, but probably the immunity they enjoyed was due to other causes than the purification of the water. Rapidity of flows, depth of stream, and amount of impurity, being all important factors in the calculation, it is evident the special circumstances of the case in point, must receive great attention in giving a decisive opinion on the subject. But though it is often difficult to say that water is perfectly pure, the fact of previous contamination by animal matter, is by no means difficult of detection by analysis. A water giving such evidence of pollution should always be regarded with great suspicion, and should never be drunk when

any other is obtainable. No greater mistake can be made than to assume that a clear and sparkling water is necessarily pure, many of the worst specimens being agreeable to the senses. On the other hand, the water supplied by the Sheffield Water Company, has been repeatedly proved to have no injurious qualities, though it possesses a brownish tint from the presence of peaty matter. Whether the hardness of the water affected the health of the drinkers is an open question. It is true, that at Edinburgh recently, with reference to the utilisation of the water of St. Mary's Loch, it was stated in evidence by an eminent chemist, that many of those towns which had a supply of hard water had the lowest death rates; but unfortunately for the theory implied, they also proved to be towns with a far smaller population to the acre, so that the two cases are not parallel." To effect the purification of bad water, the lecturer said, "some process of filtration was commonly adopted, but great as were the advantages of charcoal as a purifier, it was without effect upon many kinds of dissolved impurities, while its action on others was of a very imperfect nature, and when the charcoal had been in use some time, the amount of impurity in the water was frequently increased. Recent investigations by Calvert, had proved that, many of the lowest forms of life could withstand a much higher temperature than had been supposed, but it might be considered pretty certain that a boiling heat, aided by a small quantity of permanganate would effectually prevent any injurious effects of organic matter present in the water. The disease germs, whether existing in air or water, might be destroyed by means identical with those found serviceable for the destruction of other low forms of life, but too many people were satisfied if they succeeded in stifling the smell alone, by the use of pastilles and other useless means. In Italy, as a preventive against cholera, they burnt juniper berries, &c., from which circumstance, combined with evidence of one's eyes and nose when travelling in that country, we were justified in concluding that the Italians were scarcely so advanced in sanitary science, as since the opening of the Mont Cenis tunnel, they had been suddenly discovered to be in engineering. It was quite certain that not only cholera, but all zymotic diseases were the result of bad sanitary arrangements, and the lecturer hoped the time would come, when the elements of sanitary science would be taught together with 'the three Rs' to every child in the kingdom. What we ought to do with the sewage of large towns was a very difficult and important question, but we must abolish at any cost those prolific sources of disease, the privies and the ash-pits of our towns. Though the latter nuisances were probably far less injurious than the privies, they might be greatly improved even by rendering them water tight. At present, the most injurious portions of the contents soaked the ground with decaying matter, while only the less objectionable portion was removed *when* the ash-pit was cleared out, which happened far less frequently than was proper.

"The best means of disposing of sewage, is a question at present engaging great attention, and one of the most popular plans is that of irrigation, which has been found to answer very well in certain places of moderate population, having extensive, cheap, and level pasturages in their neighbourhood. But how the advocates of this system would propose to deal with the sewage of Sheffield, I cannot imagine. The enormous amount of material, the undulating character of the ground, and the limited area of available land within a reasonable distance, are all most cogent objections to such a scheme.

"Unless a dry closet system be adopted like that of Mr. Stanford, who used charcoal, which can be repeatedly burnt and employed again, there does not seem to be any method applicable to the circumstances of Sheffield, than the old and extremely unsatisfactory plan of running the sewage into the river; but such a method, if generally adopted, would be a decided improvement on the present want of method which raised the death rate and offends the senses. In calculating the expense of rival methods of disposal of sewage, account ought certainly to be taken of the large extra water supply required for any system of water carriage, which extra outlay would be saved if it were possible to adopt a dry closet system."

In London the last weekly return gives a total of 1,411 deaths registered, being 74 above the average. Of the deaths 89 were from small-pox, and 205 from diarrhœa, the first-named disease causing greater fatality than for five weeks previously.

Original Communications.

CLINICAL LECTURES

ON THE

DISEASES PECULIAR TO WOMEN.

By Lombe Atthill, M.D. Dub.,

Fellow and Examiner in Midwifery King and Queen's College of Physicians; Obstetric Physician to the Adelaide Hospital, Dublin.

LECTURE XIV.

Cancer of the Uterus—Pathology of—Forms met with in the Uterus.—Medullary Cancer—Course of.—Epithelial Cancer—Symptoms of.—Hæmorrhage.—Pain.—Fœtid Discharge.—Cauliflower Excrescence.—Amputation of Cervix.—General Treatment.

I propose to-day, gentlemen, to call your attention to the subject of cancer of the womb, of which disease we have had, unfortunately, several examples recently. You must not suppose that the subject is unimportant because the disease is in all probability not susceptible of cure, for you can sometimes prolong life, and can always alleviate suffering; besides, it is of great importance that you should be capable of recognising the existence of cancer and of being able to pronounce that a disease which may simulate it is not malignant. The idea of cancer is ever present to the minds of women, and few of them suffer from any chronic ailment, the symptoms of which are referable to the uterus, without fearing that they are the subjects of that dreadful disease, and are sure to question their medical attendant closely. I need not delay to point out how injurious it would be to your character were you to pronounce a woman to have cancer who laboured under such a comparatively innocent disease as inflammatory hypertrophy of the cervix uteri. Or how lamentable would be the consequences were you to assure your patient that nothing serious was wrong with her when death was inevitable. Yet both these mistakes are frequently made, mistakes for which there is but little excuse.

Cancer of the womb is most frequently met with in women who have passed or at least attained middle age, but this rule must be received with great reservation. Women under thirty are not unfrequently attacked with it, and it is important that you should bear this in mind, lest misled by the youth of your patient, you should give a favourable prognosis on what was in reality a hopeless case. Still, it is in the decade between forty and fifty the greatest proneness to the disease manifests itself, 50 per cent. of all the cases occur between these ages. This, you are all aware, coincides with the period at which what is termed "the change of life" in woman occurs, when menstruation and the other functions of the reproductive system cease.

There is no disease the symptoms of which are so uncertain as those which usher in cancer of the uterus; very frequently, indeed, it developes itself so insidiously that the patient's attention is only attracted to what she supposes to be a very recent malady, when in reality our first examination proves the disease to be far advanced towards its fatal termination. The patient, Mrs. S., in No. 6 ward, is a striking example of this fact. She believes herself to have been in good health up to the 4th of last month, when hæmorrhage set in; but this is impossible, for the entire of the vaginal portion of the cervix is already destroyed, the uterus is firmly fixed by the deposit of cancerous matter in the surrounding tissues, and a gaping opening, surrounded by a jagged, indurated, and ulcerated mass, is all that is left of the lower segment of the uterus. Her end cannot be far distant. Yet it is but a month since her attention was first attracted to her condition.

Now, Gentlemen, I must take it for granted that you all know something of the pathology of cancer. This is a part of the subject which I cannot dwell on at any length in a clinical lecture—I shall only say, lest I should have any hearers who are altogether ignorant of the subject, that this dread disease consists primarily of the deposit, or more properly of the development of an abnormal material in tissues hitherto healthy, and which consisting in a great degree of cells of peculiar formation, has a great tendency to invade the neighbouring structures, and at a later period to take on a process of destructive ulceration. Dr. West, adopting the words of Müller, defines cancer to be "Those growths which destroy the natural structure of all tissues, which are constitutional from their very commencement, or become so in the natural process of their development, and which, when once they have infected the constitution, if extirpated, invariably return, and conduct the person who is affected by them, to inevitable destruction." But, in truth, the origin of these growths is a puzzle to pathologists. Of the various forms of cancer, two only are as a rule met with in the uterus—namely:

1st, the Medullary, and

2nd, the Epithelial.

Instances no doubt of the true scirrhus, or hard cancer, and of the colloid, or gummy cancer, are recorded, but they are exceedingly rare, and we may for the present set their consideration aside, the more so as with the exception of the greater slowness of progress, there is not any essential difference between the course of these two varieties and that of the medullary form. As already stated, the first step in the production of the disease is the growth of the cancerous matter in the substance of the healthy organ, and I may here remark that it is in the vaginal portion of the cervix uteri that this nearly invariably occurs. Why this should be is not clear, but such is the fact. In a few rare instances, however, the body, or fundus, is the seat of the disease. Cancer appears in general first to attack the submucous tissue of the vaginal portion of the cervix, and subsequently to extend to its muscular structure. Very soon the adjacent parts become implicated. Cancerous matter is deposited between the uterus and the bladder anteriorly and the rectum posteriorly, and in consequence the cervix becomes fixed and immoveable. By-and-by the mucous membrane at some point gives way, and an ulcerated surface is formed. The feeling communicated to the finger by this ulcer is unmistakeable. It is hard, irregular, with sharp edges, and generally bleeds on the slightest touch. The ulceration extends with considerable rapidity; occasionally, indeed, granulations arise on its surface, and at one point an attempt may be made at cicatrization; but this soon gives way, the granulations disappear, and the disease spreads as before.

When this stage is reached we generally find a most characteristic discharge present. It is dark in colour, profuse, and fœtid. Sometimes the fœtor is so strong and unmistakeable that it is possible to diagnose the disease from the smell alone, even before we make any examination; but this is not always so. The patient whose case I have alluded to is an example of this latter condition, for though the disease is in such an advanced state, she has but little discharge, and that by no means fœtid. Hæmorrhage, too, if not previously present, is now nearly sure to occur, and it is very probable that the decomposition of clots of blood within the uterus may be one though not the sole cause of the fœtid character of the discharge. The disease is all this time spreading upwards, and engaging the body of the uterus, and sometimes cancerous masses project into its cavity, while at the same time the vagina also nearly invariably becomes involved. Sometimes, the posterior wall being affected, the disease extending backwards till the rectum becomes implicated; but more commonly it is the anterior wall which is chiefly engaged.

When life is prolonged beyond this stage the ulceration may destroy not only the muscular structure of the vagina but also the adjacent walls of the bladder or rectum, or even of both. And then to the sufferings previously experienced are added the miseries incidental to vesico or recto-vaginal fistula. Under such circumstances death is brought about by a process of gradual exhaustion; more frequently, however, the patient sinks at an earlier stage from the effects of the constantly recurring hæmorrhage. The following accurate description of the *post-mortem* appearances usually met with in cases of cancer is given by Mr. H. Arnott, in Vol. XXI. of the "Transactions of the Pathological Society of London": "It will be noted that in nearly every case the seat of disease is the same. The os and cervix are more or less completely destroyed, and the foul ulcer resulting includes the upper part of the vagina. In more severe cases the floor of the bladder is invaded, and perhaps freely perforated, whilst even the rectum may be opened into the vagina, the uterus itself being sometimes almost wholly consumed in the general havoc. In one remarkable case the os and cervix remained, whilst the whole body of the uterus was destroyed by cancer." The pelvic glands are frequently the seat of secondary cancerous deposit, while in not a few the ovary and even more distant organs, including the heart and lungs, become implicated in the disease.

Now, with respect to epithelial cancer, which is the other form so commonly met with in the uterus. It differs from the medullary in this, that it is generally developed as an outgrowth, or excrescence from the cervix uteri. In general it seems first to appear as a tubercle, this increases rapidly, after a time it becomes fissured, and branches out, so as to form a soft irregular mass, which from its resemblance to the vegetable of that name is commonly called "cauliflower excrescence," a resemblance however which is frequently wanting. The discharge to which it gives origin is very profuse and watery, but is not generally so fœtid as that proceeding from the medullary form. This growth often attains considerable size, sometimes forming a mass which fills the whole vagina, and being very vascular, is invariably accompanied by hæmorrhage. Epithelial cancer occasionally attacks the vagina as a primary disease. We have had two examples of this recently in hospital: in one the superficial ulceration extended to the very vulva, and the patient sank worn out by pain and repeated though trifling attacks of hæmorrhage. In her case the entire surface of the vagina was constantly covered with a dark pultaceous slough. The other was admitted for profuse hæmorrhage, which threatened life. This was found to proceed from a spot on the anterior wall of the vagina, not larger than a split pea; it was hard to the touch, and had a puckered appearance. In a third case a large mass of epithelial cancer grew from the posterior part of one labium.

Having thus given you an outline of the course which cancer usually runs, I must return to the symptoms it gives origin to. In the early stages at least they are most vague and uncertain—to such an extent, indeed, is this the case, that we not unfrequently meet with instances in which the entire of the lower portion of the cervix uteri has been destroyed by the ravages of disease, and yet the existence of cancer has never for a moment been suspected either by the sufferer herself or by her friends. The patient to whom I have already referred affords a well-marked example of this. She is a married woman, æt. fifty, has given birth to twelve children, and has had two miscarriages. Six years ago she ceased to menstruate, and was perfectly free from any symptom of uterine disease up to the 6th of last December, when she noticed a discharge which resembled in all respects natural menstruation, being red in colour, free from smell, moderate in quantity, and not accompanied by pain. The appearance of this discharge did not cause her any anxiety, and she continued apparently to enjoy her usual good health till three weeks ago, when (on the 4th of January) she was suddenly attacked with profuse hæmorrhage, which has not as yet entirely ceased. At no time has there been any fœtid discharge, nor did she suffer pain, except a dull back-ache, apparently the result of debility. But on making a vaginal examination we found the uterus

fixed by the deposit of a large quantity of cancerous matter, into the tissues surrounding the organ, while the lower portion of the cervix is already destroyed by the process of ulceration, and a wide gaping irregular opening leads up to the body of the uterus. Now, this case is very instructive—it shows how insidious the disease may be. Not only is there an extensive deposit of cancerous matter, but a considerable portion of the uterus has been destroyed by ulceration, and yet till three weeks ago she presented no symptom of disease except the slight coloured discharge which appeared four weeks' previously, and which she believed to be a return of normal menstruation. Moreover, it shows that you may have extensive cancerous ulceration without its being accompanied either by pain, fœtid discharge, or any appearance of cancerous cachexia. But cases of cancer usually present all these symptoms in a greater or less degree. You will, therefore, be correct in considering hæmorrhage, fœtid discharge, pain, and cancerous cachexia as being the symptoms of cancer of the uterus, though none of them are necessarily present. I shall say a few words on each.

First, with respect to *hæmorrhage;* it is the most common and most important of them all; it is also the one which, as in the present instance, is generally first noticed. If the patient has not ceased to menstruate, she will probably tell you that her attention has been attracted by observing the catamenia to become much more profuse, and to last a longer time than formerly; then that the discharge has commenced to appear irregularly, returning at intervals of a few days, till finally it is almost continuous. If, on the other hand, she has passed the "climacteric" period of life, the first symptom most probably will be—as was the case with the patient first alluded to—the sudden appearance of hæmorrhage, which is occasionally profuse. Sometimes hæmorrhage occurs before any ulceration has taken place; this is especially likely if menstruation have not previously ceased; but it is after ulceration has occurred that it, as a rule, becomes so prominent, and often so alarming a symptom. Cases, however, are met with in which it is not present at all; they are, however, rare. It may not be an early or a prominent symptom, but seldom, indeed, is it altogether wanting. In general, as the disease advances, and the ulceration spreads, the bleeding becomes more profuse, sometimes in the form of a continuous draining, more frequently as well-marked attacks of hæmorrhage, occurring at short intervals, often alarming, and threatening life itself, sometimes even proving fatal, though much more frequently the patient dies from the exhaustion consequent on the frequent losses of blood.

Pain.—Of all the symptoms indicative of cancer, pain is the most fallacious. Cancer, in its early stage, is, without doubt, in general a painless disease. This statement is, I am aware, directly at variance with preconceived notions. Women invariably associate the idea of pain with the existence of cancer, and believe the absence of suffering to be impossible; this is, however, a popular error. I have but to refer to Mrs. S——, the patient to whose case I am specially calling your attention as a proof of this. Here is a woman dying of cancer, and yet she is entirely free from pain; I fear, however, that her prospect of this immunity from suffering continuing to the last is very doubtful, for as the disease progresses pain is seldom absent; frequently, indeed, it becomes almost unbearable, so terrible are the paroxysms, so excruciating the agony. Bear in mind, however, that this applies to the stage of ulceration only. This absence of pain forms one of the chief diagnostic marks between chronic inflammation of the cervix and *cancer in its early stages.* When you meet with a patient who has for a lengthened period suffered from pain, referred to the back, to the uterine, and especially the ovarian regions, shooting down along the inside of the thigh, and who, on examination, proves to have a thickened indurated cervix uteri, the probability is that this is due to long-continued inflammatory congestion, and not to malignant disease.

But, as already mentioned, this immunity from suffering generally ceases after ulceration has taken place; we find, too, that the attacks of hæmorrhage often come on during severe paroxysms of pain, and seem to relieve them, leading to the supposition that the pain is due to some form of congestion, for were it not so, the hæmorrhage could hardly bring relief, as undoubtedly it often does; but be this as it may, the fact remains, that the terrible sufferings in the second stage of the disease present a marked contrast to the immunity experienced in the first; and though there may be occasional instances in which pain is absent even to the last, they are unfortunately rare.

Fœtid discharge.—This, too, is a symptom of variable occurrence; ordinarily a colourless discharge accompanies the early stage of malignant uterine disease, but not to an extent sufficient to alarm the patient; as changes in the cervix take place, however, an open cancerous ulcer is formed, the discharge assumes a different character, it becomes more profuse, dark-coloured, and fœtid. In many instances, this odour is so marked, that without asking a question or making an examination, the experienced physician can pronounce the patient to be suffering from malignant disease. Sometimes the fœtor is intolerable, and the profuseness and acridity of the discharge so great as to add materially to the patient's suffering, by giving rise to painful excoriations. In epithelial cancer the discharge is more watery, and seldom so fœtid as in the medullary form.

Both the cases of cauliflower excrescence which have been for some time past in our ward, differ in many respects from that of Mrs. S——, who afforded us an illustration of the medullary form. One E. K——, aged only twenty-three, is five years married, but has never been pregnant. She states that she was quite well till about two months ago, when menstruation became *suddenly* profuse; shortly afterwards she perceived a fœtid watery discharge to appear in the interval between each period. She suffered from severe left side pain of a paroxysmal character, which became aggravated before each attack of hæmorrhage, and also by diarrhœa. On examining her after admission, the whole of the upper third of the vagina was found to be occupied by a large mass of epithelial cancer; the disease had also extended to the anterior wall of the vagina. Her case was hopeless; we could but relieve her pain by subcutaneous injections, and check the discharge by astringent lotions, and by the exhibition of gallic acid, acetate of lead, opium, &c. She died shortly after.

In the other case, I at first entertained hopes of being able to save, or at least to prolong life.

This patient was a young woman, aged twenty-eight, five years married, and had given birth to one child, who, at the period of her admission into hospital, was four years old: in the interval which had elapsed since its birth she had had three miscarriages, the last occurring twelve months prior to her admission. Her health had been very good up to October, 1869, when she, for the first time, remarked a sanguineous discharge, which appeared in the interval between two regular menstruation periods. It only lasted three or four days, and then ceased, but subsequently reappeared at irregular intervals during the next four months, never lasting more than a few days; and as her general health continued good, she paid no attention to it. In March last this discharge became more profuse, and she was admitted into the hospital on the 16th of April. She was in a very anæmic condition. She complained of weakness and of pain in the back, but of nothing else. The discharge, which was very profuse, was of a sanguineous watery character, and not very fœtid. On making a vaginal examination, a cancerous mass, about the size of a hen's egg, was found, growing mainly from the posterior lip of the os uteri; the anterior lip was also engaged, but in a less degree. The vagina was not implicated in the disease, the uterus was moveable, and on passing the finger upward, the cervix uteri appeared to be perfectly healthy. I therefore thought it to be one of those cases in which it would be justifiable to give the patient a chance of prolonging life by operation, and determined to attempt the amputation of the entire of the cervix uteri

above the diseased portion. This was done accordingly with the écraseur. Much difficulty was experienced in getting the chain round the cervix, the mass being large and filling up the vagina. However, after some little manipulation, I succeeded in encircling the cervix above the growth, but the moment I attempted to constrict the cervix by tightening the chain, the apparently healthy tissue yielded, the chain of the écraseur became entangled and embedded in a mass of soft cancer, and I found it impossible to remove the entire of the cervix. We succeeded, however, in getting away a large portion, and the stump was then freely cauterized with strong nitric acid. The patient experienced no pain subsequently, and she improved greatly after the operation ; the hæmorrhage entirely ceased ; she put up flesh, and was discharged after a few weeks. I was aware at the time that this improvement could only be temporary, and I was not, therefore, surprised when the poor woman again sought admission in December last. She was then in a hopeless condition, dying rapidly, and she expired in the beginning of the present month. On making a *post-mortem* examination, the body of the uterus was found to be perfectly healthy. The cavity did not exhibit the slightest trace of disease, which was entirely confined to the lower portion of the cervix, from which the cancerous mass could be seen growing. The vagina was also engaged, which had not been the case when she was first admitted. This case presented four points of interest. First, the age of the patient ; it showed at what a very early age this form of cancer may attack the uterus. Secondly, it illustrated the possibility of hereditary taint, as she stated that her mother and two of her own sisters had died of uterine cancer. Thirdly, it showed in what an insidious manner epithelial cancer may come on. When she was admitted she was in a hopeless state, and yet believed herself to have been ill but for a few weeks, and complained of weakness only. Lastly, as to the operation. It proved how very unpromising it is. However, this was a case in which it was justifiable, and the woman's life certainly had been prolonged by it.

As a commentary on this case the following extract from Dr. Graily Hewitt's work is very appropriate :—"As a palliative measure frequently, as a curative measure occasionally, amputation of the cervix uteri (in such cases) is a valuable operation ; it may possibly prevent a fatal result altogether ; it will almost certainly postpone that fatal result, even when inevitable. The bleeding and the copious exhaustive discharge are at once arrested —and for a time the source of danger is removed." I can add nothing to this passage ; and though in cases in which extirpation is out of the question, I shall continue to use nitric acid or caustic potash as I have hitherto done, or try the acid nitrate of mercury as suggested by Dr. Baker, of New York, or even perhaps that rather unmanageable remedy bromine, which, according to Dr. Routh, "not only arrests the disease locally, but also the cachexia which accompanies it." I agree with the observations of Dr. Kidd in the *Dublin Quarterly Journal* for May, 1871,—"That amputation, where it can be performed, is not only a safer, but a more efficacious and less painful mode of treatment" than any of these.

I have hitherto spoken of cancer as being a disease of the cervix uteri, and in the very great majority of instances this is true ; but even to this rule there are exceptions, though they are very rare. The only example of it which has come to my knowledge was the one brought under the notice of the Pathological Society by my colleague, Dr. James Little. Neither the rectum, bladder, vagina, nor cervix uteri were invaded by the disease, but the whole of the body of the uterus seemed to have been converted into a mass of encephaloid cancer, and yet had a speculum been introduced in this case, the os would have been found small, and without any appearance of disease. With respect to such cases as these I have only to say that, impotent as we generally are for good when cancer attacks the cervix, we are utterly powerless when the disease originates in the body of the womb.

When speaking of chronic inflammation of the cervix uteri, I mentioned that the induration which it produces has been mistaken for that which results from cancer. I think I shall best enable you to form a correct diagnosis between these two affections by following the example of Dr. West ("Diseases of Women," p. 384), and arranging the symptoms of both in a tabular manner, so that you may the better be able to compare them.

In Chronic Inflammation of Cervix.	*In Cancer.*
The history of the case is always chronic, often dating back several years.	History—Symptoms seldom noticed till within a comparatively recent period.
Pain—always present ; generally more severe over left ovary than elsewhere.	Pain—Seldom felt in the early stages ; most severe in the back.
Menstruation scanty and frequently painful.	Menstruation—If patient be young will be increased ; if advanced in life, hæmorrhage may be the first symptom noticed.
Digital examination—Cervix feels hard to the touch, but smooth ; pressure with the finger causes pain.	Digital examination—Cervix indurated, uneven and nodulated ; pressure does not cause pain.
Uterus—Moveable.	Uterus—fixed.
Vagina—Not implicated.	Vagina frequently implicated.
Discharge — Inodorous and muco-purulent.	Discharge—Generally fœtid.

Having given an outline of the ordinary course which cancer of the uterus follows, and dwelt on its leading features and symptoms, I must in conclusion allude to the treatment. Unfortunately we can seldom do more than alleviate the most prominent symptoms. With the view of deadening the pain, opium in some shape or form must still be our main reliance ; chloral will often fail, if the sufferings be excessive, even to produce sleep. If it does not I prefer it to opium. You will have to give it in doses of from twenty to forty grains at bedtime. One objection to the administration of this medicine in large doses is the quantity of fluid in which it is requisite to have it dissolved, namely, ten grains of the salt to an ounce of fluid. I think you will find that syrup of orange peel best cloaks its nauseous taste ; the addition of half a grain of codia to each dose greatly increases its hypnotic powers. Opium is best administered either per rectum, in the form of suppositories, or by being injected subcutaneously, commencing with $\frac{1}{8}$ or $\frac{1}{4}$ gr. of morphia. No doubt the subcutaneous injection of morphia acts more rapidly, and its effects last longer than those of opium administered in any other manner, while it is, I think, less deleterious in its after consequences. Of astringents administered with view of checking the hæmorrhage gallic acid is, I think, the best. If the bleeding be very severe you may be compelled to plug the vagina ; but I prefer in these cases, endeavouring to stop it by the direct application to the cervix of a pledget of cotton saturated with a strong solution of the perchloride of iron in glycerine.

To lessen the fœtor of the discharge, you had better add half an ounce of Condy's fluid to a pint of tepid water, and direct this quantity to be thrown up the vagina at least twice a day. Another lotion which is sometimes useful both in allaying the pain and lessening the discharge is a solution of nitrate of silver of the strength of ten grains to the ounce—two or three ounces

of this should be injected at a time. Of internal remedies, arsenic and iron are the only ones which will effect any good, indeed I confine myself nearly altogether to the administration of the latter; and of its various preparations I prefer either the tincture of the perchloride or, if the stomach be irritable, the ammonio-citrate of iron. The diet should of course be nourishing, but unstimulating. In cases of cauliflower excrescence there is always the chance, if the case is seen early, of your being able to prolong life by amputating the cervix, or of destroying the growth, by repeated applications of caustic potash; this latter I effected in the case of a woman aged nearly sixty. The disease however returned after the lapse of a few months, and then proved fatal. Indeed, no matter what treatment be adopted, you should always let it be clearly understood that the result is very doubtful.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 4, 1871.

THE WINTER SESSION.

The London Schools are open. The Introductory Addresses, which in spite of some suggestions that they should be suppressed, have been delivered, only one School dispensing with the time-honoured custom. Many a young and ardent youth is now in full harness preparing for the great work of life in one of the noblest spheres of human action. We join in the many good wishes that have greeted them, and shall refrain from repeating the valuable advice that has been offered by teachers well qualified to give it.

These teachers, too, are hard at work in the duties for which they have been preparing through years of anxious toil, and some have been successfully discharging through many Sessions. We are able to present our readers with accurate reports of some of these Addresses, and shall perhaps be able to complete the abstracts in our next. One Address we give in full. It speaks, therefore, for itself, and needs no word of recommendation from us. We cannot however, forbear to remark that it is quite as interesting to the old as to the young. Dr. Little spoke to the goodly assembly at the great East-end Hospital, with the authority of one who had successfully taught for many years within its walls. He sketched the progress of our art from the time when he, as a student, entered the same school, a time so long gone by that only one of his fellow students at that time was present to listen, and he, as well as the lecturer, a retired member of the Staff.

Mr. Curling has fulfilled his time as surgeon, as Dr. Little has his, as physician to the London Hospital, and some of those who with us have been the pupils of these men, could not but feel happy at the opportunity of being present at the interesting occasion which brings old students of the same *alma mater* together, carrying them back to the days gone by, when they looked forward to times upon which they now look back.

We have no wish to see Introductory Lectures given up. It may be that much good advice is unheeded, but that is no reason it should not be given. It may be that it is less needed; still, that is no proof that it ought to be ignored. We know that in many cases it has been a fresh starting point in the student's career, and we would not deprive him of a possible incentive to work with a will in the path of duty and righteousness.

Besides all this it is well for old students to gather now and again in their old school, to come into contact with their fellows, and compare notes of their careers, to renew their interest in the great educational institutions to which they necessarily owe a certain loyalty, and to stimulate each other by so doing to hold on bravely in a calling in which both young and old should begin, continue, and end, as acknowledging themselves only STUDENTS.

TWENTY-FIFTH REPORT OF THE ENGLISH COMMISSIONERS IN LUNACY TO THE LORD CHANCELLOR.

This important Blue-book was issued a month ago, and contains, as usual, a large amount of material.

The number of insane persons, of all classes, in England and Wales on the 1st of January last, were, according to returns made to the Board, 56,755; being an increase upon those of the former year of 2,042. These numbers do not include 204 lunatics so found by inquisition, and residing under the control of these committees, elsewhere than in asylums, hospitals, and licensed houses. There were 28,979 lunatics in county and borough asylums; 2,390 in regulated hospitals; 4,688 in licensed houses; 354 in military and naval hospitals; 460 in state criminal asylums; 392 were private single patients; whilst 12,161 were in workhouses, and 7,331 were out-door paupers. Of the 56,755 patients recorded on the 1st of January last, 6,454 were of the private class and 50,301 were paupers.

In 1871 the population of England and Wales was about 22,704,108, and this gives us a ratio of 2·49 lunatics, or persons of unsound mind, per 1,000 of the population of this part of the British Islands. In the year 1861, when the population was 20,119,314, the insane were estimated at 39,647, or were in a ratio of 1·97 to the whole population, so that this would appear to indicate that insanity is really more prevalent than it used to be in this country, an opinion held by some, but explained away, or attempted to be explained away, by others. There are now 176 asylums, hospitals, and licensed houses for the insane in England and Wales, 50 of which are county and borough asylums, and 16 registered hospitals. The recoveries (it is stated) of the past year, 3,968, have been, as compared with the total admissions, at the rate of 34·14 per cent. The percentage of deaths in 1870, calculated on the average daily number resident, has been 10·29; and calculated on the total number of patients treated it was 7·94.

Notwithstanding the efforts to keep pace with the continued increasing pauper lunatics, many asylums are overcrowded; and in Middlesex, Surrey, Lancashire, and Yorkshire much inconvenience has been experienced, and patients belonging to those counties have, of necessity, been sent to distant asylums in all parts of England, or have been unduly kept in workhouses for long periods, debarred from all medical treatment. In Yorkshire and Lancashire this evil will shortly be remedied by the opening of two large asylums now building; but the Board has entirely failed to induce the Justices of Middlesex to make any provision to meet the constantly and rapidly increasing requirements of the insane poor. The new Metropolitan District Asylums at Leavesden and Caterham have been opened, and already a large number of patients have been received in them, greatly to the relief of the overcrowded wards of the London workhouse, but they can now afford little relief to the county asylums, as the proportion of patients relieved at Hanwell and Colney Hatch, who could properly be removed to these establishments, is necessarily very small. The inadequacy of the accommodation provided for the pauper lunatics of the county of Middlesex, has frequently been brought under the notice of the Government by the Board. Last year they stated that the Secretary of State had directed the attention of the county magistrates to the subject, and that a committee had been appointed to consider it. Both the Metropolitan Asylums at Leavesden and Caterham, each capable of containing 1,600 patients, were opened early in October, and that committee reports that, up to the present, 1,100 patients had been received at Leavesden, and 350 at Caterham. In the correspondence which has taken place on this subject between the Home Office and the Board, the latter expressed its opinion to Mr. Secretary Bruce, that so long as there exists a necessity for keeping patients in out-county asylums and licensed houses, the Justices of the county of Middlesex, cannot be deemed to have made proper statutory provision for their insane poor.

In their last report the Board drew special attention to the importance of making post-mortem examinations, as far as possible, in cases of all insane patients dying in asylums and licensed houses. At the same time they expressed the opinion that such examinations should not be made contrary to the wish of the relatives of the patients, or without giving them an opportunity of objecting thereto. A larger proportion of post-mortems to deaths has taken place this year. The boroughs of Portsmouth and Southampton are still without asylum accommodation for their pauper lunatics. The branch establishment connected with Bethlem Hospital, is at Whitley, near Godalming, and is calculated to contain 40 convalescent cases. The Royal Albert Asylum for Idiots and Imbeciles of the seven northern counties was registered as a hospital in August last. The building is expected ultimately to afford space for 600 patients. Nearly £78,000 have been raised for the building by subscription throughout Lancashire, Yorkshire, Westmoreland, Durham, Cheshire, Cumberland, and Northumberland. There are 126 patients of the Indian Army under the care of Dr. Williams, in Hackney, at Pembroke House; 16 to 20 gentlemen at Blackland's, in Chelsea; 140 private and 240 pauper patients at Bethnal House. At Brooke House, Clapton, there are between 70 and 80 patients, and at Camberwell House about 400, of whom 180 are private and 220 paupers. At Clapham Retreat there at 16 to 20 patients, and at Earl's Court, Brompton, about 30 ladies are received. There are 16 to 20 patients at Effra Hall, Brixton; and Grove Hall, Bow, contains chiefly insane soldiers, 250 at last visit, with 120 private patients and 70 paupers, females. Halliford House, Hayes Park, Hendon House, and Hoxton House are spoken of, the last being one of the oldest licensed for pauper patients. It contained lately 323 patients.

The question of the legality of receiving into workhouses, as insane, persons who are not paupers, but are paid for by their relations is gone into. Persons who may have become troublesome or obnoxious to their relatives may, on light grounds, be considered insane; and, being sent to the workhouse, may be detained therein without any of the legal forms required by the Legislature on sending patients to asylums, and which alone authorise their being deprived of their liberty. The Poor-law Board expressed their opinion that this practice ought to be discouraged.

Notes on Current Topics.

Burying Alive for Scurvy.

Dr. W. Domett Stone, writing to the *Times* last week that, in connection with former communications of his on the subject of scurvy, a correspondent writing under the *nom de plume* of "Nearchus," stated that he remembers hearing many years ago some South Sea whalers speak of burying those sailors who were much afflicted with scurvy, in order that they might receive in perfection, direct from the earth, that benefit which they indirectly derived through the medium of esculent roots. The writer of the letter adds that he does not remember with sufficient accuracy all the particulars of the "burying process," and he never witnessed its performance, but they selected spots sheltered from the sun's rays, removed the turf and sufficient earth for the patients to lie down as they would in bed, and be covered with eart h instead of bed clothes. The patients were attentively watched and removed whenever they desired. This process, we are told, was repeated daily, and effected early recovery.

Increase of Relapsing Fever in Liverpool.

At the last weekly meeting of the Workhouse Committee, it was stated that relapsing fever was on the increase, and that the number of that class of patients was thirty-three in excess of the accommodation. It was suggested that the "German" sheds should be again devoted to their accommodation, and the committee sanctioned that arrangement.

British Medical Wit.

A paragraph has been forwarded to the daily papers by a medical contemporary, to say that if Gambetta be really suffering from *phlebite* it is a more painful complaint than the name implies.

"What does this mean?" said a lady the other day; adding after a moment, "To extract a joke out of the word really requires a pronunciation entirely *British*."

Government and Army Surgeons.

One of our Military contemporaries has the following—

"We agree with the Medical Press that some slight acknowledgment should be made of the services rendered during the late campaign by Drs. Gordon and Wyatt. Both officers went out under War Office orders, and, upon their return, were called upon to furnish reports to headquarters. Dr. Wyatt's services would appear, at least, to merit a C.B., whilst Dr. Gordon's claims might be favourably considered when the next vacancy occurs amongst the Inspectors-General."

The Medical Society of London will hold its first meeting on the 16th inst.

The Hampstead Hospital.

THIS inquiry still "drags its slow length along"—filling columns upon columns of the daily papers with details that must be sickening to professional men. We do not therefore propose to imitate our contemporaries by reproducing them in their incomplete form; still less do we think of anticipating the result.

It may be, however, worth while to remark that months ago the MEDICAL PRESS AND CIRCULAR drew attention to a circumstance that might have led to earlier investigation or even have prevented some of the things that have since occurred. We were then the first to comment on the management of this institution, and to give publicity to a fact that ought to have received earlier *official* attention.

Cholera.

"THE Pilgrims!" That is the exclamation we are beginning to hear as men call to mind how the pilgrimage to Mecca has several times coincided with the outbreak and spread of the pestilence, for which journalists are persuading us we must be prepared. It is told on every side that the time of this pilgrimage is at hand, and many are the fears the event inspires. We still hope for escape, though we should be the last to encourage any abatement in the sanitary precautions that are being taken. Indeed, would these efforts were more general—more sustained—more thorough.

Still, we admit that there is much good sense in a recent remark of the *Boston Medical and Surgical Journal*, who thinks that the general press by sensation articles on topics of this kind may inspire a greater terror than is wholesome. It is well the public should be stirred from its apathy on sanitary matters, and in the presence of a great danger which may be much diminished, terror may prove a great benefit to the community.

Should the scourge reach us, we should do well to look at it calmly, and, having taken all precautions, refuse to abandon ourselves to fear.

The Profession is at least better acquainted with the disease, and even the public cannot look upon it as so mysterious as it seemed in former epidemics. It is highly desirable they should cultivate confidence in medicine, and in the earliest stages give the same chance to our art as they would in many other diseases.

Disinfection.

EXPERIMENTS have been made by Prof. Hoppe-Seyler, and Dr. N. Zapolsky, which are related in the *Med.-Chem. Unters.*, 1871, pp. 557-581. The action of carbolic acid on albuminous matters and on ferments being investigated, it was found that the acid precipitates albuminous liquids only when they are neutral, or nearly so, and the acid is in almost saturated aqueous solution. Neither the formation of hydrocyanic acid from the fermentation of bitter almonds, nor the generation of oil of mustard, nor the conversion of starch into dextrine and sugar by diastase or saliva, is prevented by carbolic acid. The solution of fibrine by the gastric juice was prevented, but only in presence of a large quantity of acid.

The ferments operated upon were such as are formed of chemical insoluble substances. Pasteur's views are not admitted.

The serum of pus, filtered and perfectly clear, and hydrocele fluid, were placed in tubes hermetically sealed; others were loosely corked; they were exposed to varying temperatures for various periods of time. They underwent putrefaction, whether living organisms were present or not; the rapidity of the process was solely dependent on temperature. One fluid was corked at a temperature of 68° F., another put in an hermetically sealed tube at 108°. After a time, the former swarmed with monads and vibriones, but had undergone much less putrefaction than the latter, in which no signs of life or organisation could be detected.

On adding carbolic acid to a putrefying albuminous solution, life ceases when 1½ per cent. of acid has been added, with as much as 1 per cent. of the acid putrefaction goes on. It seems that the acid acts much in the same way as heat, and that coagulation is necessary to arrest fermentation.

Cholesterine disappears in putrefying solutions, so that, instead of being a product of the splitting up of albumen by fermentative changes, it is more probably a product of oxidation.

From these researches, it would seem that, in any attempt to disinfect, we should not only destroy the living organisms, but the ferment itself, which Hoppe-Seyler and Zapolsky think much more difficult. To remove the offensive gases set free in putrefaction, has no more effect than to get rid of carbolic acid in alcoholic fermentation. It is conjectured that disinfectants act by precipitating ferments. Sulphurous acid is recommended as the most powerful disinfectant. Half a drachm or a drachm of sulphur, burned in every 100 cubic feet of space to be purified, will set free 1 or 2 per cent. of the gas in a room, and none of the organisms can grow, in such an atmosphere.

ONE of the Medical Societies of Paris proposes to exclude Germans. The Biological Society has refused to adopt this course.

THE cholera in Turkey is assuming alarming proportions. Seventy persons died of the disease in Constantinople on Friday last.

THE next Triennial Prize of £300 will be given by the Committee of the Astley Cooper Fund, in 1874, for the best essay or treatise upon "Injuries and Diseases of the Spinal Cord." Essays must be delivered at Guy's Hospital before the 1st January of that year.

THE remains of the late Mr. Solly, F.R.S., were removed from his late residence in London on Saturday last, and deposited in a vault at Chislehurst Church, Kent, in the presence of a numerous assemblage of the Profession. It is contemplated by his former students at St. Thomas's Hospital to erect a splendid memorial to the memory of their esteemed and talented teacher.

A CURIOUS death took place on the 20th ult. at the London Hospital, which may be said to be due indirectly to chloroform. On recovery from the effects of the anæsthetic—administered for the operation of strabisums—the patient vomited, and then made a sudden inspiration which carried the vomit into the air passage, by which he was asphyxiated. An inquest was held, and the verdict of "Accidental Death" was recorded.

THE arrangements for medical attendance on workhouse inmates were discussed at the West Derby Guardians. It was agreed there shall be a resident medical officer at the Mill road house at a salary of £135, and a non-resident medical officer at Walton at a salary of £125, with no extra fees in either case. Dr. Costine wished both officers to be resident, arguing that non-residence means non-fulfilment of duty. Dr. Flynn, however, said there would often be nothing for a resident officer to do. As a decision in favour of residence would have involved the building of a house and a larger salary, the guardians rejected Dr. Costine's motion by 14 to 11 votes.

Hospital Reports.

KINGS' COLLEGE HOSPITAL.

Resection of the bones (after Pirigoff's)—Amputation of the foot.

(Under the care of Sir WM. FERGUSSON.)

IN the first case Pirigoff's operation was performed at Christmas, and the man left in a fair way to recover. He returned, however, to the hospital a short time since on account of there being a number of open sinuses. Sir W. Fergusson passed a probe completely across the stump from one side to the other; the sinuses communicating he was able to feel bare bone. The wound was then laid fairly open by an incision corresponding to the line of union of the former operation. At this stage Sir W. Fergusson was able to ascertain that although the bone was bare it was not removeable, and there was some adhesion between the tibia and astragalus, and he proceeded to saw off a thin slice of the tibia and astragalus. The parts were then brought into accurate apposition, sutures applied, and water dressing.

In the remarks Sir W. Fergusson then made he drew the attention of the audience to the circumstance that the disease was of strumous character, confined to the tibia, and the round hole that was seen in the centre of the piece of bone removed might have been gouged out, but it was better to slice it off. In the history of such operations as this Sir W. Fergusson said that the successful ones were usually recorded—not the unsuccessful. This modern operation has been objected to on account of sinuses remaining, although occurring as they frequently do after amputations. Again, the operation has been objected to as the tissues are slow in getting into a healthy condition. Then, again, the objection as to secondary and even tertiary resections, from his own experience, he knew perfectly well that such operations might generally be done with comparative impunity as there was little fear of any violent inflammation being set up.

Forty years ago in cases of disease of the tarsus amputation was performed either below the knee or above the ankle, and in the former severe inflammation generally followed. There is even at the present day, he regretted to state, a certain amount of reticence among surgeons in reference to failures in these operations. For his part he sees nothing to be ashamed of in recording such cases. Although Nature does frequently assist the surgeon in the cure it not unfrequently happens that by her vagaries the surgeons obtain many operations.

In a second case the operation was of a similar character as also in its history. The man had left the hospital with the stump in a questionable position. In the primary operation Sir William had only removed the malleoli, not the articular, surface of the tibia—hence, perhaps, the cause of there being no ankylosis. In the presence instance he had sawn off a thin slice of the tibia as well as the end of the os calcis. There were, as the class might have observed, some slight bony adhesions which he had broken down

Correspondence.

MERCURIAL LOTIONS IN RINGWORM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—Having read your remarks on Mercurial Lotions in this week's MEDICAL PRESS, I think it may be worth while to state that I have found the application of Liquor Potassæ a cure for ringworm.

Yours obediently,

TREVOR FOWLER, L.K.Q.C.P., L.R.C.S. &c.

INSOMNIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Perhaps the following somewhat singular case of insomnia, which occurred in my practice some time since, may be of interest to your readers:—

I was called one evening to see a little boy of two years of age, who had recently passed through a rather severe attack of measles, but was now well, and able to be up and running about. I found him suffering from insomnia of a severe character, and threatening to produce absolute insanity, very much excited, pupils much contracted, slight delirium, wandering excited talk, skin cool, no fever, no strabismus. Had scarcely slept for several nights past, and the preceding night had not slept at all. The bowels were purging a good deal. Considering that his excited state and contracted pupils counterindicated opium, I determined on adopting the opposite narcotic, belladonna, which I have found of much use in cerebral excitement; and accordingly applied a plaister of the extract bellad. to the abdomen, and gave æth. chlor. and aq. laur. ceras. āā mist. v. every two hours. He slept for three hours after the first dose of this. I also gave him for the bowels, plumb. acet. gr. j. every second hour. His mother had previously given a chalk and laudanum mixture which I had ordered for a previous occasion for diarrhœa, but on the present occasion it did little good, and decidedly affected his head.

Next day the bowels were something better, but no more sleep, and the delirious excitement much worse. The belladonna had not affected the eyes, though kept on for several hours, and the pupils were intensely contracted. I gave a hot bath, and repeated the æth chlor. and aq. laur. ceras., but without effect. The child's cries and excitement were incessant, and most distressing; wearing out of the brain and insanity seemed threatening.

His mother now happened to mention to me that he had a short time previously thrown up some bits of meat quite undigested, though it was four days since he hadeaten any.

Reflecting on this circumstance I came to the conclusion that mischief of some sort, probably congestion, must exist about the origin of the eighth pair of nerves: and I accordingly ordered a mustard blister to the back of the head, above the nape of the neck.

The effect of this was immediate. In spite of the pain of the blister, of which he complained much, the child was asleep in fifteen minutes; continued to sleep while the mustard was being removed, and for eight hours subsequently, awaking next morning quite quiet, and with all symptoms of excitement removed.

I am, yours, &c.,

Letterkenny, Sept. 23, 1871. ISAAC ASHE, M.B.

FRENCH MEDICAL VIEWS OF ALCOHOL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I take my pen to offer you my warm thanks for your kindness in sending me the *Gazette Médicale de Paris*, of 12th ult. You draw my attention specially to its first article, "Hygiène Sociale," by Dr. Roussel, which I have read with deep interest. It is an able production, and should create a profound interest in the minds of those to whom it is addressed—L'Assemblée Nationale. Drunkenness, or, rather, the common use of alcoholic liquors, to which it has special or sole reference, is now, perhaps, the most serious subject of consideration for the statesmen in every civilised country. I use this strong expression deliberately, because the destruction of this poison, alcohol, lies at the present hour at the basis of every great and noble question for the improvement,

—nay, may I not say for the safety,—of the human race. My first impression was to ask you to publish for me an appeal to the medical faculty in Ireland, based on the strong and irrefragable arguments of this brother of theirs, who resides in a land over which, we have long been told, this fiery demon had never been able to obtain an undue influence. Compared with our own country and Great Britain, it has been the popular opinion, and the general statement of travellers, that drunkenness was comparatively little known in France, or on the Continent. This essay of Dr. Roussel's, written with great power, great ability, and with a wonderful knowledge of his subject, completely dispels all such illusions as this. France—Europe—have long been cursed by drunkenness, and laws of the severest character, such as we know nothing of, have been over and over again, and for centuries, enacted for its suppression; and yet, in spite of them all, this terrible tormentor is still the conqueror, and laughs at the idea that his will shall be restrained by any regulations to lessen the mischief he delights in perpetrating.

Having taken my pen to endeavour to carry out my first impulse, I find a difficulty at once in giving a *resumé* of Dr. Roussel's paper within any reasonable bounds. It occupies over eight pages of the Paris medical paper, and every paragraph of it is so much to the purpose, and so forcible, I am fairly puzzled about making any selection It seems to me that the learned writer has divided his essay into two subjects,—the one a review over some two centuries or more of the mischief, physical and moral, created by alcohol in Europe; the other, the means resorted to for mitigation of those mischiefs, ineffectually, as it seems to me, from his own statements, and from the results as existing in the present day. The first part of his plan has been admirably executed—it leaves naught to be desired; and it is truly a sad and melancholy picture of the steady, the progressive, and the unrelenting ravages of an enemy that has never shown any mercy to the human race. Through all its destructive phases it is traced with a master's hand; and, as the paper was written with a view to assist more legislation on the subject in France, I hope her statesman may at length be able to behold the matter in its true light, which is, that no further tampering with this enemy of our body and our soul, will evince in the future anything but childish inability to deal with a moral and social wrong of such dimensions, that nothing short of its extermination can save mankind from a steady progression on the road to ruin under its influences, which is an evil that has increased in a geometrical ratio, in proportion to population, in every country that has submitted to it.

The second section of the paper is not so satisfactory; it exhibits the waste of argument by learned doctors and lawgivers to find the exact amount of the drunkard's criminality, and the amount of punishment that could, with justice, be inflicted on him. The difference of opinions on these points was immense, and made these learned folk—just like unto their successors in the present day—altogether unforgetful or unmindful of the christian and correct mode of settling the difficulty by taking the temptation away, and thus avoiding the seeming necessity of ever resorting to punishment for the suppression of crime—the natural and inevitable result of keeping the temptation to it in the way. Dr. R. himself, notwithstanding the multitude of proofs he has adduced, and which lead to an opposite conclusion, seems to think fine and imprisonment may yet be made efficacious. He wisely condemns the cruel punishments of a more barbarous period, such as cutting off the ears, resorted to by one of their kings.

I am not certain about his own views as to suppression of the traffic; but I apprehend he thinks it should be confined to the shop of the apothecary, and used solely for medical purposes.

All his statements as to the actual mischiefs resulting from the use of alcohol—which he conceives to be frequently an irresistible propensity—are familiar to teetotalers in these countries, and in America and Australia; but they come to us with unwonted force when we receive them from so unexpected a quarter.

In the two last paragraphs of Dr. Roussel's essay—which I only venture to quote, out of regard to your space—he seems to have used words to express his convictions as forcible as he could select. They are as follows:—

"Jamais il n'y eut de nécessité plus urgente ni d'heure plus propice. A aucun moment de notre histoire, une assemblée française n'a été appelée à remplir un mandat souverain dans des circonstances plus propres à mettre en évidence la nécessité d'agir sur les mœurs par la législation et de donner force de loi à toute mesure capable de contribuer à l'amélioration morale et physique de l'homme.

"L'innovation qui lui est proposée au sujet de l'ivrognerie est à la fois une des plus pressantes et des plus saines qui se puissent introduire ainsi dans notre vie sociale. Quelque hardie que puisse sembler l'initiative, l'œuvre est faite pour tenter les plus prudents et les plus sages, car le temps n'est plus des hésitations et des timidités, lorsqu'il s'agit d'apporter, même dans une mesure restreinte, une amélioration morale plus encore que matérielle, une remède contre une de ces calamités de notre civilisation, qui, aprés tant de succès dans l'ordre matériel, tant de conquêtes de l'esprit, effrayent et humilient notre génération, autant qu'elles la lèsent profondément en la décimant, en la frappant dans ses forces productrices, diminuant les sources de son bien-être et corrompant les jouissances mêmes qui semblaient devenues le but principal de sa vie. L'œuvre dont je parle réclame tous les concours, et l'Académie me pardonnera si, en cherchant en dehors du terrain législatif, aucun ne m'a semblé plus nécessaire que le sien. Elle marquera une fois de plus, en le donnant, le rang élevé qui appartient à la médecine, dans les sciences sociales."

Another essay in the shape of a pamphlet of 47 pages, entitled "Le Démon Alcohol," has just issued from Paris,—"F. Savy Libraire, Editeur, Rue Hautefeuille 24"—from the pen of Prosser Despine, Docteur en Médecine à Marseille. It was sent me from London a few days ago, and I find it, if possible, more forcible than the one I have just referred to. These two essays mutually confirm the hideous results in France from the use of alcohol, and equally confirm the necessity of prompt and stringent measures in order to save that country from utter ruin. I only venture on two or three quotations from this latter work:—

"A cette heure—la Paris s'empoisonne. Tel est l'état grave, dangereux, et á peu près inconnu, que ce poison détermine sur le moral de l'homme."

"La majorité de nos civiques marsellais n'etaient—ils pas des buveurs d'absinthe?"

"Si j'insiste autant sur la suppression de la vente au détail des boissons alcooliques, c'est que l'experience a demontré l'efficacite de cette mesure. Partout oú cette suppression a été pratiquée, une diminution considerable dans les crimes et dans les délits s'en est suivée."

I cannot venture on any further quotations from this most excellent medical and social pamphlet, and I shall conclude with an appeal to the medical men in these kingdoms on behalf of our own countries, which are as much cursed as any other land by a craving desire for alcoholic liquors; and by an erroneous notion upheld by the great body of our physicians, by their incautious and free use of them as medicine. I have shown in some late letters that, in Ireland, within the century ending 1839, this fierce desire had increased ninety fold, while the population had only increased four fold. Am I in error in appealing to a body of enlightened men to give up, even as a medicine, a poison certainly productive of unspeakable human misery, and not even in the judgment of the entire faculty an article necessary in your pharmacopœia? When such manifest evil results from the use of alcohol, and such uncertainty as to its value as a curative agent, exists, am I not right in assuming it to be the duty of a body of men placed in the responsible position occupied by our licensed M.D's., in the interests of truth and morality, to employ other means for the cure of disease than those which strike at the very root of all that is good in our nature or our lives?

Gentlemen, I beseech you to stand forth as the guardians of public morals in this respect, instead of being, as most of you now are, the seemingly unconscious disseminators of the greatest agent in the production of *ill-health, of sin, and of misery*, among the human race. Your own Profession, honoured as it is among your fellow citizens, would ascend by such an act as I have suggested into a still higher position in public estimation, and by thus striking an effective blow at our demoralising drinking customs, you would confer lasting and unspeakable benefits on mankind.

Several articles, long held in esteem, have been discarded from medical practice. Why should "Le Demon Alcool" be held sacred?

I remain, Sir, very respectfully,

35 Eccles street, Dublin, Sept. 7th, 1871. JAMES HAUGHTON.

SPECIAL CORRESPONDENCE.

PARIS IN 1871.

[LETTERS FROM DR. CHARLES R. DRYSDALE.]

To the London Editor of the MEDICAL PRESS.

September, 1871.

SIR,—In a former letter I narrated some experiences of mine in Germany in my journey hither, and mentioned a few facts relative to the two sieges which have passed over this remarkable city. It is strange to see my old friends and acquaintances looking very much like what I remember them, in August last year, although they have, many of them, gone through terrible sufferings both in body and also in mind. As to bodily sufferings, these have, however, been very unequally divided in Paris; for, whilst the poorer citizens had to remain sometimes for four or five hours at the mairies before they could obtain a bit of horse flesh, or a little piece of fire-wood, many of the restaurants seem to have had plenty of meat (horse flesh) throughout the whole time of the siege. A poor fellow, a waiter in a restaurant, told me lately that, having a wife, and being in service at the ramparts during the siege, the sufferings he and his wife underwent from the bread during the last weeks of the siege were very great. Neither of them could sleep, and their intestines were inflated and gurgling noises heard in the abdominal region constantly all night through, after eating the bread, which was greatly adulterated with chopped straw. Some of my friends say that perhaps we in London may be burnt some day by those Communists, to whom we now give asylum. In London, however, there is the safety-valve of a free press, and I notice that, when persons with violent opinions are allowed to blow off in words, they rarely enough proceed to violent deeds.

For my part, I cordially detest all surgical methods of solving the difficulties of society by violence, instead of by well-devised plans, thoroughly and fearlessly discussed, before action is taken. I am certain, however, that the French are not inclined to rest with the loss of Alsace and Lorraine. Every one I speak with looks on it as merely a question of a few years, more or less, and then slaughter, they say, must recommence. Even Dr. A. Fournier to-day seemed to regret the small families so universal in Paris at this juncture; since, according to him, *La Patrie* requires an immense amount of "food for powder" at present. I ventured to disagree with this sentiment, and remarked that what France should wish is the healthy and comfortable existence of each man, woman and child, and I think M. Fournier agreed to this argument. It is a curious fact that, at two consultations (out-patient days) at the Hôpital du Midi, when there passed before me nearly 150 patients, I did not see more than two cases of true chancre; all the rest were cases of soft sore, gonorrhœa, or orchitis. This certainly looks at first sight as if the inspection of the prostitutes had recently been productive of some good effect in the diminution of syphilis. On the other hand, most of the patients, women, at the Lourcine (and there are 300 beds there) seem to me to be suffering from some form of syphilis, primary or secondary.

For my part, I am inclined to attribute this lessening of infection, to a certain extent, to the fact that there is greater honesty and open-speaking in Paris at present than there has been for many years, under the shameless and immoral government of Louis Napoleon, when, I have heard, that to be a drinker and a frequenter of public brothels was considered by the spies of Government as rather a point in favour of a man, since it proved him not to be one of those rigidly virtuous persons who would object to being bribed into silence by some Government post, or to be what was styled an irréconcilable.

Yesterday, at the Midi, I saw a case of hemiplegia of the right side in a man who had been in the hospital with syphilis two years ago. To-day, I saw at the Lourcine a case of hard chancre of the breast in a young woman, derived from suckling an infected infant. Iodoform is much used at both of these hospitals in the local treatment of soft sores. It is made as follows, according to the apothecary of the Hôpital du Midi: Alcohol, carbonate of soda and water are the ingredients, into which, whilst in ebullition, iodine is dropped, when iodoform is at once precipitated. Its formula is similar to that of chloroform, with the exception that iodine takes the place of chlorine. A. Fournier is loud in his praise of this local remedy in phagedænic chancre; but, at the Midi, the *interne* of M. Mauriac told me that it does not by any means always succeed in such cases in males, or supersede by any means the use of cautery. There were two cases of soft chancre in the anus shown me, one at the Midi, the other at the Lourcine, which is, indeed, a rare lesion in London, and I believe I may say this without any fear of contradiction. About 70 to 80 out-patients frequent the Hôpital du Midi daily, and these are sent thither from most of the other hospitals, which are *supposed* not to treat venereal cases, a rule, I believe, more honoured in the breach than in the observance. But on this point there seems some difference of opinion. The favourite argument for the examination of women here (and not men) is, that it is only women who make a trade or living of their person. When I have replied that the clear answer to this is, that men seem to wish women not to have many ways of getting their living, but the one of being mothers; they do not seem to have thought much about such points, or, indeed, being Catholics, in *name* (for few or none of the able medical men I come across here seem to have *any* real belief in their national church's tenets), they object *in toto*, on supposed utilitarian grounds, to even that facility of divorce, allowed by the laws of England, and seem to think our American cousins quite in a dangerous way, because they are coming back to the old Roman law of facility of divorce. In no country that I am acquainted with, do Catholicism and practical life more contradict each other than here, in France, or, rather, in Paris. Nearly one-third of the births are out of the marriage tie, so that it does seem either that the Parisians require to be convinced that the Catholic non-divorce system is the best, and to believe in it *practically*, or that this system is quite unsuited to the present inhabitants of this city; and that they would be much more moral in their domestic contracts if divorce were facile, and without stigma attached to it, except in cases where there was deception practised or duties left unfulfilled.

It is curious to see what slight cases are taken into the Hôpital du Midi. Any patient with suppurating bubo, or with orchitis, or with secondary eruptions seems admissible; and many cases of soft sore alone occupy beds in that hospital. Doubtless, this is done mainly on grounds of public hygiene. I noticed that no foreigner is admitted until he has resided at least one month in Paris; and, in the present temper of the Parisians, I should not like to be in the position of any poor German who might be gravely ill in Paris at this moment, and desire to be nursed in a hospital. There is one excellent part of treatment in Parisian hospitals which is much needed in London, *i.e.*, the use of baths of various kinds. Thus, there was a case of scabies among the patients one day, when I was attending to them, in the absence of M. Mauriac; and all that one had to do was to send the patient off to St. Louis Hôpital to be cured in a few hours, instead of trying the slow process in vogue among out-patients in our London hospitals. In another man, with pityriasis versicolor, Dr. Mauriac recommended a bath, containing twenty grammes of bichloride of mercury, which, of course, will cure the complaint much more rapidly than mere lotions applied to small parts of the skin. In balanitis I noticed Dr. Mauriac introduce a thin pencil of nitrate of silver between gland and prepuce. It is a painful, but a very efficacious treatment. Stricture of the urethra does not seem to be very common at the Midi—I see no cases of it there. Dr. A. Fournier was finishing his course of summer

lectures at the Lourcine, and I fortunately listened to the two last, delivered in that admirable manner almost alone to be heard in the cliniques of such men as the late Dr. Trousseau and Dr. Fournier. Palsy of the face and muscles of the eyeball, said the lecturer, are seen in the second month of the secondary symptoms, and are readily curable by mercury, or mercury and iodine. The hemiplegias of this period are for the most part curable by using specifics. Probably, there exist certain definite lesions of the nerves to cause these palsies; but *post-mortem* examinations are very rare in this period of syphilis. Certain hysterical and epileptic women have far more frequent attacks of their complaints when they contract syphilis, and the disease may develop of itself into hysteria, with convulsions and epilepsy; in many cases among women there is loss of heat of the body in syphilis—the extremities become cold, and the hand is sometimes like ice. This is not a new observation. Ulrich von Hutten, in the 16th century, noticed these symptoms in his own person. Shivering, followed by sudden heat, is commonly observed; sweating is common at night. Most authors say that syphilis is quite apyrectic; but fever is pretty common in the second period of syphilis in women. The intermittent form of fever is pretty common; but the spleen is not enlarged, and the attacks are not so regular as in paludal intoxications. Continued fever is sometimes witnessed. There is also a third form in which the fever is more undecided; but the pulse rises to 110, and the temperature is 38° to 40° Centigrade (40 C = 104 F.); there is headache, and generalised periostitis is common. The fever lasts for a few weeks. Some think that syphilis only causes eruptions in the secondary period: this is an error, for, like all poisons, it acts on the whole of the functions and disturbs them all. The respiration is not much affected, but dyspnœa is sometimes noticed. There is often palpitation of the heart, and great irregularity of pulse noticed among female syphilitic patients, and the sphygmograph shows this most clearly. [Here several diagrams were handed round the class, showing the pulse of syphilitic patients.] Irregularity of the pulse may last for some six weeks. The digestion is sometimes unaffected, at other times it is completely absent; and, more rarely, patients are ravenous. The ordinary portion of bread in the hospital is 120 grammes, and some patients, with syphilis, will devour eleven portions in a day. This exaggeration of appetite has also been noticed in persons poisoned by sulphide of carbon. Pains in the intestines are common in syphilis: colic is sometimes the only phenomenon remarked, with occasional vomiting of food. Diarrhœa is common and obstinate, and only curable sometimes easily, by specifics. Jaundice sometimes is noticed. Loss of weight and strength are common in secondary cases, sometimes extending almost to phthisis. Marasmus occurs sometimes in tertiary cases; and galloping syphilis of this kind sometimes destroys its victim. Here we must use hygiene, and, if mercury be used at all, it must be through the skin, and in very small quantities. Iodide of potassium does not act on the intestines, and may, therefore, be given in such cases. As to the uterine functions, we find that many women become amenorrhœic for many months when suffering from secondary syphilis. Such patients often come to the doctor, thinking themselves pregnant; but, in most cases this is not the fact. Sometimes, on the other hand, metrorrhagia is seen. Depaul speaks of syphilis causing sterility; but this is probably rare, in the experience of Dr. Fournier; but syphilis constantly causes abortions and premature dead-births in the secondary period. An *interne* of the Lourcine made an inquiry on this point at the hospital, and found that, out of five women entering this hospital pregnant, and attacked with syphilis, four aborted, or had premature labours. A patient, cited by the lecturer, had, first of all, three healthy children, and then contracted syphilis from her husband. After this she had seven pregnancies, and seven children were born dead, or had syphilis, and died of it. Whenever a woman aborts frequently, therefore, both *her* history *and that of the husband* should be inquired into. If the parents be then treated by mercury, or iodide of potassium for some time, a healthy child may ensue—even after years of disappointment. Depaul has given many cases of this kind.

In secondary syphilis there is great loss of sensation in many parts of the body. For example, the backs of the hands and the mammary glands are often most wanting in appreciation of pain, which would be severely felt in health. A pin may be run right into the skin of the back of the hand, or into that of the female breast, without being felt, and sometimes there is the same dulness of sensation in parts of the whole surface of the skin.

After this lecture, much of which I doubt not will prove interesting to all who care to hear about syphilis, some ten cases of syphilis in the female were shown to the students, about thirty or forty in number. Dr. Fournier kindly showed me his museum, which is full of interesting wax-casts, &c., of the different curiosities of the hospital. To show that the deeper glands are affected in secondary syphilis, and not only the superficial ones, as Ricord thought, a preparation exists of a woman who died of pneumonia whilst in the secondary period of syphilis, when the glands in the course of the iliac artery were found enlarged, as well as the superficial glands, near Poupart's ligament. Dr. Fournier also showed me casts of mucous papules in the vagina and on the os uteri, and also of soft and hard sores on the neck of the uterus, of secondary folliculitis, and herpetic syphilides, all admirably done. Mr. B. Hill, I trust, may soon give London students a similar set of clinical lectures, as syphilis in women is little understood in that city in my experience. In a succeeding letter I may, perhaps, give you the substance of Dr. Fournier's lecture on treatment, although, as he threateningly said, "I am going to say *du mal de vous*," in that lecture, perhaps, *I* should not be the person to report the lecture, with much of which I dissented.

I found the Hôpital Cochin partly transformed into a military ambulance, under the care of Dr. Lefort, who has two wooden temporary hospitals in the garden, in addition to a tent hospital for surgical patients. The wooden wards were put up during the first siege of Paris, when Dr. Lefort was shut up in Metz. His description of the last three weeks' living in that city is heart-rending, Horse-flesh, without either bread or salt, was all the soldiers had to eat, and, I presume, the civilians could not even have had so much as this. Yet, with all this, Dr. Lefort, who has seen many campaigns, *i.e.*, the Crimea, Italy, and the Campaign of 1866, and of 1870-71, declares himself a great partizan of warfare. His reasons for this are, that the nations who are the most fit for war are those where science and literature most flourish; and he asserts that England is, now-a-days, far too fond of peace, and that *we* are likely to be over-powered by some more warlike nation ere long, if we do not more cultivate the art of war.

This is one of the paradoxes of modern times, and, I submit, only remains tenable when men leave out the possibility of all civilised nations gradually becoming able to get rid of that indigence, which is one of the greatest incentives to war, as it is to emigration, and most of the other diseases of society.

Dr. Lefort, you know, is an eminent authority on prostitution, and, last year, came over to London to inquire into our statistics, as compared with French. The Registrar-General informed him that only 4 per cent. of the children born in London were illegitimate, whilst more than one in four of the children in Paris (Lefort says) are born out of wedlock. M. Lefort contended this morning that there would be even fewer marriages in Paris if divorce were as facile here as it is in Chicago, and cited the cases of several eminent Parisian professors of medicine who had never entered into the legal ceremony; but lived for thirty or forty years with the same lady.

According to Lefort, the police of prostitution here is

far too remiss, and should put 15,000 prostitutes under the system instead of 4,000, as at present. He said this morning that there are 40,000 prostitutes in Paris—*i.e.*, women who live entirely by selling their persons; and he quite separated these, he said, from those women who live as above alluded to, maritally with men, whether of the richer or poorer classes. It is extremely difficult for a native of America or of the British islands to come to any agreement on social questions with the French. The fact is that French people have always an idea that the Government, or the Municipality, is to be appealed to in all social difficuities. The genius of England and the United States, on the other hand, I suppose, leads us to think that the Government must *never* be appealed to until all other means of making society enjoyable, or free from crime, have been tried. I prefer *our* theory very greatly to the French, and am convinced that true morality must depend far more on liberty and universal education than on police intervention, which is always rather a vulgar affair, and which frequently causes persons to become criminals and degraded, who otherwise might be excellent and hard-working producers in society.

Dr. Lefort is quite convinced that France must have another war with Germany; but only, he thinks, in some fourteen or twenty years, as it will require all that time, he asserts, to make one million of soldiers in France. So much the better, for in twenty years much may take place, and education both in England and France may make us all less prone to solve our differences by powder and shot. And M. Lefort's opinion, of course, is most valuable, as he has immense knowledge of army affairs.

There was but little of interest in Dr. Lefort's surgical wards, and I did not see anything notable, except a case of artificial anus in an old woman, who came into hospital with hernia too late for operation, and on whom M. Lefort intends to operate by Dupuytren's method. The tent-bed in the garden of the hospital is very charming in summer weather, and quite free from fœtor, although there were cases of suppurating incised wounds in it quite fit to produce much fœtor in ordinary wards. In winter I suspect, however, that it must be too cold, and not equal to the wooden huts in the garden. Here there were some patients wounded in the *jours d'enfer* of the Commune.

Those who would see the horrors of war in Paris should proceed to Auteuil, thence to St. Cloud, and returns by Courbevoie and Neuilly, and if they still think that war is a necessary of human existence, all I can say is, that they are made (which may easily be) of sterner stuff than myself. To hear too of the thousands of men, women, and children shot down by the regular troops is quite enough to cause persons without faith in science to despair of the future of the race. The Palace and town of St. Cloud were both entirely burnt by the Prussians—some say after peace was established; and the mass of poor person's houses which have been knocked down near Auteuil, Neuilly, &c., is quite indescribable. The loss of public buildings is a terrible thing; but the suffering caused to individuals by the loss of their little property has been, I daresay, much more painful. And yet it seems to me as if food, clothing, and lodging were all rather cheaper in Paris this year than in previous seasons; although the loss of house-room has been so large. So rapidly does industry clear away the effects of all catastrophies in modern times. I have received a great number of *brochures* from Drs. Fournier, Mauriac, and others, and may endeavour to extract something from the rich mine thus within my reach in my next letter.

OBITUARY.

SAMUEL SOLLY, F.R.S.

This much esteemed surgeon died on the 24th ult. His death was in a sense, sudden, but he had been out of health for a considerable period. He had twice been Vice-President of the Royal College of Surgeons of England, and would have been President, but for the recent turn in college elections. Many regretted that he should have been made as it were a necessary sacrifice in the progress of the collegiate reforms which on a small scale have been effected.

The writer well remembers the last few times he had the pleasure of a professional chat with the veteran surgeon of St. Thomas's Hospital, on one of which he received from his hands, the volume of "Surgical Experiences," which is so well-known and the promise of the new edition of his great work on the "Brain" which he hoped to be able to bring out. It was to be otherwise, and we were to lose this amiable and accomplished gentlemen. Mr. Solly possessed a refined taste, and was himself an artist. His own works were illustrated by engravings, which were drawn on wood by himself, and his water-colour pictures have been in the Royal Academy.

One of his sons, Mr. Edwin S. Solly, follows his father's profession. We wish him as long and useful a career as his well-beloved parent. Other children and a widow also survive, whose natural grief at their great loss, may perhaps be somewhat assuaged by the reflection, that throughout a long and honourable career as a hospital surgeon, Mr. Solly retained the esteem of those most capable of estimating his sterling worth.

G. CURSHAM, M.D.

On Saturday week, September 23rd, full of years and honours, there passed away at the age of seventy-five, George Cursham, M.D. Paris, F.R.C.P.

Long will Dr. Cursham be mourned and his memory affectionately cherished by those who were admitted to the privilege of his intimate acquaintance.

Dr. Cursham's high principle and unfailing rectitude, combined with his clear judgment, made him highly respected by his professional brethren, who must feel that one has gone forth from amongst them, whose place will not easily be filled.

Dr. Cursham was, for many years, physician to the Brompton Consumptive Hospital, and to the Asylum for Female Orphans, he was also for some years Secretary to the Medical Chirurgical Society, and held up to the time of his death, the post of Inspector of Anatomy to the Provincial Schools.

MR. ROBERT P. CURRAN.

We regret to announce the death of Mr. Robert Pilson Curran, youngest son of Waring Curran, Esq., which took place on the 22nd September, at the residence of his brother, Dr. Henry Curran, Blessington street, Dublin. Death resulted from heart disease, which none who knew him had the slightest idea of existing in his case. He had a short but useful life, and had gained the highest prizes awarded to ability and industry in the Dublin medical schools. For his care of, and attention to, the poor, he was specially requested to continue in residence at Mater Misericordiæ Hospital, on the expiry of the usual term of residence, which he readily complied with. The deceased was only in his twenty-second year. Mr. Curran had only lately returned to Dublin from Mansfield Woodhouse, where he had been assisting his brother, Dr. J. Waring Curran in practice.

Only a few weeks back, several interesting cases, met with in the Mater Misericordiæ Hospital, from the pen of Mr. R. Curran, were published in the columns of the Medical Press and Circular.

The new number of the *Practitioner* opens with a paper by M. Labbe, of St. Antoine Hospital, Paris, in which that able surgeon gives some of the points of practice observed during the siege.

Medical News.

Apothecaries' Hall of London.—At a Court of Examiners held on the 28th ult., Messrs. Shrofield Elan (Guy's Hospital), and John Mountain, of Wise's hill, Cork, were admitted as licentiates of the Society of Apothecaries, and the following passed the primary professional examination—viz., Messrs. William Edward Bennett, of Guy's Hospital; John Evans, of the London Hospital; and Edward James Nix, of the Charing-cross Hospital.

A Working Men's Hospital for Birmingham.—The Baroness Burdett Coutts is expected to lay the foundation-stone of the Working Men's Extension Wing of the Queen's Hospital at Birmingham, about the end of this month. A sum of £5,000 has been raised in three years by the periodical contributions of 20,000 workmen in the principal factories of the town. The amount contributed is highly creditable to the working men of the town, as it will be the first hospital in the kingdom erected under such auspices.

Malpractices in New York.—"Thousands of human beings are murdered before they have seen the light, and thousands upon thousands of adults are irremediably ruined in constitution, health, and happiness. So secretly are these crimes committed, and so craftily do the perpetrators inveigle their victims, that it is next to impossible to obtain evidence and witnesses. The men and women engaged in this outrageous business are, with few exceptions, the worst class of impostors; very few have genuine medical diplomas. The female practitioners generally have been nurses or midwives. Almost invariably they are in partnership with a man 'doctor,' and are entitled 'madame,' or in some cases 'doctor.' Lady patients, of course, prefer calling upon a 'madame' in delicate cases, and are willing to converse freely with her. . . They compound and prescribe the most dangerous drugs, with reckless disregard of human suffering and life, and venture upon operations that are always hazardous, and not unfrequently fatal. The case of most recent notoriety was that of Dr. Evans, who was recently convicted and sentenced in the Court of General Sessions to five years' imprisonment in the State Prison. In his horrible den were found evidences of guilt of the most conclusive nature. Human flesh, supposed to have been the remains of infants, was found in barrels of lime and acid, undergoing decomposition. He came here from Scotland about twenty years ago, with no medical education whatever. Stubborn energy, active perseverance, and undaunted boldness, appear to have forced his guilty success. Shameless advertisements of 'relief for ladies in trouble' are admitted into certain journals, and it is said that this man advertised to the extent of 1,000 dollars per week, and received a daily average of 400 letters, most of which enclosed money for pills. A gentleman recently called at an office in this city, and was ushered into a room, the door of which was closed and locked. 'Are you Dr. M—?' was asked. 'Yes; what can I do for you?' was the smiling reply, accompanied by a keen penetrating gaze. 'I called to ascertain if you could relieve a lady of a physical difficulty' (describing the case). 'I can, sir.' 'Without danger?' 'Yes, sir—have had thousands of cases: have them all the time, and never had any trouble at all.' How long will it take, where will she be treated, and what are the terms?' 'A week or less, and I can find accommodation, up town, very elegant, and the terms will be reasonable. But I must see the lady first before I say anything further.' This man was formerly a printer; but Madame R., his reputed wife, induced him to abandon that occupation. At her house, at a door labelled 'office,' a lady and gentleman recently called. They say:—'We were ushered into a small, darkened room, and had just sat down when the madame entered herself.' 'Well, and what can I do for you?' she asked. 'Can you relieve a lady of a physical difficulty?' 'That depends upon circumstances.' A suppositious case was stated, and she promptly replied,—'There will be no difficulty about that. Of course such affairs are expensive, you know. The charge will be—' Just then a sharp, quick rap was heard upon the door, and a voice from without exclaimed, 'Ma, I want to speak with you a moment.' The madame then retired, and we could hear a brief but rapid colloquy. The next instant she returned, and, in evident trepidation, said,—'I can sell you some pills, but really we do no other business. We have had so much trouble about trouble about these matters we don't take any more risks. In all the six years that we have lived in this house a stranger has never slept under the roof—none, in fact, but our own family.' Other parties who have been there had a different experience. Only the police authorities have anything like an adequate idea of the gigantic dimensions of this evil. Every day adds new indications. That the number of murders from this cause is not generally known is easily accounted for. All the parties interested have the strongest motives to unite in hushing up the scandal. An advertisement has for a long time appeared from Madame G., female physician, who 'guarantees relief to all female complaints—pleasant rooms for nursing;' and there is a like advertisement from Dr. G. They have a house capable of accommodating about twenty patients. A lady and gentleman recently called there, and thus relates what passed:—'Madame addressed us, 'My dear friends;' she said, 'we can do what you hint at. I understand the case. We have had hundreds of them. Poor unfortunate women! How little the world knows how to appreciate their trials We think it our mission to take them and save them—a noble work it is, too. But for some friendly hand like ours how many, many blasted homes, scandalised churches, and disorganised social circles there would be. Why, my dear friends, you have no idea of the class of people that come to us. We have had senators, congressmen, and all sorts of politicians bring some of the first women of the land here. Many, very many, aristocratic married women come here, or we attend them in private houses.' What are your charges, Madame?' '300 dollars cover all expenses, and we see the patient through—unless it occupies more than a week. Then we charge an extra medical fee and board money.' 'What about the child?' 'Well, we adopt it out in good hands. 100 dollars extra is our fee for that.' 'But if not a child, what then?' A quick rolling and flash of her glittering black eyes, a sprightly nod of the head, a finger placed on the lips, a knowing look, and 'sh—h!' was the pantomimic reply. 'We understand every branch of our business' she exclaimed, with peculiar emphasis. . . . The mails go burdened with the circulars of such people, and come laden with money enclosures for 'pills,' 'drops,' and other vile humbugs. The best home firesides in the land have been invaded by these advertisements, either in the newspapers or in letters. To what a frightful extent this outrage is rapidly increasing few can realise."—*New York Times.*

Rapidity of Conduction in Motor Nerves.

Helmholtz and Baxt (*Monatsbericht der Berlin Acad.*, 1870, 184), in their new researches on the rapidity of conduction in motor nerves, use the same method as before, the arm being immoveably fixed in plaster of Paris, and the median nerve irritated first above the elbow and then at the wrist. The contractions which are thus produced in the muscles of the ball of the thumb are registered by Marey's myograph. Instead of using a revolving cylinder, the curves were registered by Fick's plan on a glass plate attached to the bob of a pendulum, which in the middle of its swing caused a spark from an induction coil to irritate the nerve. They found that a higher temperature increases the rapidity of conduction in human nerves as well as those of the frog. Conduction is quicker in the upper than in the forearm, and this seems to depend on unequal conduction in the nerves themselves independently of any difference between the temperature of the parts. When the nerve was irritated by shocks quickly following one another, the contraction of the muscle was no more powerful than when only one was employed, unless an interval of more than one five-hundredth of a second intervened between them. Constant currents, especially descending ones, readily produced tetanus in the muscle, during which oscillations lasting ·09 of a second took place in it.

Place (*Pflüger's Arch.*, iii. 424), in a research undertaken along with Van West, found by Helmholtz's method the rapidity of conduction in motor nerves to be 50-60 metres in a second, the mean being 53, a much greater rapidity than Helmholtz had found in motor nerves (33 metres), and very nearly the same as that he had found in sensory ones. When the irritation was applied high up, near the coraco-brachialis, they found a rapidity of 35-26 metres. The rapidity of conduction in the forearm they found to be much greater than in the upper arm, it being 56-62 metres in the former, and only 12-14 in the upper.—*Jour. Anat. and Physiol.*

NOTICES TO CORRESPONDENTS.

POT OR KETTLE.—You are quite right. The squabbles from contemporaries *are* silly. The *Association Journal* has no pretence whatever for claiming any right of priority to news. It does not know of appointments any sooner than the other journals. The one named was announced by dozens of papers before Saturday week.

The *British* lacks courage to name the journal it accuses of "continuous criticisms of its sayings and doings." Awful crime!

The insinuation about "general appropriation" of its patent right in news or public reports in an "unceremonious manner," comes with a bad grace from the *British* (save the mark!) journal, so soon after the *Lancet* convicted it of taking word for word, a translation from the pages of an American contemporary, and palming it off as its own leading article.

Neither of these journals has disdained to use our columns, or to serve up in a different form, months afterwards, what had originally appeared in our pages.

DR. R. E.—We are very much obliged for the information and the promise in yours of the 25th of Sept., and shall not forget. In a short time the paper you want shall be posted to you.

ARMSTRONG MEMORIAL FUND.

To the Editor of "The Medical Press and Circular."

SIR,—I am requested by the Committee of the above Fund, to beg permission through your widely circulating Journal, to announce to such Members of the Profession throughout Ireland as may wish to subscribe to the monument about to be erected to the memory of the late Dr. Armstrong, and have not yet done so, that the subscription list will close on Saturday, 7th October.

I am, Sir, yours faithfully,
W. H. HOLMES, Hon. Sec. to Committee.

35 South Mall, Cork, Sept. 29th, 1871.

"The Sitting Posture in Prolonged Catheterism." By R. Hanslip Sers, M.R.C.S. Received.

"Martyrdom." By an Army Surgeon. To hand.

MR. L. G. C.—Not received until Tuesday, when the Journal was on the press. In our next.

DR. H. C. B.—See previous reply.

DR. G. H. PHILIPSON.—Next week.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Pulmonary Consumption. By C. J. B. Williams, M.D., F.R.S., and C. T. Williams, M.A., M.D. London: Longmans, Green, and Co.

The Use of the Ophthalmoscope. By Thomas Clifford Allbutt, M.A., M.D. London: Macmillan and Co.

Complete History of the Welsh Fasting-Girl. By Robert Fowler, M.D.

Fistula and other Diseases of the Rectum. By W. Allingham, F.R.C.S. London: J. and A. Churchill.

Boston Medical Journal; Nature; The Pacific Medical Journal; The Anti-Vaccinator; L'Union Medicale; The Journal of Mental Science; Le Mouvement Médical; British Journal of Dental Science.

VACANCIES.

Liverpool Northern Hospital. House-Surgeon. Salary £100, with board.

Marlborough Union. Medical Officer. Salary £80, exclusive of fees.

Tiverton Union. Medical Officer. Salary £23, with midwifery fees.

York County Hospital. House-Surgeon. Salary £100 per annum.

Cornwall Lunatic Asylum. Assistant Medical Officer. Salary £80.

Warrington. Officer of Health for the Borough. Salary £100.

Births.

NORRIS-CANE.—On Sept. 21st, at Mullinavat, Co. Kilkenny, the wife of Dr. J. B. Norris-Cane, of a daughter.

Marriages.

DOBREE—BRIDGE.—27th ult., at the parish church, Wellington, Samue Dobree, Esq., of Wellington, Somerset, to Mary Mitford Tozer daughter of S. Franklin Bridge, Esq., M.D., of Old Court, Wellington.

FITZ-GIBBON—FOOT.—On the 26th Sept., at Monkestown Church, Co. Dublin, by the Rev. Benj. Gibson, Chaplain to the Rotundo Hospital, assisted by the Rev. Ronald McDonnell, D.D., Rector of Monkestown Church, Henry Fitz-Gibbon, M.D., M.Ch., T.C.D., and L.M., of the Rotundo Hospital, to Meta Adelaide, youngest daughter of William Foot, Esq., of Belgrave square, Monkestown.

Deaths.

ALEXANDER.—On the 23rd ult., Gervase Alexander, M.D., of the Haymarket, aged 68.

EVANS.—On the 13th ult., G. F. D. Evans, M.D., M.R.C.P.L., of Shrewsbury, aged 81.

HARRIES.—On the 22nd ult., at Bath, Charles A. Harries, M.R.C.S.E., aged 63; for forty years a medical practitioner in that city.

MORGAN.—On the 23rd ult., John Flower Morgan, Surgeon, of Lambridge place, Bath, aged 86.

VALLANCE.—On the 22nd ult., at Stratford, Essex, James Thomas Vallance, M.D., F.R.C.S.E., of Villette, Broadstairs, Kent, aged 63.

WRIGHT.—On the 22nd ult., accidentally drowned at Festiniog Falls, Merionethshire, Wm. Henry Wright, M.R.C.S.E., L.S.A.L., of Clapton square, London, younger son of the late R. J. P. Wright, Esq., of Clapton.

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Y 304. WEST-END. Held by the vendor ten years; the annual value of the practice is, on an average, upwards of £700 a year, of which, about £300 is taken in ready money. The house is situate in an important thoroughfare, contains fourteen rooms, garden, &c., on beneficial lease. There is an open surgery connected with the practice, the proceeds from which could be largely increased.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 11, 1871.

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ON THE PROPOSED CHANGES IN THE NOMENCLATURE OF THE PHARMACOPŒIA.

BY CHARLES R. C. TICHBORNE, F.C.S., M.R.I.A., &c.,

Chemist to the Apothecaries' Hall of Ireland.

PROFESSOR ATTFIELD has lately proposed that certain changes should be made in the nomenclature of the "British Pharmacopœia." That the modern notation should be used only, that the terms employed should coincide with that notation. Thus in the present Pharmacopœia, two notations are employed but only one nomenclature, therefore the framers of that work gave preference to that notation which harmonised with the old system, this however is nearly now obsolete.

Professor Attfield's "Pharmaceutical Chemistry" has made such rapid progress in public estimation, that it may be considered to have become the medical and pharmaceutical text book of chemistry. Its reputation is not one iota in advance of its merits, and as the originator of such a work, Professor Attfield's words come with even more force than they otherwise would. The general tenor of his recommendation is to the effect that we should retain the Lavoisierian mode of nomenclature, but substituting the metallic names for the alkalies and alkaline earths. Thus we should say sulphate of sodium, sulphate of iron, carbonate of magnesium, instead of sulphate of soda, sulphate of iron, or carbonate of magnesia—also that we should discard the old atomic weights and use the new atomic weights alone, With all this, I as one humble worker in the field of science heartily agree. Fourteen years ago I advocated these new mingled ideas as they were then termed, and have consistently used them in practice. So little were such views entertained at that time, that with one exception there was not another chemist in Dublin who even acknowledged the probable correctness of such a system. What a change has been effected in these fourteen years.

This was the system used by Aug. Hofmann, when the writer was at the College of Chemistry, and it will be perhaps in the memory of some of the gentlemen present, that exactly a similar system is used in his, Dr. Hofmann's, "Report on the Exhibition of 1862." In speaking of this matter in the introduction to that Report, he says, "The symbolic notation employed in this report, requires a few words of explanation here, and perhaps also of justification. It differs from the notation still in use, only by the doubling of the equivalents usually assigned to oxygen, carbon, sulphur, and a few other elements, slight, however, as this change is, it suffices to alter materially the aspect of many formulæ, and to those who still adhere to the old notation, it may give a little trouble which the reporter would willingly have spared them; for this reason, indeed, he hesitated a good deal before deciding to employ the modified notation. To this decision, however, he was ultimately brought by the reflexion, that the modified notation is essentially necessary to represent with the requisite clearness and precision the vast and daily multiplying class of substitution changes, and that on this ground only, if on no other, the double equivalents must ere long come into universal use." "The author then uses the terms carbonate of sodium, sulphate of ammonium, &c. Dr. Attfield wishes to substitute a similar system for the one used in the "Pharmacopœia," such a system that whilst giving due prominence to all the most firmly established theories of modern chemistry, it also does away with such inconsistencies as calling one salt the sulphate of the oxide, and another salt exactly framed upon the same type the sulphate of the metal. It enables us to view all these salts as constructed upon one given framework. But outside this it does not go, and when from time to time extreme terms are introduced for the coining of special or extreme theories they must not be considered in any system intended for general introduction, but should be strictly confined to the writers of original research. Therefore the fraction of any science necessary for the furtherance of any other art must harmonise with the knowledge, to which we have attained, thus far must we go and no farther. It is for this reason that

I agree so thoroughly with what Dr. Attfield has advocated, I might perhaps object to a few of the changes which he has proposed, but really these things are so much a matter of taste and his paper has been so well and ably discussed, that I do not consider this the time or place to enter into these small matters. Dr. Attfield makes use of a paragraph which seems to lay down a principle, which hardly agrees with the practice of his own paper, great prominence has been given to the supposed principle by some of the reviewers. Thus an excellently conducted one the *Chemist and Druggist* says, "Clearly he has proved his point, and shown that chemistry and pharmacy, though branches of the same science have distinctive characters, and that it will be for the mutual advantage of both to adopt a nomenclature of their own." Now I must dissent from this view, a nomenclature is only a system for the conveyance of facts, it is not to be supposed that we could have two nomenclatures harmonising equally if at all with facts. As well might we some years since, when the avoirdupois ounce was substituted for the troy weight have said, that as the division of the pound gave 437·5 gr. to the ounce which was inconvenient, that pharmacy should have an arithmetic of its own, and that one and one in mathematics made two, but in pharmacy they should make three. No? We must have the same chemistry for the philosopher, the same chemistry for the pharmaceutical, and the same chemistry for the medical man. In other words, as near the truth as the science of the day will take us and nothing but the truth. It was for this reason that I saw with pleasure, that Dr. Attfield had hit hard at such terms as acidum arsenicum which, from a chemical point of view, is radically wrong. We are informed that there is not likely to be a new edition of the "Pharmacopœia" for some time, but I am quite convinced that when it does come we shall have the new atomic weights, and a binary notation, and a nomenclature in conformity with the new system alone. Thus will Dr. Hofmann's prophesy be fulfilled as regards another important branch of practical chemistry.

One of the proposed changes is, that the names should convey more accurately the actual chemical composition as found by analyses. Thus it is proposed that the term oxyacetate of copper should be used for verdigris. The few cases met in the "Pharmacopœia" similar to the above one, are I think better got over by using trivial names just as we in the "Pharmacopœia" specify a certain well known quality of carbonate of calcium as chalk, although we have at the same time the pure article as far as ordinary chemical processes will give it. In fact, it is hard to say how the excess of oxide of copper found in the verdigris can be considered any more or less of an impurity than the silica found in the chalk. I am of opinion, that we are rather too much inclined to view chemical decomposition as much too sharp and definite, and thus in some instances to be too particular. Because we see a voluminous precipitate tumble on adding hydrochloric acid to nitrate of silver, we are naturally predisposed to consider it as a perfect precipitation of all traces of silver. But although such is practically the case, as far as our balances go, it is really merely a re-arrangement of the balances of the forces at work, and it is much more probable that this precipitation is in reality imperfect, and that it is merely a partitioning of the elements. But we have not instruments delicate enough to determine this. In nature there are no such things as very sharp and hard lines, and when we get a basic carbonate of magnesium on mixing carbonate of sodium and sulphate of magnesium, it is merely that some of the carbonic anhydride is partitioned off by a new arrangement of the forces. That the point where this partitioning lies, depends upon many circumstances as temperature, &c.; and we get a precipitate of carbonate of magnesium containing variable quantities of oxide of magnesium. Under such circumstances, should we not view the oxide simply as an impurity not necessary to remove, and merely state in the "Pharmacopœia," that amongst its characteristics carbonate of magnesium contains variable quantities of oxide.

I think that the great difficulty in the perfect acceptation of the new notation in pharmacy is that, most of the medical licensing bodies do not make it compulsory that the candidate should answer in the new notation, but leaves it optional. As long as it is so, it will never be perfectly adopted in pharmacy. The latter must sail in company with the practice of medicine. Now there are a much larger number of medical students registered than pure pharmaciens. With the pharmacien the acceptation of the new notation is easy. Chemistry is his principal and most difficult study, he must have both a theoretical and practical knowledge of it, or he is no pharmacien, and there is only just a little more trouble in learning the new system. But chemistry hitherto has formed but a moiety of the medical student's study, and that moiety is looked upon as a matter of secondary importance. In such a case, if the student is presented with two roads, he will very naturally take the shorter one.

My only object in bringing this subject before the Conference, is to urge the paramount importance of a strictly scientific nomenclature, which point I do think has not received due consideration. As simple as we like, but let it be as near the truth as we can go. Let us have as little change as possible, but when it does come, let it be to keep pace with the progress of science. There is no danger of Macaulay's New Zealander appearing on London Bridge for some generations to come, therefore there is a long period before it for pharmacy to assert itself in this country. It is to be done by our ever bearing in view

"That banner with the strange device, Excelsior."

RUPTURE OF THE PERINEUM.

By J. McKeogh, L.R.C.P., &c., &c., Thurles.

On the night of the 26th March last I was called on to attend, in her first confinement, Mrs. C—, who was stated by some of her friends to be aged thirty-five, by others forty years. She lives at or about five miles from here, and is the wife of a small, yet comfortable, farmer. I arrived at her house by 10.30 p.m. She was first taken ill on the previous day. I found her very restless—making very loud complaints of the severity of her sickness—pulse, about 110; bowels had been cleared out by oil; no water in bladder; pains rather strong, but expulsive force misdirected.

I made a vaginal examination—found the soft parts quite cool, and in every respect normal; pelvis, narrow in transverse measurement; articulations, as far as I could judge, and from her age, were non-expansive; found the head presenting in the first position. When I entered the room she was attended by three very old and very ignorant women, such as are generally found with such class in country practice. I used no ergot, and after waiting three hours, when I found no progress was being made, I applied the forceps (no chloroform was used), having first placed her transversely in the bed, hips projecting over its edge. I then directed one of these old women to guard the perineum; but she, from a feeling of delicacy, as well as I could interpret it, replied that "she did not like the job." However, she, after some persuasion, remained in the position I placed her, but gave very little aid indeed. The head was so tightly jammed in I had to use a good deal of extractive and compressive force. I soon, however, succeeded in delivering a male living child. The head was large, the bones being very much ossified and not mouldable; but, unfortunately, there was an entire rupture of perineum, sphincter ani, and a little of the recto-vaginal septum notched. I did not attempt to interfere with the rupture then on account of the blood that was being discharged, and for several days afterwards; but on the *tenth* day after I operated. The previous night a purgative was given to act on the bowels.

On the 6th of April I operated, my only assistant in everything being an old woman such as I described above. No chloroform was used. When I had got her into a

position, resembling as closely as possible the lithotomy one (for I had to operate while she lay in her bed, a very old fashioned one with a circular tester, and the room moreover was very small), and after having shaved the perineum, I then well pared each edge of the wound—cutting from below upwards—and next introduced deeply two quilled sutures (the perineum was in this case short), of dentist's silk, and five of the continuous, or glover's, sutures consisting of silver wire. After all oozing had ceased I then applied collodion thickly over the wound, and having, as tightly as could be conveniently borne, bound the thighs with a bandage, I fixed her in bed and gave a pill of *one* grain of opium, and to be repeated every sixth hour.

April 7.—To continue pills, and to have six ounces of port and beef-tea during the day. Is doing well in every respect.

April 8.—Wound appearing well ; health good ; to continue pills and dietetic treatment as before.

April 9.—Not seen, being Sunday, and had to attend other pressing calls.

April 10.—Removed quilled sutures to-day ; suppuration had set in along their track ; wound united at bottom ; bowels moved ; it would, I see, have been better if the sutures had been removed the day previous ; pills and other treatment as before.

April 11 —Going on well ; appetite good and sleeps well ; pills and other treatment as before.

April 13.—Could not find any of continuous sutures, for they were buried in the tissues ; doing well ; treatment as before.

April 14.—Complains of flatus passing from rectum into vagina. On examination I find there is a small aperture between them, such as would nearly admit the point of small finger ; applied to it solid arg. nit.

April 17.—Bowels moved ; pills and other treatment to be continued ; applied solid arg. nit. to recto-vaginal aperture.

April 19.—Removed some of sutures ; suppuration has set in in their track ; applied a mixture of equal parts of acid carb. and glycerine.

April 23.—Wound looks well, and filling up with healthy granulations ; health good ; pills and other treatment to be continued ; is very irritable on account of being confined to bed, and insists on getting up.

April 25.—Removed remainder of sutures ; applied mist. acid carb. et glycer.; bowels moved ; to continue pills, &c.; becoming more impatient, and demands to be allowed up ; applied solid arg. nit. to recto-vaginal aperture.

April 27.—Bowels moved ; wound filling up rapidly ; no application used ; pills and other treatment as before. Most anxious to be allowed up.

April 29.—Recto-vaginal fistula all but closed ; wound nearly healed ; applied to it a solution of arg. nit. 3gs. ad aq. dist. 3j.; would not allow mist. acid carb. On account of pain caused at last application ; bowels moved ; to continue pills and other treatment. Requests to get up.

May 2.—No application to recto-vaginal fistula or wound ; to continue pills and other treatment ; general health quite good. Applied to wound a soft pad and a T-bandage, and is to get up to-morrow.

May 6.—Recto-vaginal fistula quite closed ; wound all but filled up to a level with surface. I have been told my services would be henceforth dispensed with ; and had not seen Mrs. C. till the 27th July last, when I found her in her usual good health, and attending to her usual domestic duties ; and after making a minute examination of all the parts engaged in the operation, I had the great pleasure to find that all were restored to their perfectly normal state. and only the slightest cicatrix remaining.

P.S.—I did not divide the sphincter ani on each side of the coccyx, as is recommended in Erichsen in these cases.

THE TREATMENT OF ECZEMA.

By J. L. Milton,
Surgeon to St. John's Hospital for Skin Diseases.

Continued.

3. *A Course of Steel.*—When the discharge is profuse, when even in the dry form eczema has existed many years, and in all cases when improvement has come to a standstill, I would advise a course of steel—a remedy which, in my hands, has proved of more use against eczema in this stage and under these circumstances than any other I have tried, or seen tried.

Steel wine, carefully prepared, and given in doses of one or two drachms two or three times daily, will remove most cases of eczema during the first year or two of life. The wine should be procured from a really good chemist. I have tasted specimens of it so harsh and acrid that I could not wonder at children disliking it. Some of them seemed to me compounds of rusty iron and the worst kinds of acid sherry. A very agreeable preparation is made by Messrs. Bell, of Oxford street. When children have passed this age steel wine requires to be given in large doses to produce any effect, and therefore becomes rather an expensive medicine, especially in hospital practice. Here the saccharine carbonate may be substituted, two or three grains being given twice a day. Should its effect not correspond to the surgeon's anticipations, I should recommend that the tincture of the muriate, in doses of five to fifteen minims three times a day, sweetened, be given instead. In hospital practice the acid solution of iron, previously mentioned in these papers, from three to five minims three times a day, though not quite so pleasant, is quite as useful as the tincture.

From puberty to the decline of life I would most decidedly recommend the tincture of the sesqui-chloride, or the acid solution just alluded to, always accompanying it with an aperient pill. I can safely say that I have seen no internal remedy influence the discharging stage of eczema, or eczema siccum of the hands, so rapidly and effectually as these. When properly aided by baths, aperients, exercise, and suitable food, nearly every case of eczema in the stage and form I have mentioned will be cured or relieved by a persistent use of them, as I have had the pleasure of demonstrating to several gentlemen at St. John's Hospital. There are, however, some precautions with respect to the mode of taking them which are of vital importance.

In the first place it is essential that the tincture should be prepared, not only according to the "London Pharmacopœia," but with such care as to ensure that no great amount of free acid is present, seeing that this frequently preponderates to such an extent that the tincture cannot be given in the proper doses. Indeed, the fluid part of a good deal of the trash sold under the name of tincture is composed almost wholly of hydrochloric acid ; it is sold to patients at a price for which a surgeon could not buy it from a respectable chemist. When properly made a drachm or more may be given at a time, whereas half a drachm of the coarse acid tincture will set the teeth on edge and make the patient feel sick. I have several times known a patient who was taking the pure tincture with benefit turn quite ill after a dose of this stuff ; severe vomiting has followed in several instances, and in one case where I was consulted, the patient was so sick, and purged so violently from taking two drachms of the common tincture in divided doses, that his friends thought he had got English cholera. This kind of thing has now happened so often that I always beg of patients, if they run short of the genuine tincture, rather to do without it for a day or two than get it from any source they are not certain about. The tincture of the perchloride of the "British Pharmacopœia" is a much inferior preparation. With whatever care it be made the iron speedily precipitates, and as druggists do not like to send out a thick-looking tincture, they pour off the clear fluid and make use of that only, rejecting

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the greatest part of the iron. But it is only too often not prepared with care. In making the solution of the perchloride, instead of evaporating this in a water bath, the ingredients are simply mixed, and the spirit added subsequently; an addition which is the signal for approaching precipitation of the metal. Indeed, I would in every case recommend the acid solution in preference, giving the spirit separately in a more palatable form.

The tincture must be given in pretty large doses, and for some time. It is of no use prescribing fifteen or twenty drops twice a day for two or three weeks; as well not give it at all. The patient, if an adult, should begin with half a drachm at least, and increase this as rapidly as ever he can to a full drachm, beyond which it is rarely requisite to go. The dose should be measured out in a minim glass; for as a drachm is equivalent to quite a hundred and fifty drops, the surgeon who prescribes a certain number of drops is evidently not giving the quantity he wishes to do.

Now and then, if the patient grow sick of the medicine, or suffer from dyspepsia, loss of appetite, headache, &c., the steel may be given up for a day or two till these symptoms pass off; but so soon as they have vanished it should be resumed. The constipation which generally accompanies its use may be easily remedied by the use of a mild pill, which should, however, always contain aloes.* This symptom frequently passes off when the steel has been taken for a little time, and especially when the larger doses have been reached. I have so repeatedly noticed this, that I have been obliged to conclude, that *a small dose of steel constipates as readily as a large one, and that the constipating action begins almost as soon as the patient begins with the medicine; whereas the purging induced by the acid is in exact proportion to the quantity taken, and comes on more slowly.* The dyspepsia, the most frequent form of which is marked chiefly by coldness at the stomach, nausea, griping, and flatulence, is generally soon got over by leaving off the steel and giving some mild aromatic and ant-acid, such as carbonate of soda along with compound tincture of cardamoms, or aromatic confection, or the aromatic spirit of ammonia in some bitter infusion † Should the appetite flag very much, the patient may give up the steel for a week or two, and take the nitric or nitro-muriatic acid, as previously suggested, for a few days. In some extremely rare instances it may happen that the patient cannot take either of those preparations of steel, in which case they should be abandoned in favour of the ethereal tincture or Griffith's mixture, but neither of these is equal to the former. Indeed, in my hands the ethereal tincture proved useless or nearly so. It is altogether a medicine not to be trusted to, and the dose usually given (five to thirty minims), is far too small. The first-named dose would be about the right strength for quieting the nerves of a hysterical baby. I have never seen anything exert so much control over eczema as the acid solution and the tincture of the sesquichloride. At one time I believed that, provided steel were given in a soluble form which would sit lightly on the stomach, it did not much matter what preparation was used; and I believe that in the discharging stage almost any preparation of steel, perseveringly given, will effect a certain amount of good; but I consider my observations warrant me in drawing the conclusion that those I have recommended are among the most potent we possess. I have frequently treated two similar cases of eczema—one with the acid solution and one with some other preparation. I have also in such cases given one patient the acid solution, and one the nitro-muriatic acid or a saline. I have suspended the acid solution and given something else; and sometimes when a patient has returned with a fresh outbreak, I have tried this time to do without the solution, but always with the same result. Even in the dry furfuraceous state of the skin, with fine, thin, adherent crusts, the solution of iron, properly seconded by aperients, often proves useful. I have seen lichen, too, which had improved under salines, develop into eczema under the influence of mercury, and again improve directly the acid solution was given.

These preparations of steel, given in this way, and aided by an aperient, will cure a great many cases without anything further being required; but in some instances the dry stage itself of eczema demands a particular course of treatment; and in others not only does improvement cease without any manifest cause, while the patient is taking the steel with every possible precaution, but an unmistakeable relapse ensues. In the latter case the best plan seems to be to give up the steel altogether for a week or two, to purge the bowels well, and then resume the steel in increased doses, by which means the surgeon can generally succeed in bringing the disorder to the third or dry stage. The health almost always improves visibly under the use of these remedies, the skin grows clearer, and the muscles become firmer, while the face frequently loses to a great extent the careworn look it had acquired from long ill-health.

4. *A Course of Arsenic, aided occasionally by Cod-liver Oil and an alterative preparation of Mercury.*—Arsenic properly given, that is to say in just such doses as the patient can bear without being made unwell by them, will cure a great many, perhaps most cases in the dry stage, in which alone it is useful. In other phases of eczema it has always appeared to me inert or injurious; but when the skin is simply red and tender, with a quick reproduction of unhealthy cuticle or scales, it is often of great benefit.* Given alone in eczema, before steel has been tried, and in the weeping stage, it makes the patient sick, languid, and weak, destroys the appetite, and purges the bowels. Should, however, the surgeon only see the patient first of all at this stage, and ascertain that he has not taken steel, then I would suggest that the patient should either go through a short course of steel, or that this medicine should be combined with the arsenic; for though the statement may excite scepticism, I feel justified in saying that many patients bear arsenic decidedly better after a course of steel. I have repeatedly observed that, where patients could not tolerate even five minim doses of liquor arsenicalis without so much irritation of the stomach, nausea, and purging, sometimes even followed by a very disagreeable result—peeling of the skin of the hands and feet—that the medicine had to be given up even at the risk of seeing the worst symptoms return; these doses, after a course of steel, excited no discomfort except in the conjunctiva and not much even there. I believe, however, that this toleration of arsenic is quite artificial; after a respite of a few months I have seen the same quantity of it produce the same disagreeable effects.†

One of the fashions or crazes of the day is that of giving arsenic in every disease of the skin. The extent to which this has grown of late years is almost incredible, and is perhaps known only to the druggists who supply the material. A few years ago arsenic was scarcely employed at

* ℞ Pilulæ aloes et myrrhæ, ʒi, divide in pil. xii. Capiat i. vel. ij. alternis noctibus; or one of the aperient pills already mentioned in these papers.

† ℞ Sodæ carbon., ʒi.;
Tinct. lavand. comp., ʒj.;
— Cardam. comp. ʒiij.;
Aquæ menth. pip. ad ℥vj. ɱ.
Capiat. coch. amp. duo bis terve quotidie.
℞ Spir. ammon. aromat., ʒiij.;
Acidi hydrocyan. dil. ("Pharm. Brit.) ɱ xviij.;
Infusi. rhei. ℥ij.;
— Calumb., ad ℥vj. ɱ.
Capiat. coch. amp. duo bis. quotidie.

* In the *Dublin Quarterly Journal of Medical Science* for May 1870, there is a case by Drs. Benson and Smith, in which the patient's debility steadily increased under quinine, iron, mineral acids, &c.; whereas the use of arsenic was followed by immediate and lasting improvement.

† As a formula for giving arsenic in pills is sometimes useful I subjoin one:—
℞ Arsenici albi, gj.;
Pulv. piperis nigri., ʒj;
Olei cinnam.; ɱij.;
Extr. hyoscyami, ʒss.;
— anthem., ʒij. ɱ ft. pil. xxiv.
Capiat. i. ter quotidie.
When it is considered necessary to add steel, ʒss of the magnetic oxide of iron may be substituted, with a little mucilage, for the extracts.

all internally, and was given with great caution, or even altogether withheld in complaints like lepra and lupus which could scarcely be cured without it. Now-a-days it is constantly prescribed in every case that proves the least refractory, and very often before any other medicine is tried. Indeed, medical men often adduce as evidence of the refractory nature of a particular case—*e.g.*, of eczema itself—that the patient has taken a quantity of arsenic without its doing any good. Why, I don't know, as certainly it never was recommended in every disease of the skin, and especially in the weeping stage of eczema, by those who are supposed to lead opinion. But there are some affections of the skin which never require arsenic, and many which only tolerate it at a certain stage. Among the latter is eczema. So long as ever there is discharge of serum, arsenic never does any good, and often does a great deal of harm by inducing sickness, purging, headache, and general irritability. It is only of use when the dry stage has set in, and is not always called for then. Attention has often been directed to the injurious nature of such treatment as that of acute eczema with preparations of arsenic, but so far without result; indeed, the practice seems largely on the increase.

(*To be continued.*)

Foreign Medical Literature.

ON DRUNKENNESS AND ALCOHOLISM FROM THE POINT OF VIEW OF LEGAL REPRESSION:

A SPEECH BEFORE THE NATIONAL ASSEMBLY IN PARIS IN AUGUST.

By Dr. Theophile Roussel,
Deputy to the French National Assembly.

Drunkenness does not appear in former times under phases so sad and degrading as those which it assumes in our days. We perceive nowhere this series of evils which it now entails on the family and on the human species. The literature and the fine arts often give to it an aspect coloured and life-like; and old Silenus with his flabby and obese body seems to be its most abject type.

Drunkenness has not been less opposed in the commencement of civilisation by severe and often excessive penalties. This extreme rigour is noticed in spite of necessary temporising in the edicts which have been law up to the last century; and this is one of the causes of their inefficiency and of that rapid disuetude, a phase common to all laws which are excessive in their severity.

Two other circumstances have not been less instrumental in weakening the action of the law. On the one side, drunkenness was, above all, the vice of the rich and idle; on the other side, it was then a much less serious evil than it is now, both for the individual and society.

Up to the time when distilled drinks replaced fermented liquors, drunkenness amongst all peoples with which history is acquainted has predominated in those classes which possessed the means of indulgence, and were not deterred from it either by moral education or culture of the mind, or by their mode of life. The mass of the people, on the contrary, were kept by the hard necessities of their life in a state of enforced temperance.

Thus, drunkenness figures in Greece, in the Roman Empire, and in the middle ages, among the Christians as a diversion of the courts, and as one of the necessary relaxations from the fatigues of the military profession. The Bulls of the Popes and the canons of several Councils, prove its encroachments among the clergy and in monastic life. Petrarch and his contemporaries have proved it to be habitual among the popes at Avignon, and a physician who practised in that city in the time of Guy de Chauliac, Raymond Chalin de Vinario, attributes to it the enormous mortality which attacked the Papal Court during the great pestilence of the fourteenth century. Although Cæsar has spoken of the temperance of the Suabians, Tacitus, a little later, has remarked the propensity of the Germans to drunkenness as a trait remarkable in the midst of the rustic simplicity of their tastes relative to alimentation. This habit which has marked all the countries of the Anglo-Saxon race in its vast expansion over the world is vouched for by many documents in which drunkenness appears as a vice of the princes and lords of the German Empire. In the sixteenth century it was the subject of numerous edicts, at which the nobility were in the habit of scoffing, glass in hand. The Diets gave rise, from this fact, to such scandals that it was said these assemblies were so embarrassed and obscured by wine that they could only speak reasonably in the morning. J. P. Frank, to whom I owe this fact, added that they called the laws which the Diets made "Morgensprache" (Morning speeches), because all that was said after midday was held to be of no value, because of the wine and beer. The habit of drunkenness amongst the German nobility is again attested by the creation of two orders of chivalry founded like our modern temperance societies upon the vow of abstinence from strong liquors.

But the drunkenness of wine, beer, and other fermented liquors, familiar to the ancients, had not the formidable character that has been given to it by the propagation amongst the masses of working men brought together and salaried by modern industry of a new agent produced artificially from another industry unknown to the ancients—alcohol.

The beverages with which men formerly got drunk contained only a moderate proportion of alcohol, this spirit which distillation separates from the other elements of wine, and which it more recently has extracted at a low price in profusion from all elements containing sugary matter. These beverages excited at first the senses, next affected reason and the regularity of motion, but did not produce, in general, very great disturbances in the organism; this is why drunkenness, even when habitual, caused formerly, less rapidly and completely than now, the loss of the moral faculties and judgment, and those grave alterations of the organism which constitute the modern pathology of alcoholism, for which the language of nosology has created since 1813 a particular nomenclature.

This less serious result of drunkenness even when repeated explains some proverbs in vogue amongst our fathers in favour of this vice and the singular precept of hygiene—*to get drunk once every month*—which obtained at two different times the honour of a solemn refutation before the Faculty of Paris in the seventeenth century. It explains at the same time as this indulgence of opinion which paralysed the laws, the indifference of physicians on a subject on which for the last half century they have not ceased to give the alarm to the public powers.

THE SEWAGE QUESTION.

SPECIAL REPORT.

(Prepared expressly for the Medical Press.)

No. XXVI.

AGRICULTURAL VALUE OF SEWAGE.

The history of sewage irrigation affords a striking example of the readiness with which a plausible theory may be accepted, and promulgated by men of enthusiastic temperament, whose minds are given to speculation without the corrective influence of proper experience. Seeing that in the warm climate of Egypt, China, Persia, India, Piedmont, Lombardy, and elsewhere, water has from time im-

memorial been successfully used for irrigation purposes, and has given fertility to certain arid and otherwise almost barren districts, it has been at once concluded that sewage, which is water *plus* a small quantity of manure, must necessarily be suitable for every kind of soil, and every variety of crop, in every description of climate. This is the theory which is earnestly recommended to the notice of the British farmer, whose so-called "pig-head reverence for the practice of his forefather, and ignorant belief in his own experience" make him extremely cautious in accepting it; for he rightly thinks that the condition of the soil in the cold and humid weather of this country is very different from what it is in the warm and dry atmosphere of the south: in fact, one of the greatest difficulties he has to contend with is a superabundance of water in the land during the greater part of the year; and with the view of remedying this he has adopted the system of thorough and effective drainage. It is not likely, therefore, that he will readily accept a theory which requires him to ignore his experience and nullify his practice by converting his farm into a swampy morass. A few enthusiasts, however, have accepted the hypothesis; and in putting it into practice have occasionally found that in certain seasons, especially with light and porous soils, the results have been highly successful; but the success has never been enduring, for it has depended upon conditions of season as regards drought which is altogether exceptional. When this has been otherwise, as in the experiments at Alnwick, the results have been disastrous. Even in ordinary times there is an average of 150 wet days in the year, when sewage cannot be profitably applied to the land. On the other hand, however, it sometimes happens, as in Lombardy and Piedmont, that the seasons are so dry that the application of even water to the land is extremely beneficial. On such occasions the farmer would gladly take sewage, as he would water, for the parched and hungry crops. But this is not a common occurrence, and rarely lasts for more than a month or so. To be compelled, therefore, to take sewage at all times throughout the year is a condition of things which the farmer very properly declines, for under such circumstances, according to Mr. Lawes, it is inapplicable to every description of crop; whereas if a person can apply it to-day, and not to-morrow, just as he pleases, he may use it with every description of crop. Professor Way is of the same opinion, for he says, "if the farmer is bound to take large quantities of sewage at all times, he will decline to take it at all, because he cannot take it in times of rain, and it must be put upon land properly prepared for it and laid out as a sewage farm." Evidence to the like effect has been given by Mr. Congreve, who managed one of the sewage farms at Rugby, and who found from experience that the taking of sewage at all times throughout the year was the great difficulty in the matter. "If I had a farm," he says, "in the neigbourhood of London, I would take sewage if I were at liberty to take it when it suited my purpose; and should apply it over a very limited area at a certain time of the year; but if I were compelled to take it at all times, I should refuse it altogether." Mr. Mechi is evidently of the same mind, for he says he would rather not be regulated as to the time of applying it, but would use it when he wanted it. This, indeed, is exactly the way in which it is dealt with at Worthing, Birmingham, and Edinburgh, where the farmers know what they are about; and this was so strongly impressed on the Parliamentary Committee of 1862 and 1863, that they stated in their report of the evidence before them, "that it is desirable that those using sewage should have a full control over it, so that they may apply it when and in what quantities they may require." In proof of this the Committee have quoted the evidence of Mr. Lawes, Professor Way, Mr. Tregelles, Mr. Samuel Christy Miller, Mr. McCann, and Mr. Miles; in fact almost every witness before the Committee spoke of the difficulty of managing a sewage farm, so as to get rid of the sewage at all times; and, as might be expected from the perplexities of the subject, there is the widest difference of opinion respecting the time when sewage ought to be put upon the land, so as to be most profitably and safely utilized. Mr. Mechi applies it to meadow land from the beginning of May to nearly the end of June; and on feeding-pastures he uses it at all times during active vegetable growth. The Earl of Essex puts two dressings, each of 225 tons to an acre upon his meadow land for hay, from October to January or longer; and he uses it in the summer time directly after cutting a crop of Italian rye-grass. Mr. Tregelles employs it for pasture land during the winter, and root crops in summer, using it upon swedes when they are as big as marbles, and mangolds all the while they are growing. But as rye-grass is the only plant that will stand a thorough and nearly constant dressing of sewage, it is *par excellence*, the crop which is selected wherever there is much sewage to be disposed of; and, although it is often killed by excess of sewage, especially in frosty weather, yet in summer time it is often treated to a liberal allowance of it, almost to the time of cutting.

A like difference of opinion exists as to the way in which the sewage should be distributed upon the land. Mr. Smith of Deanston, who was the first to dream of the profitable utilisation of sewage by irrigation, proposed that it should be applied by means of hose and jet, in the fire brigade fashion, under a pressure of a column of liquid 150 feet high. This, he thought, would force the sewage through the elaborate system of underground pipes, which were to be laid down in every sewage farm, and drive it to the place where it was wanted. Mr. Edwin Chadwick adopted this idea, and used all the influence of the old Board of Health to get it put into practice throughout the United Kingdom. Thousands of blue books, with detailed instructions for arranging the pipes and pumps of sewage farms, were circulated by the Board. Popular lectures were given, speeches were made, and sensational articles written, to show the value of sewage as liquid manure, and how it ought to be pumped on the land. It was, in fact, one of the instructions of the Board that every system of sewers should be brought to one outfall, with the view of applying the sewage to agricultural purposes. Mr. Mechi, Mr. Telfer, and Mr. Kennedy were among the first to accept the tempting theory and to put it into practice. Soon after, it was adopted by Mr. Walker of Rugby, Mr. Neilson and Mr. Littledale of Liverpool, and Mr. Chamberlaine of Norwich, nearly all of whom have had cause to repent it. The history of Mr. Walker's failure is worth recording, for it is typical of all the rest. In 1854, when the sewage of Rugby had become so unbearably offensive that Mr. Walker was contemplating legal proceedings to abate it, he unfortunately met with Mr. Chadwick's glowing account of the agricultural value of sewage; and fancying there was a fortune in the nuisance if properly dealt with, he entered into an agreement with the Local Board of Health, to take all the sewage of Rugby for twenty years, if they

would deliver it upon his land, and make all the necessary arrangements for distributing it thereon by hose and jet. The Board, therefore, erected a steam-engine for pumping the sewage, tanks for collecting it, and a proper system of pipes for distributing it—gladly paying the heavy expenses thereof to be rid of a troublesome nuisance; and Mr. Walker no doubt laughed in his sleeve at the apparently hopeful bargain he had made; but, alas for human foresight, the results were so unprofitable that the bargain was at length repudiated, and the pipes are no more. This, however, is the system which is still advocated by Mr. Mechi, Mr. Ellis, Baron Liebig, the Earl of Essex, Mr. Miles of Bristol, and the Chairmen of the Parliamentary Committees of 1862 and 1863, all of whom say that small dressings of sewage, by means of hose and jet, are more profitable than larger dressings by open carriers. But this is not the opinion of Mr. Lawes, Professor Way, Dr. Voelcker, Mr. Christy Miller, the late Sir Joseph Paxton, Mr. Blackburn, and Mr. Rawlinson, all of whom recommend the distribution of sewage by open carriers—permanent or moveable. In most cases the carriers are permanent, but at Mr. Hope's farm at Romford, and Mr. McDougall's at Carlisle, they are moveable. In every case, however, the land must be properly prepared for it, so that the sewage shall be evenly distributed, and the subsoil water freely removed.

As to the quality of soil which is best suited for sewage irrigation there is likewise much difference of opinion. Most agricultural chemists of large practical experience advocate the use of a porous sandy soil. Dr. Voelcker, for example, says that all liquid manures produce the most beneficial and striking effects when they are applied to light, deep, and sandy soils, resting upon a porous subsoil—soils containing from ninety to ninety-six per cent. of sand and but little alumina, so that the sewage may go through it and not over it. Professor Way also states that he would select a pure sandy soil in preference to anything approaching clay, because sand will become richer in clay every year that sewage is applied to it—apart from the fact that clay can always be added to sand if necessary, whereas no clay soil can be made open enough to receive sewage—in fact, "a dry absolute clay is," he says, "the last soil I should wish to use sewage upon, because, although it has the power of extracting manurial qualities of sewage, the sewage cannot get into it. Even if the clay were ever so well-drained, the liquid would run over it." According to Mr. Lawes it is best applied to the most porous, sandy, and sterile soils, like that of Bagshot Heath, and the same opinion was entertained by the late Sir Joseph Paxton.

On the other hand, some chemists are of opinion that the soil should contain a notable proportion of clay, because clay has the largest power of absorbing ammonia, phosphoric acid, and potash—the most important constituents of sewage. Baron Liebig opposed the scheme for distributing the sewage of London upon the Maplin sands, because they do not contain sufficient clay, and he attributed the success of the Craigintinny meadows at Edinburgh, to the circumstance of their containing much alumina. He thought, indeed, that the Maplin sands would require at least two million tons of clay to give them fertility to the depth of an inch.

Mr. Bailey Denton, who has recently acquired popularity in connection with this subject, is of the same opinion, and argues that a soil with a considerable portion of clay is better than a very porous soil, because it delays the percolation of sewage, and retains the manurial elements. But then the land must be thoroughly drained, for that is Mr. Bailey Denton's speciality, and he blames the Rivers Pollution Commissioners for not making it a *sine quâ non* that no irrigation should be practised without deep subsoil drainage.

The value of clay as a constituent of ordinary soil is admitted on all hands, for it not only absorbs and fixes the chief elements of manure, but it also elaborates them, and fits them for the use of the growing plant. This power was first investigated by Brouner in 1836, and afterwards, in 1845, by Huxtable and H. S. Thompson. Later still, in 1850, 1852, and 1855, it was still further examined by Way, who thought that the absorbent power of a soil was dependent on the chemical action of certain silicates of lime and alumina, which fixed the alkaline bases, and allowed the acid constituents (phosphoric acid excepted) to pass in combination with lime. Liebig's views at first were entirely opposed to these opinions respecting the absorptive power of soils; but, in 1858, he ascertained from experiment that every plant-bearing soil absorbs the fertilising elements of manure—clay doing it best, and pure sand worst—whilst turf and peaty matters had an intermediate action. He found that a common clay soil in the neighbourhood of Munich would absorb (per acre, four inches deep) 2,076 lbs. of ammonia, 1,910 lbs. of potash, and 888 lbs. of phosphoric acid; and that the action was not merely of a physical nature, for it seemed to prepare and elaborate the materials for the use of the plant—acting, in this respect, like the stomach of an animal. Voelcker also found in his experiments that all soils absorb ammonia from its solutions, clay doing it best, and organic matter worst, the difference in other soils being but slight. He ascertained, however, that the whole of the ammonia was never, in any case, entirely removed, however strong or weak the solution of it was, and that water would subsequently wash it out again, to some extent, though not completely. Potash salts were most freely absorbed by clay, and hardly at all by sand; and with respect to the phosphoric acid of soluble superphosphate, it is absorbed and rendered insoluble by all arable soils—chalky and marly soils acting more powerfully than clay or sand—the change being not immediate, but the work of time, and requiring a large proportion of soil.

The agents which are chiefly concerned in these remarkable effects are alumina and hydrated oxide of iron, with lime and other bases. Warrington, indeed, has proved that, although all the constituents of a soil, except quartz, have the power of absorbing manurial elements, yet alumina and hydrated oxide of iron possess it to the largest extent, the order of absorption being as follows:—for acids, phosphoric, carbonic sulphuric, muriatic, and nitric; and for bases, ammonia, potash, magnesia, lime, and soda—the form in which the base is best appropriated being the hydrate, phosphate, or carbonate; the sulphate, nitrate, and chloride being but slightly absorbed. The extent to which the solution is diluted is also a matter of considerable importance; for, although Liebig and some others are of opinion that the soil will appropriate the manurial elements of a solution, no matter how dilute it is, yet Voelcker has proved beyond all question that weak solutions, like sewage, will actually remove those elements from a soil, and that unless a plant is growing,

and is therefore able to appropriate the elements of sewage at the time it is applied, there is no power in the soil to arrest the elements, and to store them up for future use, when they are continuously applied in such a weak form. The action of the soil, therefore, under such circumstances, is merely to strain the liquid, and to effect the oxydation of its nitrogenous compounds, which pass away as nitrates and are entirely lost. This is easily proved by an analysis of effluent sewage water when vegetation is inactive, and the plant is unable to appropriate nitrogenous matters; for at such times, the sum total of all the soluble nitrogen in the sewage is found in the effluent water in the form of useless nitrates. It is very doubtful, indeed, whether at any time the nitrogenous matters of sewage are entirely utilised by the plant, even in its most vigorous state of growth, and whether the plausible theories which are so rife concerning the value of ammonia, &c., in sewage, are not altogether erroneous. A glance at the table which is given at page 46 of the Third Report of the Commissioners appointed to inquire into the best mode of distributing the sewage of towns (1865), will show that the amount of soluble organic matters of sewage, as estimated by the process of incineration which was then in use, is not very different from that in the effluent water.

"Average Composition of the Sewage and Drainage Water collected at Rugby in the Seasons of 1862 and 1863."

GRAINS PER GALLON.

Season 1862—*May to October, both inclusive.*	Soluble Organic Matter.	*Season* 1863—*Nov*, 1862, *to October*, 1863, *both inclusive.*	Soluble Organic Matter.
Five acre field—		*Five acre field—*	
Raw sewage . .	7·83	Raw sewage . .	8·35
Effluent water .	7·18	Effluent water .	7·46
Ten acre field—		*Ten acre field—*	
Raw sewage . .	7·60	Raw sewage . .	8·30
Effluent water .	7·83	Effluent water .	7·98
The two fields—		*The two fields—*	
Raw sewage . .	7·71	Raw sewage . .	8·32
Effluent water .	7·56	Effluent water .	7·73

These were the results of sixty-two analyses; and in commenting on them the Commissioners say that, "of the matter in solution, a gallon of drainage water contained sometimes more and sometimes less, but on the average much about the same amount, both of organic and inorganic as a gallon of the sewage." In criticising this remark, the Commissioners appointed in 1868 to inquire into the best means of preventing the pollution of rivers (First Report, 1870, p. 71) say,—"There can be no doubt that these results, and the statement founded upon them, so far as it relates to organic matter, are erroneous, and that the cause of the fallacy lay chiefly *in the absence of nitrates in the raw sewage, and their presence in large quantities in the effluent water.*" But in many cases, the oxydation is far from being complete, especially when the land is overtaxed. Professor Way says that if sewage be put upon a soil in larger volume than about 1,500 tons per acre per annum, even with rich growing Italian rye-grass, the sub-soil water is foul. The same fact was observed by Mr. Westwood, of the Annerley School Farm, who found no difference in the results, as regards the crops of rye grass, whether he used 1,500 tons per acre by hose and jet, or from 8,000 to 9,000 tons per acre by open carriers; but in the latter case the effluent water was almost as foul and as high coloured as the original sewage. In the experiments at Rugby, Mr. Lawes noticed that, although there was an additional crop of grass with an increased flow of sewage, yet it was by no means in proportion to the quantity used; for, while with 3,000 tons of sewage an acre he got 22 tons of grass, yet with 6,000 tons an acre he got no more than about 28 tons of grass, and with 9,000 tons an acre only 32 tons of grass. It is evident, therefore, that neither the plant nor the soil is capable of appropriating all the manurial elements of sewage, and that, therefore, they must pass away in a more or less oxydised and useless form.

This brings us to a question of great practical importance, namely, how much sewage can be profitably and safely applied to a given area of land. On this head, as on every other, there is the greatest difference of opinion, although it results generally in the fact that the sanitary and commercial aspects of the question are widely opposed, it being impossible to realise agricultural success, with a perfect deodorisation of sewage; for, in one case a large proportion of sewage is required, and in the other a small.

ABSTRACTS OF INTRODUCTORY LECTURES

DELIVERED AT THE

OPENING OF THE MEDICAL SESSION, 1871-72.

UNIVERSITY COLLEGE.

After remarking that "words of advice and counsel had been so often uttered to the new comers," as to make it almost useless again to take up such a well-worn theme, Dr. Charlton Bastian entered upon the topic of *The Nature and Origin of Epidemic and Specific Contagious Diseases.* He now took up this subject because, being "deeply impressed with the difficulties surrounding these great problems, and with the enormous importance of strengthening the foundations of our knowledge in respect to them," he had been induced more than two years ago to investigate some questions which lay at the root of the whole subject. It seemed to him that "no real advance could take place in our knowledge of these diseases until certain other great problems had been settled. What is the real cause of fermentation and putrefaction? Can the organisms which are associated with many of these processes arise *de novo?* These were questions the solution of which seemed of the utmost importance to the science of medicine, as well as to the cause of science generally."

After reviewing the mode of origin and distribution of such morbid products as cancer and tubercle, Dr. Bastian proceeded to show that the knowledge which we have acquired concerning them is capable of throwing "much light upon the history of general so-called 'specific' affections, and their mode of distribution through communities, or from individual to individual." Can cancer or tubercle arise in the individual without any pre-existing hereditary taint? Can the states of blood peculiar to the several specific affections arise *de novo*, or independently of contagion? These are questions whose import and significance are really similar."

The Lecturer then traced the origin of "The Germ Theory of Disease," showing, on the one hand, how it was principally "based on doctrines relating to the cause of fermentation, and on the other, how much all existing evidence was opposed to its truth, except in reference to certain general parasitic diseases, in which minute organisms were known to pervade all the tissues of the body. These parasitic diseases were, however, notably different from the specific fevers, and very many other contagious diseases to which the 'germ-theory' had been supposed to apply." The theories of Liebig were then explained in reference to the zymotic diseases, and the

action of their poisons was contrasted with those of other better known organic poisons. An attempt was made to show how the gulf might be bridged which at present appears to separate the effects of snake poison from those of hydrophobia and other contagious affections, in which the virus is reproduced within the body.

After having alluded to the evidence which we possess concerning the "spontaneous" origin of very many of these maladies, the Lecturer said :—

"Now the remaining members of the group of specific infective diseases are varicella, whooping-cough, measles, scarlet fever, and small-pox. The knowledge which we possess concerning the mode of origin of these otherwise than by infection is almost *nil*. They differ amongst themselves, it is true, as regards their degree of infectiousness : but, as others have suggested, they are probably more strictly dependent upon individual states than upon external conditions, and, consequently, are more baffling to those who attempt to fathom their causes. Measles, scarlet fever, and small-pox, are undoubtedly amongst the most contagious of diseases, and, therefore, are the chances always strongly in favour of their contagious origin in any given case. But should this satisfy us? Should we be content to say that even measles, scarlet fever, and small-pox are propagable only by means of contagion, and cannot arise *de novo*? Are they not strictly comparable with many other general infectious diseases which undoubtedly arise 'spontaneously?' Do we not see amongst those which may so arise that the degree of contagiousness is altogether variable? Does not this seem gradually to increase in each affection, as the off-cast particles have tendencies to undergo molecular change which are more and more capable of initiating chemical actions of a spreading character in the blood or mucous surfaces of ordinary individuals? And does not the diminishing contagiousness of different diseases seem to be due to the fact that off cast particles are less and less capable of acting upon the healthy fluids and mucous surfaces of the body, but require that these should be altered, now by one set of agencies affecting the general health, and now by another, before such particles can initiate those changes which lead to the evolution of one or other of the specific poisons within the body? Whooping-cough, measles, scarlet fever, and small-pox, would in this case be merely the last terms of a series, differing from the other members simply in degree, but not in kind—and therefore as capable of being generated *de novo* as either of the others, although much more capable than they are of being disseminated by means of contagion.

"If we reject this notion, what remains for us? The germ-theory is quite untenable—the analogy which has been thought to exist between the causes and nature of certain diseases and the specific and unalterable characters of living organisms is erroneous in both its aspects. And even if the diseases are *now* only propagable by contagion, just as the higher living things are propagable by reproduction, they must nevertheless have originated once; and if once, why not now? Or, declining to admit even so much, shall we refuse to bear our own burdens? Shall we shift the difficulty, and suppose that the poisons of syphilis, measles, scarlet fever, small-pox, and other diseases, have been evolved amidst the unknown conditions obtaining upon the surface of an unknown world, whose disruption has scattered them broadcast, and conveyed them to us, with other never-dying germs, upon the verdant surface of a 'moss-grown fragment?' With such alternatives, surely our choice cannot be doubtful."

In conclusion, Dr. Bastian said :—

Let us not be blinded, however, by any narrow or exclusive theories which would teach us that epidemic and infective diseases cannot arise *de novo*. Let us, instructed by a broader survey of the facts, assign no such limits to natural possibilities, and not lightly accept theories which lead to supineness, when we ought to be stimulated to exertion. Whilst accepting to the full all doctrines which inculcate the necessity of diminishing the chances of contagion by every available means, let us, full of hope, diligently seek also for the causes which engender even the most contagious of diseases. Prevention of disease is *the* grand end and aim of medicine ; if, then, we have learned from the sad lessons of experience that scarlet fever and small-pox are virulently contagious diseases ; if, even in ninety-nine cases out of a hundred, or even in a still larger ratio, both of these diseases are acquired by contagion, then is it all the more important that we should strive to ascertain what are the invariable and immediately antecedent sets of conditions, or states of system which suffice actually to engender these maladies. In such cases knowledge and power are most frequently convertible terms. Next to typhus fever, the most fatal of the infective diseases which occur in this country are scarlet fever, small-pox, measles, and whooping-cough. The ravages of typhus in our crowded cities and in our jails have been enormously curtailed, not so much because of its diminished spread by contagion, but rather because we have learned what are the causes which engender it, and are, therefore, better able to prevent its occurrence. Let us strive, then, to acquire a similar knowledge concerning scarlet fever, small-pox, measles, whooping-cough, and other contagious diseases, and so endeavour, in the most efficient manner possible, to check the ravages of these *morbi populares*.

Time will not permit me even to allude to the many other interesting and important problems which still remain to be solved in reference to these diseases. What I have said, however, will, I hope, suffice to inspire you with a sense of the great difficulty of the problems which you will subsequently have to face ; and, therefore, to make you feel the urgent need for diligent, patient, and honest work all through your career —without which you will not be able conscientiously to accept the high responsibilities that will subsequently devolve upon you as practitioners of medicine, and without which no real advance in knowledge can ever be made.

ST. THOMAS'S HOSPITAL.

THE Lecturer first referred to the removal of the hospital from its former site to its present position, contrasting the two, and paying a well-merited compliment to the treasurer, Sir Francis Hicks, for the untiring energy he has devoted to the completion of this great work, and likewise to the governors for their enlightened appreciation of the importance of making suitable arrangements for a large medical school. He then gave a brief history of the origin, foundation, and development of the hospital, from the earliest notice of its existence to the present time ; and subsequently referred to many circumstances of interest recorded in the chronicles of the establishment. The names of the various medical officers who have been attached to the hospital, and whose reputation has been handed down to us, were next noticed ; and the Lecturer especially dwelt on those of Cheselden and Mead, whose busts have been presented to their alma mater by the "Old Students."

The sudden death of his late colleague, Mr. Solly, was alluded to by the Lecturer, who remarked that they had been associated at the hospital through life, and that he could not recall a single hour during which the harmony of their intercourse had been interrupted.

Having contrasted the existing with the past system of hospital education, the Lecturer dwelt at some length on the relative duties and responsibilities of teachers and pupils ; and alluded to the deep interest he felt in the proposed arrangement for amalgamation between the incorporated bodies and the universities, with a view to having one common portal by which all candidates may obtain a qualification to practise their profession.

The lecture was concluded by a personal appeal to the students, and the expression of a confident anticipation that the future career of the new hospital and school would prove worthy of its past history and of its existing habitation.

MANCHESTER ROYAL SCHOOL OF MEDICINE.

THE Opening Lecture at this institution, by Mr. R. T. Hunt, Demonstrator on Diseases of the Eye, was chiefly occupied in explaining the lecturer's views upon education. Speaking of anatomy and physiology he said—I fear that the attention of students of the present day is too much devoted to minute or microscopic anatomy, before having thoroughly acquired a knowledge of elementary anatomy. By elementary anatomy I mean that knowledge of all the structures of the body which can be obtained by teaching, by observation, and more particularly by dissection. I do not at all wish to discountenance minute anatomy, but during the course of medical study it is much more material thoroughly to acquire the elementary knowledge before the student attempts microscopic examinations, except under the direction of his teacher. The results of these he will have described to him in the lectures, and he can rely upon these until the advance of medica

science clears up many difficulties connected with minute anatomy. Physiology, which is founded upon anatomy—the knowledge of structure necessarily leading to the use for which such structures are intended—will require your strict attention, and you will in its study at once observe how much remains still unsatisfactory of this important department of medical science. Speaking of the many conflicting opinions and the different theories with regard to the functions of the various parts of the body, the lecturer reminded his hearers that as there are both true and false theories, it should be the business of every student, before accepting any theory, to see what there is to support it and what is said about it by those better able to judge of its correctness than ourselves. Sir Isaac Newton, for instance, no doubt greatly advanced the science of optics; indeed, almost all the rules of what may be called mathematical optics have only been the more distinctly proved correct by the lapse of time. But this does not apply to his theory of the real nature of light, which he supposed to be a material body that passed through transparent substances. According to the opinion of those best qualified to judge, the vibratory or undulatory theory is now proved to be the true one. If, therefore, a man of the transcendant talents of Sir Isaac Newton gave rise to a mistaken theory, scientific students should be very guarded in receiving any theory until it has been properly confirmed by experience. Among what I may presume to call modern fanciful theories is that ridiculous one of Darwin in regard to the origin of species, and of Huxley regarding vitality. Because these theories may be wrong—and are wrong in my humble opinion—that is no reason why we should rashly conclude that other theories presented to us are not right; but we should at all events remember that the only theory which is truly useful is that which is not made for facts but is founded on them. Only some minds are fitted to theorise and generalise, but even the humblest among you can record, from your own experience, facts which may prove valuable as supplying missing links in some theoretic chain. While appreciating in your work the value of such mechanical assistances as the microscope, stethoscope, and ophthalmoscope, you must not place too much reliance upon these aids, to the neglect of your own natural means of acquiring information by observation in the science of anatomy, in *post-mortem* examinations, &c. The lecturer concluded by an appeal to the morals and good conduct of his hearers.

UNIVERSITY OF DURHAM COLLEGE OF MEDICINE, NEWCASTLE-UPON-TYNE.

The address was delivered by Dr. G. H. Philipson, and was devoted to the subject of education, with special reference to the student in medicine and surgery.

The effect of medical studies upon the intellect, first upon the power of attention and of memory, and afterwards upon the faculties of judgment, imagination, observation, and close reasoning, was fully set forth, the necessity of cultivating the power of observation being particularly enjoined. It being stated in studying medicine and in practising medicine, as every disease was a problem half known, half veiled in darkness, and as every patient presented not only what was known, but something peculiar and special, the practitioner of medicine had to make a constant reference to his memory and to his judgment, with the object of precisely interpreting its nature and its probable issue. It being to the discriminating exercise of observation that we are indebted for all that is known of the causes of diseases, as the recognition and interpretation of symptoms, and of the distinctive features of the different maladies.

The importance of constantly aiding the teaching of the lecture-room by the practice of the hospital, was then insisted upon. The two modes of study were to be conducted together. The knowledge contained in books was to be imprinted by the lesson of the ward, and the actual phenomena of disease was to give life and interest to the systematic description. Both were necessary, and the student would do justice to himself or to his art, if he showed energy in either mode of teaching.

The student was advised to repress all independent inquiry, to accept what was told him, without seeking to pass into the domains of original investigation, and to be satisfied with what might be termed the routine of science, until he was quite sure that he would avoid confounding probability with ascertained fact, and he was able to subject all doubtful explanations to the test of a rigid logic. For as in his case speculation could not be corrected by direct experiment, and as imagination was best kept in bounds by a sufficient breadth of knowledge, he would arrive at conclusions which were utterly untenable, and form inferences which a deeper study would have shown him to be impossible.

After alluding to the obligations of the profession, and of the manner in which the practitioner of medicine was expected to conduct himself to his patients, to his professional brethren, and to the public, the lecturer said that the student had necessity for such attention that was about to enter upon a profession, which, if he would do justice to himself, would inevitably elevate him. But as the intellect has to lessen half of, and as the brightness of mere reason was eclipsed by the beauty of moral worth, the profession has to be entered upon with the object of elevating the moral faculties, as well as the perception and reasoning, whereby he would be enabled to act towards all men with justice, faith, and tenderness.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 11, 1871.

QUALIFICATION FOR IRISH COUNTY INFIRMARIES.

We understand that the recent election of Dr. Alton to the surgeoncy of the Tralee infirmary, of which we gave a full report some weeks since, is about to become the subject of an application to the Queen's Bench by Dr. Lalor, who was rejected by the casting vote of the chairman, and now contests the validity of the election—he does so on several grounds. He alleges that certain of the electors who voted were not qualified, and that the chairman was not entitled to a casting vote, having already voted as an individual governor. The principal ground of this application is that Dr. Alton does not possess the necessary qualification.

By the 36th George 3rd, Cap. 9, Section 3, it is provided that a candidate for surgeoncy to a county infirmary in Ireland must have obtained the Letters Testimonial of the Irish College of Surgeons. Dr. Lalor holds this qualification, but Dr. Alton does not. He is a Member of the London College, and Fellow of the Irish College, cooperated during the year of grace, 1844. The questions then at issue are, firstly, whether the 36th of George 3rd

ever was repealed, and secondly, whether Dr. Alton's fellowship is equivalent in privileges to the Letters Testimonial. As to this latter point some question may arise. The preamble of the supplemental charter under which the college exists, provides that the fellows of the college shall enjoy all the privileges of membership, but the 15th clause which arranges for the co-operation of medical practitioners to the fellowship during the year of grace has *not* the same proviso extending all the privileges of licentiates to fellows which is to be found in the clause, under which examination fellowships are conferred. We cannot say how far an Act of Parliament may be governed by a Royal Charter, but it appears to us that a fellow by examination would, under this latter clause, be entitled to discharge and fill all the offices of which Licentiates might have a monopoly.

JOHN HUNTER.

Some of our readers know, and as all ought to know we may announce thus prominently that it is proposed to place a memorial window of the founder of the greatest museum in existence, in the new parish church now nearly finished at Kensington.

The proposal is due to the initiative of Mr. Frank Buckland, who, in *Land and Water* last July, more than half accomplished his purpose, by the excellent sketch he issued of the great surgeon. It was in Kensington that the father of scientific surgery resided for thirty years, and the parish in which he carried on so many of his researches may appropriately commemorate him. It was Mr. Buckland, if we remember correctly, who discovered the remains of Hunter under the church of St. Martin's-in-the-Fields, and to his exertions we owe it that they were removed to their present resting place in the National Mausoleum.

We take from a recent sketch the following dates :—

1728. Born at Calderwood, N.B.
1747. Arrives in London.
1749. At Chelsea Hospital.
1751. At St. Bartholomew's.
1754. Entered St. George's Hospital.
1756. House Surgeon there.
1759. Staff Surgeon.
1763. Returned to England.
1764. Purchased Earl's Court House, Kensington.
1767. Elected F.R.S.
1768. Surgeon to St. George's Hospital.
1771. Marries Miss Home.
1775. First lectures on Surgery.
1776. Surgeon-Extraordinary to the King.
1786. Deputy Surgeon-General to the Army.
1788. Portrait taken by Sir Joshua Reynolds.
1793. Died in the room adjoining the Board Room of St. George's Hospital, on October 16th.
1859. John Hunter's remains discovered by Frank Buckland under the Church of St. Martin-in-the-Fields, and removed (by the Royal College of Surgeons of England) to their final resting place, on the North side of the Nave in Westminster Abbey, 28th March, 1859.

To this we beg to add the conclusion of Mr. Buckland's admirable sketch in *Land and Water* :—

Close to the mulberry-tree at one corner of the field is an artificial mound of earth very much the shape of an ancient burial tumulus such as we see on the Downs. The west side of this mound has a passage in it leading to three cellar-like vaults. This is even now called the "Lion's Den," and there can be no doubt that John Hunter used to keep his lions and leopards in this place.

His sitting-room windows face this den, so that he could readily watch the animals from his easy-chair. This is doubtless the den from which his leopards escaped, the incident of which is thus recorded :—Two leopards broke from their confinement, and got into the yard with the dogs ; a fierce encounter immediately commenced, the noise of which alarmed the neighbourhood, and quickly brought out Hunter to enquire its cause. He found one of the leopards engaged with the dogs, whilst the other was making his escape over the wall ; and instantly, though quite unarmed, he ran up and laid hold of both the animals, which fortunately submitted to be led back to their den and secured. When the danger was over, however, he became so agitated at the recollection of it, that he fainted.

I closely examined these dens, but could find nothing but a very old decrepid wheel-barrow, which might have been John Hunter's from the look of it. In the largest den, however, I found a post and iron chain, such as is used for tying up cattle. The block of wood at the end of this chain is very old and worm-eaten, the chain also was very much worn. I think there can hardly be a doubt that this was the post to which John Hunter used to tie up the little bull which the Queen gave him, and which little bull nearly killed the great John ; for the story goes that one day when wrestling with the bull the beast knocked him down, and would have gored him severely had not one of the servants driven the animal off with a stick.

On the top of the "Lion's den" there is a little rampart made of bricks and tiles, after the fashion of the top of a castellated tower. The legend is that John Hunter kept a gun here, which he used to fire off occasionally, a sort of private fortress, in fact ; gun or no gun there is an excellent look-out from the top of the "Lion's den." In John Hunter's time Earl's-court was quite in the country, and from the "Lion's den" he would have had a good view of Westminster Abbey, little thinking he would ever be buried there. Near this place is a gateway, but neither I nor Merriman could make out whether this was a "dummy" gateway or intended for use ; but depend upon it, John Hunter put it there for some purpose. His town house was situated about the middle of the eastern side of Leicester square, and extended through into Castle street, and here he established his museum. He used to drive a pair of bay-stone horses to and fro from Leicester square to Earl's-court. Foot writes :—"On being told of his death at St. George's Hospital, on the 16th of October, 1793, on the same day I recollect having seen his bay-stone horses returning through Piccadilly home without their master, and this circumstance introduced to my reflection the sympathy which Virgil has attributed to the war-horse of young Pallas in his funeral procession" :—

"Post Bellator Equus positis insignibus Æthon
It lachrymans."

As I stood on the "Lion's den," I imagined this same carriage, with the high-stepping bay stallions, their coachman in tears, turning in for the last time to the very gateway after Mr. Foot had seen them in Piccadilly on the 15th October, seventy-eight years ago, and I pictured to myself the consternation and grief spread like wildfire through the establishment by the sad news of the master's sudden death. From that day the glories at Earl's-court then set. There can never be another John Hunter.

I have thus endeavoured to describe Earl's-court, the residence of our great and illustrious founder. During my visit there I almost imagined that I was in the presence of the great man himself, so little is the place changed. I wish, therefore, to call the attention of my brother medical men, and the scientific world in general, to the above facts. Mr. Merriman has kindly informed me that he will send to anybody who asks for it a picture of John Hunter's house and the "Lion's den" as they now stand, from drawings made by Mr. Arthur Roberts.

Earl's-court may disappear, but the memory of John Hunter will still be kept up in Kensington by the memorial window which it is proposed to erect in the new church. The larger the subscriptions, the more beautiful will be the memorial.

I cannot, I think, conclude this slight sketch of the great John Hunter better than by quoting the words of Sirach as recorded in the Book of Ecclesiasticus :—

"Let us now praise famous men and our fathers that begat us."

"Leaders of the people by their counsels, and by their knowledge of learning meet for the people wise and eloquent in their instructions."

"All these were honoured in their generations, and were the glory of their times."

"Their bodies are buried in peace; but their name liveth for evermore."

"The people will tell of their wisdom, and the congregation will show forth their praise."

June 30, 1871. FRANK BUCKLAND.

Notes on Current Topics.

One of the Hardships of the Lunatic Asylum System.

So much has been said on some points of our Lunacy Laws that it may be well to bear in mind the possibility of other hardships. We learn from the *Waterford News* the following facts :—

"A constable was called upon to take into custody a woman whose strange conduct led to the supposition that she was a lunatic, a belief afterwards proving correct. The woman, whose name was found to be Eliza Redmond, and a resident in Johnstown, was arrested, and was certified by Dr. Jackman as suffering under idiotcy; but of course it required two magistrates, as well as the doctor's information to admit her, and, two justices not being comeatible at the moment, the unfortunate woman was committed to jail on a warrant signed by Mr. Goold, R.M., who could not do otherwise, on the ground that she had no visible means of support, and was unsafe to leave at large."

The *News* adds—

"This poor idiot paid the penalty of being bereft of her reason by remaining as a common felon in our city prison until Monday morning, whence she was then conveyed to the Police Office, where the Mayor and Capt. Brenan were presiding, and there placed in the dock, a smiling, trembling, harmless idiot in the midst of some unfortunate drunkards, a seeming felon in the eyes of the public, made so by the beneficent (?) lunacy laws of Ireland. When a fitting time arrived, Dr. Jackman's certificate was produced; the necessary certificate received a requisite double magisterial signature, and the poor woman, after about forty hours' imprisonment for being idiotic, was taken to the asylum. Could there be anything more monstrous conceived? Anything more fearfully unjust? An incident of the kind needs no argument to point its enormity. Why should one of God's creatures be thrust into a prison simply because he or she may be an idiot, with a large and costly asylum at hand which, we are told, is paid for by the ratepayers for such poor creatures, for their possible cure? Why should the fearful visitation of lunacy be rendered still more bitter to the friends of the afflicted being, by having him or her marched to prison, and kept there as a criminal for thirty-six hours? Surely there is nothing to prevent the adoption of the simple and fair process of admitting a lunatic to his or her peculiar asylum in the same way as a pauper is taken into the refuge prepared for him, and deserving paupers are not treated as criminals for being poor? If the relieving officer and the dispensary doctor, who are always at hand, had the power of provisionally admitting in those cases, as the former officer has under the Poor-laws, what a large amount of injustice would be prevented; what a world of unnecessary trouble would be obviated? The governors, like the Poor-law guardians, meeting once a week, as they should meet, would have those provisional cases before them; the claims put forward on their behalf would be investigated: justice would be done, and a painful visitation mitigated as far as possible."

A Strongylus Expelled from the Urinary Passages.

A GENTLEMAN, aged sixty-three, says Dr. Amath Dubois, came (*Courr. Méd.*) to Vichy in 1869 with some curious symptoms—cold feet and hands, inappetence, nausea, acidity, and eructations. Liver large and hard, urine copious; sight unfeebled. In 1871 another season at Vichy with similar symptoms. He got much better when hæmaturia set in, with much sand and gravel in his urine. On 10th June, 1871, new hæmaturia to a considerable extent, in the midst of which were found several worms, which were recognised to be strongyli. At least forty were passed.

Registration.

IT is really too bad of the College of Surgeons and the Apothecaries' Company, to expect students to register within their walls. One registration is enough, and that of the General Medical Council is the only one necessary. We advise students to strike against college and hall. Let them only refuse in a body to comply with the stupid regulation, and it must be rescinded. The College of Physicians now gives a licence which is recognised as a qualification in surgery as well as medicine. It asks no registration, and armed with it candidates could offer their money at Lincolns Inn and Blackfriars, without fear of rejection. To be obstinate would be to starve.

Ergot of Rye in Port-Partum Hæmorrhage.

DR. TIBONE (*L'Independente*) mentions the case of a woman, aged thirty-seven of sanguine temperament, who came into hospital 17th April, and gave birth on the same day to an eight month's child, without any reason being given why she had been thus prematurely delivered. Half-an-hour after the accouchment, although the placenta came away naturally and complete, the uterus remained inert, and hæmorrhage came on. This was soon arrested by a dose of ergot of rye.

Dispensary Work in Ireland.

IN the course of a sworn investigation held lately at Ballylady, near Walle, Dr. Hurley, a gentleman who had acted for a short time as a substitute for the local medical officer swore—

"The district is the most awful one I ever went into. I would not take £500 a year to do the duty, for it was eight o'clock at night when I finished the duty, and I travelled over fifty miles that day."

THE *Practitioner* contains an editorial on the recent poisoning case at Melksham, which echoes the opinions already put forth in the MEDICAL PRESS, and condemns as unequivocally as we did the coroner, fully exonerating at the same time Dr. Meeres.

Excessive Doses of Opium Tolerated by a Child.

THE following letter appears in the *Boston Med. and Surg. Journal* :—A case of morbus coxarius has recently come under my notice in a girl of eight years, suffering in the third stage of the disease, who takes one drachm of sulphate of morphia, in scruple doses, during the twenty-four hours, so tolerant is the system of the drug and so great is the pain. Never before this have I known so large an amount of the drug to be taken at once, in so young a person, without narcotism being produced. Yours very truly, M. L. BATES, M.D., Canaan, N. Y.

Sewage.

THE great sewage question is exciting renewed interest. It is our privilege to place before our readers one of the most valuable series of reports ever issued. These we recommence to day, and in a few more numbers they will be complete. We have no hesitation in claiming for them the very highest place in the literature of the subject. Many of the facts therein made plain, have not yet received the notice they demand, and as stated at the beginning of these articles, the authority on which they appear is the very highest.

A Voice from the Crowd on Medical Charities.

AN esteemed correspondent and contributor sends us a letter published in the *Nottingham and Midland Counties Daily Express*, and which he says was nobly written by a real workman. Touching as it does upon a subject of great moment to the general practitioners of this country, it appears to him to be worthy of republication in all the Medical Journals. Our correspondent adds :—"Such sound political economy and rare common sense deserve more than a passing record."

We extract a few passages from the honest workman's letter :—

I have long felt the degradation that is brought upon my class by the habit which we, as a body possess, of ignoring self-help and trusting in our hour of need to the efforts of the benevolent. The sublime sentiment which I have more than once heard expressed—"I will enjoy what I work for as long as I can, and when I can do so no longer the parish may do for me," is carried out in practice by thousands in our midst. . . . . I do not hesitate to say that of the total of 18,994 patients who were the recipients of medical charity last year, 10,000 ought to have done and could if they would make provision for their medical needs, and that without encroaching on the necessities of life ; nay, the means of securing those necessities would be increased in many instances, because the provision made would mean so much less spent in intemperance, which itself is the origin of very much ill health. . . . . It is time something was done to open the eyes of working people to their degrading dependence on charity for relief in the hours of trouble. It is a dishonour ; a foul stigma upon the whole of our class ; it robs us of becoming dignity and proper self-respect. How can it be otherwise when we wilfully waste our own substance in wasting our health and then as dejected applicants solicit succour for its repair. Is it to be wondered at that we are so frequently looked upon as inferior beings when we lower ourselves daily and hourly by knocking at the doors of the well-to-do and prudent, and in the supplicant attitude of beggars crave aid and assistance on behalf of ourselves, when we have had every opportunity of proudly buying it ? I wonder any persons can so humiliate themselves, so degrade themselves, be so lost to their own manliness as can possibly, by any provision, secure help in sickness through their own efforts. I am aware there are too many who must depend upon charity for their succour ; people so poor that pence are a considerable addition to their income, but they are a small minority compared with the great majority who reduce themselves to this same level of poverty and dependence, and against whom I make this protest. It is fearful to think that the spenders of seventy millions yearly in drink, besides what they spend in tobacco, are continually asking the aid of the benevolent ; and what is more the very people who are the first to ask aid of the rich are the first to rail against their pride and tyranny, and to speak of them as oppressors.

Morphia Valerianate and Tincture Gelseminum in Asthma.

DR. ANNANIAS W. SAWYER states in the *Journal of Materia Medica* that he has found in morphia valerianate a real charm, one or two doses producing in a very short time all the benefits derived from a certain emetic and expectorant. Relief is followed by much nausea and great prostration, but the respiratory organs are left cumberless and free. The nausea and prostration last several days. He uses this powerful agent only when the usual remedies prove powerless, and "the mysterious giant gelseminum cannot break loose the suffocating grasp of this cruel monster." Lobelia, stramonium, gelseminum and all other expectorants and anti-spasmodics have failed in his hands, while the valerianate has in every instance promptly succeeded ; but the effects of the remedy invariably make the patient think that he has paid "too dear for the whistle." Dr. S. gives medium doses of the valerianate uncombined every half hour until it acts as an emetic, and has never had to dispense more than two doses in any one attack.

Disinfectants.

AN interesting meeting of the Royal Pharmaceutical Society of Brussels has been lately held, at which the subject of the disinfecting property of certain supposed disinfecting and antiseptic substances were discussed. M. Créteur has made many experiments, and he shows that nothing is comparable in effect to a mixture of sulphate of iron and chloride of lime in its action on organic putrefactive matter. He shows, by a double series of experiments on blood, the injurious action of fœtid gases in the blood. Nothing is easier than to prevent animal decomposition by causing them to undergo the action of oxygen. He showed a piece of veal preserved in water for three weeks by this method.

From these experiments the author concludes that all substances capable of assimilating hydrogen products, or causing a formation of oxygen ought to be considered as disinfectants.

THE contest for succession to Oppolzer in the Faculty of Medicine of Vienna is divided between M. Kœrner, known by his works on the "Motion of the Heart," and on "Fever and Tuberculosis," and M. Bamberger, Professor at Würzburg. According to the *Vienna Medical Gazette*, the first of these candidates is certain of success, as Professors Skoda and Rokitansky, who are in the confidence of the Minister of Public Instruction and of the Emperor, are favourable to his candidature.

Vaccination.

THE Council of Public Hygiene of Paris, consisting of an eminent quintaine, Beaude, Bouchardat, Michel Levy, Vernois, and Delpech, have issued a report on the recent small-pox epidemic. They say the reproaches against vaccination are unjust in every respect. It has, in no respect lost its power of preservation from small-pox. The only method of putting an end to epidemics of this disease is to effect the greatest possible number of vaccinations. Re-vaccination practised with the necessary precautions presents no danger whatever. It ought to be effected at ten or fifteen years of age at latest, and repeated every four or five years, as long as it does not produce a regular pustule.

Patients attacked with small-pox should be completely isolated in special hospitals, far from centres of population.

Carbon Bisulphide, Rhigolene, and Olæum, Menthæ, Piperitæ, as Local Anæsthetics.

DR. S. R. NISSLEY. of Pemberton, Ohio, says he has been in the habit of using the bisulphide of carbon as a local anæsthetic for several years in facial neuralgia, hemicrania, odontalgia, and lumbago, the speedy relief it affords is almost instantaneous. He puts a pledget of cotton into a wide-mouth bottle, saturates it with the bisulphide and applies it to the painful part, as soon as the patient complains of smarting sensation, he changes the bottle, carefully following the course of the principal nerve that seems to be involved. He has formed a combination of rhigolene and the oil peppermint as a local anæsthetic most successful in a number of neuralgia cases ; recently he has been in the habit of adding an etherial collodion to the compound, and reports in the *Journal of Materia Medica* that this combination is a specific, which will under almost any circumstance, when the part is accessible, relieve the patient instantaneously.

ACCORDING to the *Standard's* Correspondent, the sanitary state of Berlin is a great danger, with cholera not far off.

THE noisy set of students this year seem to have gone to St. Thomas's and Guy's had peace. We may admit, however, that at St. Thomas's they were not well treated.

THE *British Journal of Dental Science* contains an appeal on behalf of the widow of the late Horace Wells. We hope it may be successful.

THE *Globe* last week had several articles of professional interest. One on medical charities is deserving of special mention.

ACCORDING to the *South London Press* the new system adopted at St. Thomas's Hospital for the ventilation of the building, is a failure.

THE first meeting of the 99th session of the Medical Society of London, will be held on Monday, October 16th, at 8 p.m., at the Society's Rooms, 32a George street. Mr. Gay will read a paper on "Crural Venosity."

SEVERAL of the hospitals commemorated the opening of the schools on the 2nd inst., by a dinner.

THE Director-General of the Navy is to be a member of the senate of the Army Medical School at Netley. Quite time !

PROFESSOR KURSTEN of Vienna, has been suspended from his functions, because he had rejected 90 out of 102 candidates in his botanical examination.

IT is reported that the governors of Bethlehem Hospital are about to build a branch establishment for insane and convalescent patients at Witley.

THE new number of the *Journal of Mental Science*, opens with the address of the President of the Psychological Assoc iation, of which we have already given an abstract.

THE cholera epidemic at Constantinople may now be considered at an end. On Friday there were only three cases. The deaths during the last few days from the disease wore 150.

THE Small-pox Hospital inquiry still "drags its slow length along" to the utter disgust of the public. It seems as far off as ever from a conclusion. When both sides have been heard it will be time enough to consider its lessons.

THE "Lectures on Diseases Peculiar to Women," by Dr. Atthill, which recently appeared in this Journal, have been revised by the author, and are now published in a separate form by Fannin and Co., Grafton street, Dublin.

PROFESSOR ATTFIELD has revealed an attempt to poison through the post. A packet of tea was sent through the parcel's post to a lady, who concluding that it was as an advertisement and that a letter would soon follow, rashly tried it. Every one who tasted it suffered.

THE feud between the medical officers and the Southampton Board of Guardians appears to have not one whit abated. The appointment of Mr. Archer, homœopath, in lieu of Dr. Griffin resigned, had not been confirmed by the local Government Board at the time of going to press.

IN London, according to the last weekly returns, there were 1,390 deaths registered, being five above the average of the corresponding week in ten preceding years. Deaths from small-pox and diarrhœa show a satisfactory rate of diminution as compared with preceding weeks.

THE Austrian Minister of Public Instruction has arrived at a remarkable decision. He is about to issue to the professors of all the Austrian Medical Schools, a circular requesting them to transmit to him at the end of each year, a statement of the work which they had done during the year, either as *savants* or as professors. The note is to include all their practical labour as teachers, their laboratory work, their researches, and their publications either in books or journals. These notes will be compared, and on them promotion will rest.

Hospital Reports.

CITY OF GLASGOW FEVER HOSPITAL.

Post-febrile Insanity, complicated with Hysteria, cured by Cold Baths.

(Under the care of Dr. Russell.)

The resident medical officer, Dr. William MacEwen, M.B., reports in full, in the *Glasgow Medical Journal*, an interesting case of a girl, æt. fourteen years, who was admitted to the City of Glasgow Fever Hospital, Belvidere, on the 26th February, 1871, insensible, delirious, muttering, and covered with a copious typhus rash, apparently in the ninth or tenth day of typhus. She continued in a low state, being sleepless and delirious, passing her motions in bed, having a feeble pulse, ranging from 120 to 132, until the 1st of March, when she began to improve. Convalescence was so slow and protracted that she relapsed on the 28th March, became delirious, very violent, and attempted to get over the window. She had to be fed through the nose much against her will, and made but little progress.

On the 1st April her pulse was 88 and good. She had slept none the previous night. Her bowels had been freely moved. Showed her tongue partially, but on desiring that it should be protruded further, she withdrew it and shut her mouth firmly. After the usual dose of morphia, she slept for three hours.

A few days afterwards it was thought advisable that the hysterical element, which seemed to preponderate, should be treated, and, with this view, she was ordered a cold plunge-bath. She resisted going into the bath; but after it had been given to her she walked quietly to her bed, and fell sound asleep. When she awoke she took a meal for the first time since the 28th March (nine days).

On the 7th the cold plunge was repeated. She slept soundly the whole of the following night, and took a hearty breakfast in the morning. The cold plunge-bath seemed to have a sedative effect, as she always slept soundly after it. The feeding by the nose was no longer continued, as she took her food with eagerness.

On the 8th, having slept soundly all night, she had another cold plunge, after which she ate well, and spoke sensibly to the nurses for the first time. At the visit she showed her tongue, gave her hand when asked, and answered intelligently. She ate anything that was given her with great eagerness, and was soon discharged cured.

Case of Acute Glanders in man.

(Under the care of Dr. J. B. Russell)

This disease is not often observed in man. We are glad to take from our Glasgow contemporary full particular of this case, very carefully reported by Mr. John Weir, M.B., Extra Assistant.

M. C., æt. thirty, omnibus driver, was admitted to the Belvidere Fever Hospital June 21st, 1871, complaining of "soreness" of his body—no part being entirely free except the joints, in which there was neither pain nor tenderness. Skin was bathed in perspiration, and without eruption. Appetite slightly impaired. Tongue moist, unevenly coated with a thick white fur.

Illness commenced eight days previous to admission (i.e., 13th June) with a cough and spit, to which was added, three days after, pain in the right side at the lower ribs. Medicine was given, which relieved the cough, and patient did not stop work until the 18th, when he returned from the stables at ten a.m., complaining of the pain in his side, and adding that he had received a kick from a horse "between the thighs." A poultice applied to the side gave him relief, and he made no further complaint either of this or of the kick from the horse. On the 20th he was still ailing, and the doctor who saw him advised his removal as a case of relapsing fever.

June 22nd (10th day)—Taking solid food, and making no complaint, excepting of the soreness of his body.

23rd (11th day)—No mark of the kick of the horse could be discovered. No improvement. A swelling was noticed in the calf of the right leg while sponging him. More swellings were discovered on examination, and also a blush of inflammatory redness over the metacarpo-phalangeal joint of little finger of left hand.

24th (12th day)—A small peculiar red eruption began to make its appearance on the chest and arms. Redness on little finger was more marked, and in the centre of it a small black gangrenous spot had formed. Tongue was thrust out in a tremulous manner. Pulse 108, full and strong.

25th (13th day)—Pulse 120; temp. in axilla, 105°. Eruption more distinct, with broad angry areola, and becoming pustular. Dr. Russell was asked to see the case, and suggested that it was glanders. The respiration was impeded, and examination of chest revealed dulness in upper third of left back, and lower half of right back. He was still taking fluid food in the shape of beef-tea, stimulants, &c. Urine was passed in abundance. Eruption now consisted of pustules scattered over the chest and arms, varying in size from that of a pinhead up to that of a pea. A few were elongated, or of irregular outline, as if formed by the coalescence of several pustules. The inflammatory blush on little finger had reached one and a half inch above metacarpo-phalangeal joint—the gangrenous spot being now quarter inch long by one-eighth inch broad. On the forearm were four subcutaneous tumours, one about one-and-a-half inch above wrist, and as large as a walnut, without any general signs of inflammation; another, flattened and red, one-and-a-half inch long by half inch broad, situated on the ulnar side of the inner surface of arm, midway between wrist and elbow; and at a corresponding point on the radial side one similar of the size of a pigeon's egg; and the fourth over the head of the radius, equal in size to that on the ulnar side. On the upper arm were three tumours, of the size of a walnut, slightly raised above the surrounding tissues; two situated midway between the elbow and shoulder, one on the outer, and the other on the inner side, the third being on the anterior aspect of the shoulder, this one alone having slight redness on its surface. On the forehead was a rounded tumour, of the size of a walnut, angry red on the surface, and fluctuating on pressure. Over the course of the upper part of nasal duct of left side there was a slight swelling, which appeared to close the duct. There was a considerable quantity of glutinous mucus adherent about the eye. The face, as a whole, was full and congested, and the aspect highly febrile. There was a red blush on the little finger of right hand, similar to that on the left, but without the gangrenous spot. On the right arm, from the wrist to the shoulder, were tumours in the same positions as on the other arm, but not as far advanced. The calf of the right leg was livid, and also presented several indurations. In the thigh, also, along with general swelling, was a number of small tumours. On left leg tumours and swelling much the same, but not so well marked.

26th (14th day)—Patient much weaker, bathed in a clammy perspiration. Pulse 132. Though quite helpless, he raved loudly. Intelligence became gradually obscured, and he died quietly at five p.m.

Post mortem examination.—External appearances—Body muscular and well-developed. On anterior surface of chest and shoulders, and also on external aspect of both arms, especially the left, there is a peculiar eruption. It consists of flattened pustules, which vary in size from a little larger than a pin's head up to that of a horse bean. These are situated superficially in the skin, being covered for the most part simply by epidermis. The fluid contained is more watery than pus. In addition there are several subcutaneous indurations, generally about the

size of a pigeon's egg, and situated in various regions of both upper and lower extremities. The natural outline of the limbs is strangely broken by these projections.

Heart is normal.

Lungs.—On surface of left lung there are a few spots of sub-pleuritic hæmorrhage, but beyond œdema there is nothing remarkable. In right pleural cavity there is a quantity of yellowish fluid, and on the surface of the lung a layer of pretty firm lymph. There are also here several spots of sub-pleuritic hæmorrhage. In both lungs the bronchial tubes are somewhat congested.

Liver.—Somewhat fatty, but otherwise normal.

Spleen.—Slightly enlarged.

Intestines.—The small intestines are normal. In the large intestines there is considerable congestion and exudation towards the lower extremity.

Head.—Calvarium extremely thick, and the dura mater very firmly adherent, especially on the right side. Brain and its membranes somewhat congested, but otherwise normal.

On examination of the swellings referred to as existing under the skin, they are found to be abscesses filled with thick creamy pus. They are of various sizes, and appear to be situated mainly in the muscles, but some of them extend outwards, so as to come in relation with the under surface of the skin. Some, however, actually are in the skin only. These abscesses are very abundant, as is shown by the circumstance that the knife plunged vertically into almost any part of the body comes on pus in some part of the tissues penetrated. The abscesses were all lined by a distinct pyogenic membrane.

In the right knee joint the synovial fluid is very much increased in quantity, but still glairy. The shoulder and ankle joints are healthy.

Dr. Russell says that Dr. Weir took great pains to trace this case to an admitted case of disease in the horse, and he had no hesitation, after the *post-mortem* examination, in certifying the cause of death to be glanders. Experiments on animals have since confirmed the diagnosis. Matter from the pustules on this man's body was inoculated into the thigh of one cat, and blown into the nostrils of another. They both speedily showed signs of illness. In the former the symptoms were much the more acute, and ended in death in twelve days. The latter lived twenty-three days. Superficial sores were found in both animals, evidently originating in deposits of cheesy granular matter such as Virchow describes as characteristic of the local manifestations of glanders, both in animals and in man. With regard to the experiments on animals, Dr. Russell mentions that rabbits were found not to be susceptible. Dr. MacEwen, resident medical officer at Belvidere, has instituted a series of experiments on cats and dogs with this animal poison.

SANITARY STATE OF AN IRISH COUNTY TOWN.

Kells, in the County Meath, is one of the very few Irish county towns whose local boards has the prudence to provide a medical officer of health, and the town commissioners accordingly appointed to that office, Dr. Halton, who in one month has furnished a statement of a very valuable and very alarming character. He describes the condition of the town succinctly, and as we have no reason to hope that other provincial Irish towns are even as well provided with sanitary arrangements as is Kells, we recapitulate Dr. Halton's summary as an illustration of the condition of a sample Irish town under the control of a local government. Dr. Halton says :—

"I find that the sleeping population of Kells every night consists of 2,796 persons. These are lodged in 503 houses, giving an average of a fraction over 5½ persons to each house.

"I will divide the houses into three classes, viz. :—First-class houses, or houses having a room to each inmate —of these there are 101 ; second-class houses, or houses which have over two rooms and under six—of which there are 135 ; and third-class houses, which have only one room each, or, if more, is so over-crowded as to render it dangerous to health—of these there are 272, including the houses set in tenements, which may be looked on as the worst of the class.

"The third-class houses, with the exception of the houses set in tenements, with which I will deal separately, are, for the most part, one-roomed cottages, each containing a whole family, with all its belongings. Sixty-two of these houses have no back door, and no yard ; consequently, all the refuse and filth of the house must go into the street. Ninety-seven houses, though having a back door, have no accommodation whatever in the yard, which is thus, from the necessity of the case, covered with scattered and evil-smelling refuse.

"The number of those houses that have animals lodged with the family is 38, with an animal sleeping population of 46 pigs, 3 mules, 4 asses, and one pony. In the majority of these places the smell in the day time, with the door open, is very bad ; at night, when the family are all in bed, with the door shut, one would say the stench must be intolerable.

"This is bad enough ; but I have no hesitation whatever in saying, that the tenement houses are, in many cases, worse still.

"There are 15 of these dens in the town, with an average population of 12 in each, largely increased each night by a fluctuating number of casual lodgers, and in four of them the permanent inmates number, respectively, 22, 21, 19, and 22.

"It is difficult to speak with calmness of the state in which these poor people are obliged to live—a family, and sometimes two, to each miserable room ; the floors coated with dirt ; the windows closed up with bits of tin or board, or stuffed with rags, thus excluding both light and air ; the staircases rotten, tottering, and unsafe ; in one case the lobby is perfectly unprotected by bannisters, and the wretched mud or plaster partitions between the rooms shake on the least push.

In one of these houses, where seven families reside, there is no accommodation whatever, except an open sewer reeking with filth in the yard common to the house itself, and to the inmates of three wretched cottages behind it.

In another of these houses all the filth of the house is thrown out of the back windows, and forms, in a plot ground immediately behind, which is too small to call a yard, a horrible open dunghill."

Dr. Halton also calls attention to the practice of butchers in slaughtering the animals in their dwelling houses. This is most injurious to the health of themselves and their families, for the blood, no matter what amount of cleanliness is used, soaks through the ground, and there putrefies, sending forth most offensive odours.

The remedy is simple and obvious—namely, the erection of a proper public abbatoir in some convenient site close to the town, which could be used by all, and which might be erected at a trifling expense.

We wish we could say that Dr. Halton was guilty of exaggeration, or that his town is not a fair sample of Irish towns generally. We believe Kells, if it differ at all from similar towns, is in a better condition of sanitation.

CHINA—MEDICAL MISSION-WORK.

Although foreign missionary work has been blamed by many during the last few years for political complications arising in civilised parts of the world, yet there is one form of missionary effort which is certainly not open to this charge, viz., medical mission-work. We refer to the facts detailed in the reports of several of the hospitals in foreign parts in connection with the London Missionary Society, but we derive our warrant for the above assertion from the particulars given in the ninth annual report for 1870 of the Pekin Hospital (under the charge of Dr. Dudgeon). It is not difficult to understand that European remedies, when applied by skilful English practitioners, will often cure not only severe and grave dis-

eases, which, in places like China, are incurable, if only because the native practices are such as to prevent recovery; but also a multitude of simple ailments, which, have generally an unnecessarily lengthy duration, which would be avoided if the cases were left entirely to nature. This greatly impresses the native who has something tangible to show in himself in proof that the doctor's mission is one of peace and utility. His confidence is by-and-bye won, and the way more readily opened to the operation of higher civilising influences. The report of the Pekin Hospital is both instructive and amusing, as it affords many illustrations of the prejudices of the Chinese. The year 1870 was an eventful year. The uneasiness among all classes caused by the sad events at Tientsin in June also affected the attendance at the hospital, although about eighty miles distant. The number of patients in 1870 was 11,061, against 14,420 in 1869. But indications of returning confidence have shown themselves, and the people now seem more friendly than ever. There is one event, however, which has advertised the hospital widely, and given it an improved status, viz., the posting all over the city in December last of a huge placard, setting forth that a great man had been saved from death by the physician of the hospital. The proclamation ran thus:—

"Wu Yun Chung, of the Red Banner of the Han Chiun Tsiang Camp, in order to make known the following notice:—In the 9th year of T'ung Chih, 4th month, and 2nd day, at the review ground of my own banner, at the time of review, the thumb, a portion of my forefinger, and palm of the left hand, were blown off by the explosion of my gun. Immediately I became insensible, and the flow of blood could not be stopped. Doctors and drugs were of no avail. Thereupon I was carried to the English Hospital, situated on the east side of the street to the north of Tan p'ai leu, and I prayed the great venerable English surgeon to cure me, who immediately staunched the blood, relieved me of the pain, and by the evening I could eat and drink. On this account I retained life. I cannot divine any method of recompensing such favour. I therefore have resolved to issue this public notification, that all men may know that the merit of the venerable doctor—in saving and giving life to men—is unlimited."

This announcement has been followed by more placards by grateful patients, a practice imitated, it seems, by the members of the native faculty for the purpose of self puffing. There is a good deal of resemblance in this between the practices of our own country and those of China. Dr. Dudgeon has been taken into the confidence of some great ones of the city—no less awful a personage than the President of the Board of Punishment, and also the family of the Chief Secretaries of State. So European physic is progressing in Pekin. One case was that of a young lady who had a bad leg, baffling the native doctors, and who could not get married because of it. She was cured in two months, to the astonishment of the friends; and this led to the visit of many respectable people (out-patients). *Prince Palin, 500 miles off Pekin, sent some of his retainers to the hospital for a supply of cough mixture.* No one can doubt that the institution is doing much to dispel many of the absurd prejudices that exist, and we are glad to find proofs in the statement that the Chinese are showing an increasing desire for a better acquaintance with foreign ideas as regards medicine, and also appliances of all kinds, and matters of science generally. The Prince, a frequent visitor to the shop lately opened for the sale of *anti-opium pills*, in connection with the hospital is said to have said, after being shown over, "All that is wanted by our people is to know more of you foreigners; the more we know of you the better we like you, and we cannot know you and not like you." Some of the rich Chinese have ordered from England many appliances which, a short time ago, they would never have dreamt of about the pill-shop. The habits of opium-eating and smoking are difficult, of course, to give up, but numbers of people do manage to, and they are aided materially by the pills, a compound of henbane, gentian, camphor, quinine, cayenne pepper, ginger, and cinnamon, wtih Castile soap and syrup. These pills relieve the craving and distress felt on relinquishing the opium. Some thankful patients place the doctor in curious predicaments by the form of their gratitude. The Mongols are very grateful. Pheasants, butter, and a horse made up one present offered to Dr. Dudgeon. But on all occasions it is necessary to accept first a *hadack*, or white silk handkerchief, blessed by the living Buddha or Lamas, who recite prescribed prayers, and they only acquire supernatural virtue after this ceremony. Unless the hadack is accepted, no presents can be given. The actual practice of the native doctors is referred to in several particulars, but we only refer to one. It indicates the little chance which the sick have of recovering when in the hands of native talent. In the use of mercury, the Chinese doctors surpass the most *outre* treatment even of old Indian doctors. *An ordinary prescription is 180 grains of saltpetre and 300 grains of calomel for one dose.* The appearance of one poor patient who applied at the hospital, after taking half this dose, passes description. Her tongue was 1½ inch thick, the gums and jaws of unusual size, the mouth could not be shut, and the tongue hardly be contained in it; the chest and throat were greatly swollen, and swallowing impossible. Death took place in a few days. An individual dosed with mercury always has a pencil tied in the mouth at night, like a bit, to help the flow of saliva, the poison of the mercury, as it is called.

Literature.

LIFE AND THE EQUIVALENCE OF FORCE.*

This is a very remarkable pamphlet, and, if we mistake not, one which will be extensively read by physiologists and persons who occupy themselves with physical science, a constantly increasing number, in our age of what is called *positive science.* Physicians will do well, too, to read a work which will perhaps, for the first time, let them know something about what is meant by protoplasm, and how Force is defined in modern times. Chapter II. of the work before us treats of the nature and definition of Force, a former pamphlet having given a most interesting account of the history of the discovery of the mechanical equivalent of heat. According to Mayer, the word force is used in two different senses: first, any pressure or effort of an inert body to change its state, and, second, the term is applied to that pressure into the space through which it acts. Mayer says the second definition should alone be retained. "Force is that which is expended in the production of motion," says Mayer. Force is merely an affection of matter, and is inconceivable as separated from matter. The potential energy of a raised weight may just as well be called unbalanced falling force. Matter, says our author, without force would be a true state of chaos. It would then have no aggregation, nor any of the secondary properties which that involves. Since the publication of Faraday's paper, Waterston, Challis, Maxwell, Glennie, and others, have shown mathematically that all the facts of gravitation, as well as of other attractions and repulsions, are susceptible of explanation quite as satisfactorily by the supposition of external pressure on the particles of matter as by the prevalent one of attractive forces within them. "As a familiar illustration of the relations of the properties and forces of matter, we may compare the former to the bricks and the latter to the mortar in the building of a house. Without the mortar the bricks cannot be made to take or retain the required form; but when the mortar is once used, its faculty is lost, and it cannot be used again without a fresh store of moisture and other qualities being given to it. So likewise with the forces, for in all work done some part of them is transformed into heat and dissipated; but the properties are like the bricks, which remain there in their pristine completeness."

In Chapter III., on the nature of life, the author, one of the editors of "Fletcher's Pathology," passes a very high eulogium on that writer, who dissents from the opinions of the large party who hold that the proximate principles are associated by common chemical affinity, and still liable to be affected by its laws. The author, in company with Fletcher, holds that in the living body the elements obey laws not merely modified, but entirely different from those of ordinary chemical affinity. To the

* "Life and the Equivalence of Force." Part II. Nature of Force and Life, containing the Harmony of Fletcher and Beale. By J. Drysdale, M.D. Holden, Liverpool. 1871. Pp. 204.

alleged facts in favour of abiogenesis, he remarks that no doubt some unsuspected source of fallacy has been present. No chemical phenomena, in the ordinary sense, take place in living matter, *i.e.*, there are no oxidations, nor formations of acids or alkalies, nor salts, nor of albuminous, fibrinous, fatty, gelatinous, or other matters, and these take place only in the act of passing into the dead state. The science of physiology is entirely different from that of chemistry, and nothing is to be judged of in relation to living matter according to its chemical nature, but solely as pabulum or stimulus, unless inert or a diluent, like water. To the living matter there are no acids or alkalies, no solvents nor constringents such as tan, no fats nor soaps, no ferments nor catalytic agents, no sugars nor alcohols : none of these things to act in the least like the way they act on dead matter,—only pabulum and stimuli. Dr. John Brown, in 1780, raised stimuli to the position of an essential part in what he showed to be an action or process ; and our author tells us that Fletcher was deeply imbued by this idea. The true tests of the nature of the living matter are the reactions it displays with external agents, in the form of pabulum and stimuli ; and these reactions are nothing else than life itself. A large proportion of the bulk of organised beings is not really living, but consists of chemical compounds as we find them after death, and we have thus always before us a mixture of dead and living matter. It is the distinguishing property of fibrine to undergo spontaneous coagulation ; but no such coagulation takes place in muscles till they are deprived of their vitality, when they rapidly become stiff. It is to this cause (says Fletcher), and not to the contraction of the muscles, that the rigidity of the limbs, which soon succeeds death, and continues till the putrefaction process has commenced, is to be attributed. Dr. Beale, in his "Oxford Lectures," says that the chemist can tell us nothing about the molecular condition or chemical composition of the living matter. The albumenoids are no nearer life than the inorganic materials, except in so far as they form a pabulum more easily assimilated by some organised beings. Beale says, "a cell, or rather transparent structureless matter, does, without any apparatus or machinery whatever, and at a lower temperature and in a marvellously small space, and with marvellous speed, much that the chemist cannot achieve, with all sorts of complex apparatus."

In Chapter IV. the author speaks of the anatomical seat of the living matter, and shows how Fletcher comes to the conclusion that vitality does not reside in the muscles, nor in the nervous system as a whole, but exclusively in the grey matter of the ganglionic nerves alone ; and that it is only in virtue of the possession of this matter, universally diffused and intimately interwoven with its texture, that any tissue or part possesses vitality. In 1835, a living moving substance was discovered by Dujardin in the lower animals, which he called sarcode. Afterwards, a similar substance was found by Von Mohl in vegetable cells, and named protoplasm. In 1861, Dr. L. Beale's lectures, at the College of Physicians, proclaimed a discovery, which the author thinks is equal in intellectual merit, if not superior, to the discovery of the circulation of the blood. Beale says, "The name I propose to give to the living or germinal self-increasing matter of living beings, and to restrict to this, is Bioplasm . . a living, white blood-corpuscle is a mass of bioplasm." Our author thinks, with Dr. Sharpey, that the term protoplasm will still be retained to express Beale's germinal matter. As the result of years of independent observation, Beale came to the conclusion that life or vital power is not generally diffused over different tissues or organs, but is restricted to one kind of matter alone in all living things, both animal and vegetable, from the highest to the lowest. Germinal matter is always transparent, colourless, and perfectly structureless. There is a period in the development of every tissue and every living thing when there are actually no structural peculiarities whatever (says Beale) ; when it would not be possible to distinguish the growing, moving matter which was to evolve the oak from that which was the germ of a vertebrate animal. There are masses of bioplasm to form nerve, others to produce muscle, others glands, and so on, all of which have been derived from one common mass. It appears that Fletcher and Beale disagree about theology ; but it is not the part of a medical periodical to take part in that controversy, and so we do not propose to follow our author in this part of his subject.

Much of the matter contained in the pamphlet will, we feel sure, be new to many of our younger readers, and we can most conscientiously recommend all of them who are devout believers in the chemical school of Bence Jones to peruse this interesting work. Trousseau used to say, that he never had had one hint in therapeutics from any chemical theory, and if the dictum be true, the sooner we grant it practically the better for our patients and for our own intellects.

THE SYSTEM OF MEDICINE

We are glad to announce the appearance of the third volume of the able and encyclopædic work edited by Dr. Russell Reynolds*, to whom the thanks of the new generation of practitioners is due for the labour he has bestowed upon, and the skill with which he has selected, his collaborations. The publishers, too, receive a word of congratulation for the manner in which they have brought out the best cyclopœdia of medicine of the time. In this notice we cannot pretend to do justice to the many original and complete essays here brought together, and we shall, as in the case of former volumes, take opportunities as they arise to refer to them individually. The following is a complete list of the contents :—

Diseases of the Mouth, by Charles E. Squarey, M.B.
Diseases of the Fauces, Pharynx, and Œsophagus, by Chas. E. Squarey, M.B.
Enteralgia, by John Richard Wardell, M.D., F.R.C.P.
Enteritis, by John Syer Bristowe, M.D., F.R.C.P.
Obstruction of the Bowels, by John Syer Bristowe, M.D., F.R.C.P.
Ulceration of the Bowels, by John Syer Bristowe, M.D., F.R.C.P.
Cancerous and other Growths of the Intestines, by John Syer Bristowe, M.D., F.R.C.P.
Diseases of the Cæcum and Appendix Vermiformis, by John Syer Bristowe, M.D., F.R.C.P.
Colic, by J. Warburton Begbie, M.D., F.R.C.P.E.
Colitis, by J. Warburton Begbie, M.D., F.R.C.P.E.
Dysentery, by J. Warburton Begbie, M.D., F.R.C.P.E.
Diseases of the Rectum and Anus, by Thomas Blizard Curling, F.R.S.
Intestinal Worms, by W. H. Ransom, M.D., F.R.S.
Peritonitis, by John Richard Wardell, M.D., F.R.C.P.
Tubercle of the Peritoneum, by John Syer Bristowe, M.D., F.R.C.P.
Carcinoma of the Peritoneum, by John Syer Bristowe, M.D., F.R.C.P.
Affections of the Abdominal Lymphatic Glands, by John Syer Bristowe, M.D., F.R.C.P.
Ascites, by John Syer Bristowe, M.D., F.R.C.P.
Hepatalgia, by Francis Edmund Anstie, M.D., F.R.C.P.
Congestion of the Liver, by W. C. Maclean, M.D.
Jaundice, by Edward Goodeve, M.B.
Biliary Calculi, by Edward Goodeve, M.B.
Suppurative Inflammation of the Liver, by W. C. Maclean, M.D.
Gangrenous Inflammation of the Liver, by W. C. Maclean, M.D.
Chronic Atrophy of the Liver — Cirrhosis, by Edward Goodeve, M.B.
Acute or Yellow Atrophy of Liver, by Edward Goodeve, M.B.
Fatty Liver, by J. Warburton Begbie, M.D., F.R.C.P.E.

* "A System of Surgery." Edited by J. R. Reynolds, M.D. Vol. II. Local Disease (*continued*). London : Macmillan and Co. 1871.

Cancer of the Liver, by J. Warburton Begbie, M.D., F.R.C.P.E.
Hydatid Disease of the Liver, by J. Warburton Begbie, M.D., F.R.C.P.E.
Diseases of the Pancreas, by John Richard Wardell, M.D., F.R.C.P.
Diseases of the Larynx, by Morell Mackenzie, M.D.
Emphysema of the Lungs, by Sir William Jenner, Bart., M.D. Lond., D.C.L. Oxon., F.R.S.
Asthma, by Hyde Salter, M.D., F.R.S.
Phthisis Pulmonalis, by J. Hughes Bennett, M.D., F.R.S.E.
Cancer of the Lungs, by Hermann Beigel, M.D.
Pneumonia, by Wilson Fox, M.D., F.R.C.P.
Syphilitic Affections of the Lungs, by Wilson Fox, M.D., F.R.C.P.
Brown Induration of the Lung, by Wilson Fox, M.D., F.R.C.P.
Cirrhosis of the Lungs, by H. Charlton Bastian, M.D., F.R.S.
Apneumatosis, by Graily Hewitt, M.D., F.R.C.P.
Bronchitis, by Frederick T. Roberts, M.D.
Pleurodynia, by Francis E. Anstie, M.D., F.R.C.P.
Pleurisy, by Francis E. Anstie, M.D., F.R.C.P.
Hydrothorax, by Francis E. Anstie, M.D., F.R.C.P.
Pneumo-Thorax, by Francis E. Anstie, M.D., F.R.C.P.

At present, we are content to note a few points that strike us as we give a preliminary survey, and urge all who can afford it to place the work on a handy shelf in their libraries.

First of all, we may tell our teetotal friends that there is much here to engage their attention. The use of alcohol in disease is discussed, like all other questions, in a truly scientific manner, and we hope they will not neglect to examine the arguments put forward—some of them, in our opinion, quite unanswerable. We may thus observe that on the subject of pneumonia, which is treated in a masterly manner by Dr. Wilson Fox, much is said to confirm the faith we imbibed from the late Dr. Todd; and those who have indulged too freely in condemnation of that enthusiastic teacher's doctrines would do well to digest the facts here arrayed.

On the other hand, turning to diseases of the liver, we find that Dr. Goodeve still adheres to the old, we had almost written exploded, notion that cirrhosis is almost always caused by the abuse of ardent spirits. We must enter our *caveat* against the acceptance of this time-honoured dogma, and confess that it is not in harmony with the latest clinical and pathological investigations.

Speaking of cirrhosis reminds us that Dr. Wilson Fox does not admit the existence of cirrhosis of the lungs—although we are at a loss to know why.

Emphysema is a word which we fancy is much abused, and therefore we look with interest to what Sir William Jenner writes about it. His essay is a model. What is really known about it is told with that ease and simplicity which characterises the great teacher, and in perusing this, we sit at the feet of our master, and rejoice that his spell is as powerful as ever. Everyone ought to read this essay, if he wishes to understand emphysema.

Dr. Anstie desires to see paracentesis thoracis more frequently employed, and we confess that in this he represents the tendency of modern practice. We listened last year with much interest to a discussion on this point at the Medical Society of London, especially as we at the time were treating effusion into the chest, and also had been called in long after the operation had been resorted to. Much is to be said on each side. Early operation, no doubt, is very attractive; still there are few who will not feel some hesitation. It is a question which we think should be still further investigated.

The essay on "Diseases of the Rectum and Anus," by Mr. Curling, F.R.S., is one for which the author's name is a sufficient guarantee. He is the very first authority on this subject, and as one of the most enlightened surgeons of the age his teaching will be received as that of authority.

Dr. Hughes Bennett contributes the essay on "Phthisis," which will be read everywhere with the deepest interest. It is unnecessary to particularise his views, which are well known, or to say that he inculcates them with great ability. In spite of his efforts, and that of the numerous band of able men who are giving their best time and attention to the study of the disease, there still remains much to be done. If, notwithstanding the melancholy returns of the Registrar-General, phthisis is as fascinating a study as ever, need we wonder that diverging opinions are abroad, or despair of some day coming to a better knowledge?

To-day space fails us for further particulars. In selecting these essays we do not pretend to do them justice, nor do we imply that the others are not equal. We take the subjects that most interest first, and may frankly confess that these are all we have yet looked over; but the book we shall keep in readiness for perusal, and have no doubt that we shall learn much from it. We close this brief notice by expressing our satisfaction that a fourth volume will be added to complete the work. The publishers have done well to bring out this at once. Contributors should hasten their work. They alone seem to have delayed it. The editor and the publishers we thank for their efforts, and may remark that it is owing to the dilatoriness of some contributors that the volume was not out earlier.

HAMMOND'S NERVOUS DISEASES.

A COMPLETE treatise "On the Diseases of the Nervous System," from so accomplished a physician as Dr. Hammond, is sure to be widely read. It appears as a fine 8vo volume* of nearly 800 pages, and is worthy of the author's reputation. He classifies the nervous diseases according to the pathological changes on which they depend, and this involves some change of terms in common use, but will probably be widely accepted as a rational plan. Accordingly, we have five divisions of the work—1. Diseases of the brain; 2. Of the spinal cord; 3. Cerebro-spinal diseases; 4. Disease of the nerve-cells; 5. Diseases of the peripheral nerves. The pictures of disease and the general symptoms are admirable, and will go far to make the work popular, and the treatment is rational. If we wished to find any fault it would be with the sections on diagnosis, which, perhaps, might have been a little more full. It is on diagnosis that the busy practitioner is often anxious to turn to a work that has pleased him in perusal—should obscure cases puzzle him; and we should therefore have been pleased had Dr. Hammond made more room for this by abridging elsewhere. Still, we ought to be satisfied for so practical a work—founded on the careful study of many hundreds of cases. Dr. Hammond's views are explained with general perspicuity, and if we do not always agree with him, we feel that his work is one that all may profitably study. It gives a readable account of the latest views of the pathology of the nervous system, and in following its recommendations the practitioner is guided by a most able and learned physician.

Correspondence.

DIVINITY v. PHYSIC.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have often and often admired how pertinaciously our clergy try by any and every means to obtain funds to support their widows and educate their sons and daughters, and how very gratifying it must be to their feelings to find that friends, and willing friends are never wanting; but when I look at the "Faculty" and see what they are not doing and could do, I feel inclined to say that "he is a slothful man that looketh not after his own house." I believe there is a society for the relief of widows of medical men, but I fancy it must be upon a

* "A Treatise on Diseases of the Nervous System." By William A. Hammond, M.D. New York: D. Appleton and Co.

very small scale, besides, one stands a chance of being "black-balled," as one must send in his name for scrutiny before admission. What I am about to propose will remove all such objections, because it will embrace the entire profession. I believe there are about twenty-five thousand medical men in England, and I propose to establish a fund to which every medical man shall subscribe one pound annually in advance, and if taken in hand at once, we might obtain a corporation during the next session of Parliament. The amount placed annually in government securities at four per cent. would give in a handsome income at the end of the first year, out of which we could help the most needy. At the end of four years we would have nearly one hundred thousand pounds in fund, and before the century is out we might have about seven hundred thousand pounds. We might receive gifts and legacies, and with a fund of half a million, I think we could keep our poor widows from want, and give our sons and daughters not only a good education, but give them a trifle to start them in the world. I have now set the ball in motion, and I hope the heads of the Faculty will keep it spinning round as long as there are doctors in Old England. Before the middle of the next century this fund might reach two millions, just look what a prospect the rising generation would have before them, and all from a simple pound a year from each. Trusting that this will not be thrown away,

I remain, dear sir,
Yours truly,
ALEX. LANE, M.D. R.N.

Clun, Salop, 14th Sept., 1871.

MARTYRDOM:

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A large number of soldiers wives annually treated, now and then interesting facts come to light, which when found are made a note of. About 15 per cent. are soldiers' daughters marrying for a home, too frequently at a very early age, for instance, 6 per cent. under seventeen; and, in addition to climate, poverty, and hardship, are sometimes shamefully banged about by drunken husbands. This very morning a patient stated, that in addition to one abortion and four dead born, she had also given birth to five living children, not one of whom survived. She generally had an epileptic seizure at quickening, and too often during pregnancy her drunken husband kicked her in the stomach. Neither a toper nor a water drinker, "but simply" taking my whack when feeling "dispoged," it is rather hard to give up one's liquor because others cannot draw the line of moderation. "Preaching" without practice, however, being merely "Stiggins" all over, there's no help for it but to sign the pledge.

The soldiers living by muscular wear and tear no more require alcohol than women do, but many brain-workers cannot repair nerve-power waste without stimulants

India is a pestilential place, but many forget to mention the number of "brandy pegs" daily taken, nor do the water drinkers allude to the quantity of animal food they get outside of. In this place, there were 311 teetotallers last year, we could well afford a few more.

Drink and its results meet one at every turn, a man loses all patience and sympathy—at the present time with quite enough wrong otherwise, a nurse, a careful attentive woman, is reported to have been drunk last night, and keeping company with a soldier widower.

As the habits of years cannot be suddenly changed in the full swing of work, the plan is to take a rest and gradually drop all stimulants, although now quoting Rip Van Winkle, in a glass of sparkling, bubbling, iced champagne "Here's your health and your families may they live long and be happy." I hope to figure in the ranks of the water-drinkers, heart and soul supporting the "temperance" cause.

I am Sir, your obedient servant,
"SIMON THE CELLARER"
(not of the Privy Council).

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—May I take the liberty of requesting your opinion on the following matters?

An extensive farmer, between forty and fifty years of age, apparently in good health, was suddenly deprived of the power of speech on the 27th inst. The following was the condition in which I found him: Unable to articulate a word except "No;" could not express by writing his ideas; was conscious; no other form of paralysis of motion or sensation; no difficulty in swallowing; nothing wrong with heart or pulse; constipation preceded the attack.

Treatment.—A blister on the head, croton oil, and an enema.

Prognosis.—Probably fatal.

A military surgeon saw him on the 28th inst. Ordered a blister to his head and a purgative powder. He said the attack would probably be of short duration, and that there was no danger. I visited the man on the 29th inst. He appeared just in the same state as on the occasion of my first visit, except that the tongue was very foul.

Will you kindly state your opinion on my prognosis in the next issue of your paper?

I remain, Sir, your obedient servant,
J. C.

P.S.—I should have stated that on the occasion of my second visit there was present a tendency to drowsiness, not due to any medicine taken.

[In a case of aphasia, as this evidently was, one must be guided in his prognosis by the probabilities of its cause. The only causes to be considered are: Firstly, Apoplectic extravasation into a portion of either anterior lobe of the brain (most probably the third frontal convolution of the left anterior lobe); and, secondly, embolism of one of the cerebral arteries (most probably the middle cerebral artery of the left side), causing red softening of that portion in which, according to M. Broca, the faculty of speech is localised.

Of these two the latter seems to us the more likely cause, inasmuch as our correspondent has given us no evidence of the occurrence of any of those general or local disturbances usually accompanying cerebral hæmorrhage; and we know, from the writings of Dr. Hughlings Jackson, that embolism of the left middle cerebral artery is a frequent cause of aphasia suddenly supervening, and not accompanied with paralysis of sensation or motion elsewhere.

Taking this view of the cause, and considering the occupation, age, and previous "apparently good health" of the patient, and the limited extent of the lesion as indicated by the entire absence of paralysis elsewhere, we would be rather inclined to prognose favourably, were it not that on the occasion of the third visit a certain "tendency to drowsiness, not due to any medicine taken," was present.

By this time, however, the case has probably so far progressed towards a final settlement of the question that further speculation would be idle.—ED. *M. P. & C.*]

Medical News.

Apothecaries' Society of London.—At a court of examiners, held on the 5th instant, the following gentlemen received the L.S.A. degree:—Messrs. Boughton Addy, of Southport; John Batley Bradbury, of Leeds; John Marshall, of Bolney; John Samuel Slater, of Bath; William Mallam Vores, of Great Yarmouth; and on the 27th ult., Mr. Shroffeld Elam, of 40 Woburn square; at the same court Messrs. Handsford H. Clyma, of Guy's Hospital; and Samuel Welch, of the London Hospital, passed the primary professional examination.

Dr. Beauperthuy.—Dr. Gavin Milroy has recently, on the recommendation of the Royal College of Physicians, been despatched by the Colonial Government to the West Indies, in order to investigate the realty of the alleged cure of leprosy by a procedure, which Dr. Beauperthuy, a distinguished French physician, has for a considerable time adopted, the expenses of the mission being defrayed by the joint contributions of the Colonies interested in the matter. He was instructed first to visit Demerara, where Dr. Beauperthuy was then sedulously engaged in his important investigations, in order that he might have the opportunity of personal communication with him before proceeding through the other colonies on his tour of inspection; he had been received in the most cordial and friendly way by Dr. Beauperthuy, who impressed him with a feeling of great respect for his evident truthfulness and earnestness. The members of the medical profession at home and abroad

will regret to hear, that in a letter just received from Dr. Milroy, dated the 5th Sept., he expresses his great distress in having to announce that this indefatigable French physician, whom he had seen two days before in perfect health, had just suddenly died of of apoplexy. Dr. Milroy was about to sail for Barbadoes.

Hospital Sustentation by Working Men.—£5,000 have been contributed in three years by the working men of Birmingham for the purpose of erecting an additional wing of the Queen's Hospital in that important town; to which, as we recently reported, her Majesty has contributed 100 guineas, making a special exception owing to this very fact.

Sanitation in Whitechapel.—In his report upon small-pox in the East of London, Dr. Liddle, the medical officer of health, gives a most deplorable account of the state of some of the closely confined courts. His description almost makes one fancy himself in some filthy fever district of Constantinople. He says:—In a place called Walton's court a child died from small-pox, and the body was kept for four days on the ground-floor room in which there were three other children suffering from the same disease. When the inspector visited the house there were two women in the room, who informed him that two persons lodged up stairs, and, from the faulty construction of the house, they had to pass through the room in which the dead body and the three small-pox patients were lying whenever they went out or returned home. Instances are plentiful were the bodies of persons who have died of small-pox in a public institution have been removed to rooms occupied as sleeping apartments by the relatives of the deceased, and from this cause small-pox has extended to the adjacent dwellings. Dr. Liddle complains that the sanitary authorities have no power to compel the removal of patients to an hospital, not even in cases where parents neglect their young children, and leave them under the charge of an elder child in a room accessible to all the other inmates of a house. Such is the utter disregard of proper precaution in his district, that Dr. Liddle declares "many persons having small-pox are often seen walking in the streets."

Gleanings.

A Rare Malformation in the Brain.

W. W. KEEN, M.D., Lecturer on Anatomy in the Philadelphia School of Anatomy, in demonstrating a brain recently to one of his dissecting classes, met with the following malformations, the first of which he believed to be very rare. In his own experience he had never met with it before, nor, so far as he had searched had he found any allusion to such an anomaly.

1st. The *fornix*, instead of being solid from side to side, consisted of two lateral halves, with a triangular space between them. This space was an inch and ⅛ths long by ⅛ths of an inch wide. It began just at the posterior border of the fornix, where the two posterior pillars were barely united, and reached nearly to the anterior pillar, where also slight union existed between the two halves. Through the opening the velum interpositum was seen.

2nd. The *fifth ventricle* was exceedingly large—the largest I had ever seen. It measured five-eighths of an inch wide, and an inch and three-eights long. Neither this ventricle, nor the lateral ventricles were in any way diseased or distended with fluid. The dura mater corresponding to the right parietal bone was ossified in its outer layer. The anomaly noted in the fornix points doubtless to its normal origin and development by two lateral halves, whose separation is marked usually by the divergence of the anterior and posterior pillars only.—*Am. Jour. Med. Sciences.*

Glycerine Lymph.

In Prussia regular re-vaccination is very generally practised, the law making it obligatory on every person, and the authorities conscientiously watching over its performance. As a natural result cases of small-pox are very rare. It has, however, been objected, there as here, that lymph is scarce. To make the most of such lymph as there is, Government has tried its application mixed with glycerine, and the result has been so successful as to lead to a public recommendation of the mixture to official vaccinating surgeons. The manner in which the glycerine lymph is prepared is thus described by the *Reichzanseiger*:—The pustules of a healthy vaccinated person are opened with a needle, and the effluent matter carefully removed by means of a lancet, the same instrument being gently applied to assist the efflux. The lymph is then placed in the hollow of a watch-glass, and there mixed with twice its quantity of chemically pure glycerine and as much distilled water. The liquids are thoroughly well mixed with a paint-brush. The mixture may be preserved for use in capillary tubes or small medicine glasses. The lymph thus procured is considered equal in effect to pure lymph; care must, however, be taken to shake it before use. As the same quantity that now suffices for one is thus made to suffice for five, the discovery ought to be extremely useful in crowded cities.—*Boston Journal of Chemistry.*

Iodine in Incontinence of Urine in Old People.

DR. SCHMIDT, of Munsterfield, having witnessed useful effects from the exhibition of iodine in incontinence of urine resulting from paralysis, determined to try it in other cases. An old lady, aged eighty, who had always enjoyed good health and was very active for her years, was attacked, at the age of seventy-six, with dysentery, which very much weakened her. From this time the urine passed involuntarily, and for four years she suffered great misery in consequence; from her age her condition was looked upon as incurable. The author gave her one drop of tincture iodine every hour, and the following day she was able to hold her urine, and she continued the medicine (every two hours one drop) for a fortnight, and with complete success. The discontinuation of the medicine for some time led to a return of the symptoms, which disappeared, however, directly the medicine was resumed. It was continued, therefore, with occasional suspension, for two years, when she died from the effects of a blow.

Another case was an old man, aged seventy-four, who had suffered for six months from the same affection. He was ordered pills, containing each one-tenth of a grain of iodine. Immediate improvement followed; he died eighteen months later, from inflammation of the lungs.—*N. Y. Med. Journal.*

Structure of the Glands of the Stomach.

PROF. HEIDENHAIM has been recently making investigations on the structure of the gastric and peptric glands. The mucous membrane of the stomach of dogs was hardened in alcohol, then stained with carmine or aniline blue, and examined with moderate microscopic powers. The glands are arranged singly like palisades, or in groups like the fingers of a glove, in close proximity to one another, and the orifice, neck, and body in each can be distinguished. The orifice in the grouped glands resembles the hard part of the glove, several glands opening into it, just as the fingers of the glove open into the wider hand part. This is lined by columnar epithelium. The neck, or narrower portion of each tube, is lined by roundish coloured cells. The body is lined by two kinds of cells, one external or marginal, round, and coloured; the other small, internal, and uncoloured, though their nuclei sometimes become tinted. The former, Prof. Heidenhaim calls investing cells (belegzellen), the smaller uncoloured ones he names chief cells (hauptzellen). The former probably represent the peptic cells of writers. The lumen of the glands is occupied by granular dark material. He describes with full details the action of the various re-agents upon the two above-mentioned forms of cells. He then gives the results of his researches on the glands during the digestion. They increase in size; the chief cells become swollen, and their contents are finely granular, showing that they have absorbed more than they have secreted. The investing cells are less altered. No division or multiplication of cells was observed.—*N. Y. Med. Journ.*, from *Schultze's Archiv. fur Micros. Anatom. Bd. vi.*

Raw Beef in the Vomiting of Pregnancy.

JAMES S. BAILEY, M.D., Albany, N.Y., writes:—In Oct. last I was called to see a female patient, aged nineteen, three months advanced in pregnancy. She stated she had been unable to retain any thing she had eaten during the last three days; that she had vomited more or less every day from the time of conception. She now was so much exhausted that she was unable to sit up.

A careful investigation of her case convinced me that the irritable condition of her stomach was entirely due to reflex action.

The raw beef was immediately suggested to my mind as likely to be retained, as I had several times previously employed it successfully in similar cases. I ordered my patient to take teaspoonful doses of raw beef, chopped fine, at intervals of three hours, with a little Cayenne pepper and salt sprinkled upon it.

At first the idea of eating raw meat was quite repulsive, but upon tasting it it was not found to be so disagreeable.

After the second teaspoonful was taken the vomiting ceased, and during the day the nausea disappeared.

My patient not only acquired a taste for this food, but rapidly improved in flesh and appearance, without a recurrence of this troublesome symptom.

A Remedy for Hæmoptysis.

Dr. Holden, of Newark, N. J., thus describes a method of treating Hæmoptysis, which has been successful in his practice :—

"I would like to call the attention of the Profession to a method of treatment of hæmoptysis, which, while most simple and efficacious, I have not seen described by any, viz., the throwing of the atomised vapour of a saturated solution of gallic acid directly into the mouth and throat. I have repeatedly found the most gratifying success follow at once, even in cases of profuse hæmorrhage. Unlike other styptics thus administered, it quiets the spasmodic cough, which seems the direct result of the presence of the blood, requires but a moment to prepare, and, aside from its efficacy, it inspires immediately the confidence of the patient. For about two years I have adopted this method, and have been surprised that no similar experience has found its way into the medical journals. My habit has been to have an atomiser and bottle of gallic acid always at hand, and when summoned hastily, to mix the acid in a tumbler of cold water, and use even without waiting for the excess of acid to subside. It has proved successful in several cases where the blood was streaming from the mouth with every expiration."—*N. Y. Med. Record.*

Therapeutic Value of Chloride of Ammonium.

Dr. William Cholmeley states (*Transact. St. Andrews Med. Grad. Association*), that during the last fifteen years he has been in the habit of employing this medicine in cases in which he deemed it appropriate, and among them are : 1. Some forms of neuralgia of the fifth pair, especially those occurring in women beyond twenty years of age, whose strength has been over-strained by rapid child-bearing, prolonged suckling, anxiety, want, or overwork. In doses of fifteen to twenty grains, given three times a day, the pain which is usually of a dull, aching character and intermittent, is quickly relieved, and ferruginous tonics may then be prescribed. 2. In some cases of more genuine tic-douloureux, and in hemicrania it is invaluable. 3. Nervous headache, such as occurs in some patients after any violent emotion or strain of the nervous system, is readily amenable to the same doses mingled with chloric ether. 4. It is serviceable also in cases of myalgia, such as affects those whose work requires long maintenance of one position. 5. In sciatica, given in the same doses, in every four or six hours. 6. In lumbago. 7. In the painful sequels of rheumatic fever, and states analogous to this affecting men who are overworked. 8. Dr. Cholmely considers it finally to have a powerful emmenagogue influence in cases of amenorrhœa occurring in delicate and nervous girls and women, especially when this has occurred after exposure to cold and wet. In such cases it may be advantageously combined with the perchloride of iron. It is also beneficial in cases of dysmenorrhœa occurring in highly nervous or rheumatic patients, and in the various ailments that accompany the change of life in women.—*American Practitioner.*

Corrective Influence of Bromide of Potassium over Opium.

Dr. J. M. Da Costa (*Amer. Jour. Med. Sciences*), speaks highly of the great benefit derived by using bromide of potassium before giving opium in those patients in whom the latter drug produces unpleasant after-effects. He gives several cases illustrative of its action, in this respect proving its great utility and happy results. The bromide does not destroy either the anodyne or the hypnotic effects of the opiate ; on the contrary, it rather heightens both, and more particularly the latter. He thinks the bromide acts best when given some hours before the opium, and forty to sixty grains—generally forty grains—prove sufficient.

Diphtheritic Membranes.

The *Medical Archives*, July, 1871, contains the following views of Dr. Letzerich, translated from the German by Dr. Pflaum, of Pittsburg, Pa. :

"Diphtheritic membranes, taken from a large number of children who suffered from diphtheritis faucium et laryngis, showed, upon examination, after having been slightly hardened in a solution of chromic acid, according to the different stages of inflammation, different stages of development of a fungus (hygodesmus-fuscus?) upon and within the mucous membrane. At first there are to be found, in the adhering mucus, roundish, strongly shining granules ; later, yellowish or brownish ones. From these shoot out very thin and tender filaments, which often form a very dense cluster, and penetrate the epithelium in such a way that the spots where they penetrate most are visible on the cell membrane. With their increasing exuberance, the epithelia decay more and more, and these filaments, at first without form, are later plainly visible, penetrate the mucous tissue deeper and deeper, and convert its structure into a compact homogeneous 'amorphous' mass ; from which is seen to project on its free edge a number of long thallus filaments, lined with roundish granules containing spores, which sometimes form large and close sods. The growth, maturity, and shedding of the spores go on steadily and rapidly, and can produce infection of the contiguous mucous membranes.

"The penetration of those little organisms into the epithelial tissue corresponds to the preliminary, so-called catarrhal stage, their growth into the depth of the mucous tissue, and their exuberance within, to the properly diphtheritic stage of the disease.

"The violent infectiousness of the sputa of diphtheritics, which follows from such a condition of the membranes, renders necessary a very careful destruction of everything expectorated with caustic alkalis. For local application, the author recommends energetic cauterizing of all the faucial part and, what is still better, the rubbing off of the infiltrated places of the mucous membrane with powdered alum, and for the larynx the inhalation of pulverized lime-water ; internally, the use of liq. potass. carbon., and especially of ferr. sulph. (0·3-0·5 grm. : 105 grs.)"

The First Stage of Syphilis.

In the *Centralblat, f. d. Med. Wissen.* of Feb. 11, Dr. Sigmund says that the first stage of syphilis embraces the time of the eruption on the skin and mucous membranes. The bearing of this truth he explains in two paragraphs : 1. It is not correct to say that in some cases the skin affection is wanting, and that further on forms of more developed syphilis appear without secondaries. 2. In about half of the cases of syphilis, the disease is completely at an end after the first stage is past. There is no such thing as latent syphilis ; the dyscrasia is recognisable or does not exist. Clinical experience now shows us that the dyscrasia sometimes gets cured without any therapeutic remedy; and also that there is no existing treatment which can hinder the appearance of the first stage of the disease. He thinks, however, that internal remedies may prevent the appearance of the tertiary symptoms, or, at any rate, make them appear more rarely. He admits that this is denied by many persons, but his experience of many years makes him believe that he is correct in saying so. He uses mercurial ointment for some time in the eruptive period. The value of iodide of potassium, says Sigmund, consists in its antiphlogistic action on the lymphatic glands, in the ease it thus gives to all pains, whether in the head, limbs, or in whatever part of the body they occur. During the use of this remedy for several months the appearances of the first stage of syphilis fade away, as indeed takes place when no internal remedy is made use of. Chlorate of potash is of no use in syphilis, says Sigmund, and chromate of potash also is worse than useless. The "decoctions" are useless also. And as syphilis is a chronic disease, let us not omit hygienic remedies.

Tænia Caused by the Use of Raw Beef.

Prof. Joseph Leidy, in an important communication made to the Academy of Natural Sciences of Philadelphia (March 21, 1871), stated that, "Recently, one of our ablest and most respected practitioners of medicine submitted to my examina-

tion a tapeworm which had been discharged from a young man, after the use of the *Aspidium filix-mas*. The physician, in giving an account of the case, stated that he had previously treated the patient for another affection, in which raw beef sandwiches had been prescribed for food. After looking at the worm, I remarked that it appeared to be the *Tænia mediocanellata*, a species which I had not before seen, and added that the patient had probably become infected from a larva swallowed with the raw-beef sandwiches. The specimen consisted of the greater part of the worm, broken into several pieces. Including some lost portions, it was estimated to have been upwards of thirty feet in length. Unfortunately, the head proved to be absent; but, so far as characters could be obtained from the specimen, in the form of the segments, position of the genital orifices, and the condition of the ovaries, it agreed with the description given of *T. mediocanellata*, rather than with *T. solium*. From a want of acquaintance with the former, I did not feel entirely satisfied that the specimen actually belonged to that species.

"Subsequently, my friend brought to me the anterior part of the body, probably, of the same individual tapeworm. He observed that his patient continuing to complain, he had administered another dose of the male-fern, which was followed by the expulsion of the portion of the worm now presented. The head of the parasite was included, and it confirmed the view that it pertained to the *Tænia mediocanellata*.

"The case serves as another caution against the use of raw flesh ar food."—*Proceedings of the Academy of Natural Sciences of Phila.*, May 1871.

NOTICES TO CORRESPONDENTS.

Dr. C. B. Fox, Scarborough.—One of the numbers you require is out of print, and cannot be obtained at any price. You can refer to the file containing it, any time you may be passing our office.

The Quacks.—A Correspondent kindly draws our attention to an elaborate article in *The Builder*, entitled "Medical Quacks, their dupes and Newspaper Supporters." We are much pleased the respectable portion of our lay contemporaries, is becoming alive to the foul blot which rests upon journalism in this country, by the encouragement offered to these charlatans in their obscene and abominable work, by the insertion of advertisements. Our excellent contemporary says: "The Medical Press and Circular, of Sept. 13th, again returns to the exposure adding another hideous example to the long list of bloodsuckers, and their dupes, who are swelling the catalogue of criminality and seething corruption. The Medical Press deserves the commendation of the profession of which it is an exponent, and also the thanks of the general public, both in London and Dublin, for its courageous action." We thank our contemporary for its eulogy, but more particularly for the powerful article which contains it. We began our war against the quacks almost single-handed, and notwithstanding the abuse and threats of legal proceedings heaped upon us we continued, and shall go on from time to time

"We've doggged their track of slime,
And we'll shake the Gaza pillars yet
Of their goodless-mammon shrine."

If, like the contemporary named, all having a claim to respectability would join us, the contagion would soon be stamped out. Much has been done, and many of these scoundrels have either been imprisoned, or left the country. Much still remains to be done, in which work we invite the hearty co-operation of all.

The Profession and the Daily Papers.—A Correspondent draws our attention to the frequency with which certain medical men address the lay press upon professional subjects. He instances Dr. Marsden, whose letter, giving symptoms, treatment, and doses of medicines, appeared in *The Globe*, *Observer*, and other London journals last week. We will not give our correspondent's opinion, as it is very strongly expressed, and somewhat personal. Our own we *need not* give, it is already so well known to our readers.

Vox Populi.—We are much obliged. After all, the observation is worthy of its source.

P. B.—The paper is in type, but unavoidably delayed.

J. A.—We believe Dr. Day's work was published some years ago.

Obstetricus.—The society has already begun its sittings.

Wagga-Waggagraph.—We hear that it is "a carriage indicator;" a sort of telegraph to give directions to the coachman without putting your head out of window. A gentleman who has seen it, tells us it would be a capital means of communication between the surgery and any other room.

F. R. S.—The book is out of print.

The New Letter Postage.—An important reduction came into force for Great Britain and Ireland on Thursday last, whereby the cost of sending letters through the post, is materially reduced. Henceforward the rate of postage on inland letters, will be one penny for 1oz., formerly 2d., three halfpence will take 2oz., hitherto 4d., and two pence 4oz. (until now 8d.), an additional halfpenny for every two ounces.

VACANCIES.

St. George's Dispensary, London, W. Physician Accoucheur. (See advt.)

Charing Cross Hospital. Assistant Physicianey. Honorary.

Margaret street Infirmary for Consumption. Visiting Physician.

Hackney Union. Two Medical Officers. District No. 6, £80 per annum, No. 8, £80. Extra fees attached to both appointments.

County Hospital, Guildford. House-Surgeon. Salary £75, with board.

Weymouth Union. Medical Officer. Salary £45, with extra fees.

York County Hospital. House-Surgeon. Salary £100, with board.

Dorchester Union. Medical Officer for Union and Workhouse. Salary 60 Guineas.

Cornwall County Lunatic Asylum. Assistant Medical Officer. Salary £80.

Devon County Lunatic Asylum. Assistant Medical Officer. Salary £120.

Nottingham General Hospital. House-Surgeon. Salary £60, with board.

Nottingham General Hospital. Resident Surgeon Apothecary. Salary £150, with board.

Liverpool Northern Hospital. House-Surgeon. Salary £100, with board.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Sugar Formation in the Liver. By J. C. Dalton, M.D., New York.

Clinical Society's Transactions, Vol. IV. London: Longmans.

Notes on Lying-in Institutions. By Florence Nightingale. London: Longmans.

Notes on Comparative Anatomy. By W. M. Ord, M.B. London: Churchills.

How to Arrest the Spread of Small-pox. By John Day, M.D., Geelong.

The Science and Practice of Surgery, pp. 1,265. By Frederick J. Gant, F.R.C.S. London: J. and A. Churchill.

The Family Medical Guide. By G. Fullerton, C.M., M.D. London: Chapman and Hall.

Nature; Allgemeine Weiner Medizinische Zeitung; Medical Free Press; Lyon Médical; Food Journal; The Practitioner; Le Mouvement Medical; The Australian Medical Gazette.

THE LONDON MEDICAL SOCIETIES.

Hunterian Society, Wednesday, Oct. 11.—7½ P.M. Council Meeting.—8 P.M. Introductory Address by the President, and a paper by Dr. Daldy.

Clinical Society of London.—Friday, Oct. 13, 8½ P.M. Dr. Christian Bäumler, "On Cases of Partial and General Idiopathic Pericarditis."—Dr. Anstie: "On a Case of Anæsthetic Lepra."—Mr. Nunn, "On a Case of Scrofulo-Derma treated by Woodhall Water."—Mr. Geo. Lawson, "On the Treatment of a Case of Large Melanotic Tumour of the Eye, extending into the Orbit."

Quekett Microscopical Club.—8 P.M.

Medical Society.—Monday, Oct. 16, 8 P.M. First meeting of the Session. A paper will be read by Mr. Gay. "On Crural Venosity."

Marriages.

Beavan—Markham.—On the 27th ult., at Riverhead, James Beavan, F.R.C.S.E., of Hereford, to Elizabeth Ward Markham, daughter of the late T. Markham, Esq.

Evans—Fennell.—On the 19th ult., at Smethwick, Staffs, John Evans, M.R.C.S., of Cardiff, to Eliza, widow of the late Dr. Fennell, of Cardiff.

Hennessy—Howard.—On the 27th ult., at Brighton, M. V. Hennessy, M.D., to Emily, eldest daughter of the late Captain Howard.

White—Besley.—On the 5th inst., at Kingston-on-Thames, H. J. White, Esq., to Mary, daughter of the late Francis Besley, M.R.C.S.

Deaths.

Butler.—On the 30th ult., C. Butler, F.R.C.S., of Brentwood, aged 82.

Bushell.—On the 5th inst., at 117 Crawford street, London, W. T. Bushell, M.R.C.S., aged 74.

Dockeray.—On the 25th ult., Robert Dockeray, L.R.C.S.I., of Kiltegan, Co. Wicklow, aged 47.

Panton.—On the 26th ult., Geo. Panton, M.R.C.S., of Dorchester, aged 55.

Young.—On the 1st inst., at Southend, A. K. Young, M.D., aged 69.

APPOINTMENTS.

Clark, Andrew, M.R.C.S., Assistant Surgeon to the Middlesex Hospital.

Fitt, S. W., L.R.C.P.L., House-Surgeon to the Dover Hospital.

Fox, J. C., M.B., C.M., Assistant Medical Officer at the Staffordshire Lunatic Asylum. Burntwood.

Heygate, W. H., M.R.C.S., Medical Officer for the Towcester District and the Workhouse of the Towcester Union, Northampton.

Johnston, W., M.D., L.R.C.S.Ed., R.N., Medical Officer for the Southsea District of the Portsea Island Union.

Lawson, G., F.R.C.S., extra Surgeon to the Middlesex Hospital.

Low, R. B., M.D., Medical Officer for the Messingham District of the Glanford Brigg Union, Lincolnshire.

Morison, B. P., L.R.C.P.Ed., House-Surgeon to the Hereford Infirmary.

Pinder, G. H., M.R.C.S., a Physician's Assistant at the Royal Infirmary, Manchester.

Ridley, J., L.K.Q.C.P.I., Medical Officer for District No. 2 of the Parish of Liverpool.

Roworth, A. T., Medical Officer for the Grays District, Orsett Union.

Tessier, W. H. C., M.D., Medical Officer for the Halden District of the Tenderden Union, vice L. R. H. Rouse, M.R.C.S.E., resigned.

Tibbits, R. W., M.B., Surgeon to the Bristol Police.

Thomson, G., M.B., C.M., Medical Officer to the Parochial Board of the United Parishes of Crathie and Braemar.

Wilson, Dr. H. S., Demonstrator of Anatomy in the University of Cambridge.

Army Medical Department.—The two under-mentioned officers having completed twenty years' full-pay service, to be Staff Surgeons Major, under Article 342 of the Royal Warrant of 27th December, 1870:—

Staff Surgeons: H. T. Reade, V C., G. P. M. Woodward, M.B.

Assistant Surgeon C. H. Browne, to be Staff Surgeon, vice W. M. Gibaut, placed on temporary half-pay.

To be Staff Assistant Surgeons: J. G. Thornley, M.D., from half-pay, vice C. Backhouse, resigned; H. T. Brown, M.D., from 59th Foot, vice H. Bradford, appointed to the 59th Foot.

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T. St. L. Alcock (Lt. Colonel), Honorary Secretary.
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Surgeons—Albert J. Walsh, M.D., President Royal College of Surgeons, John K. Barton, M.D., Fellow Royal College of Surgeons, Lecturer on Surgery in the Ledwich School of Medicine, Benjamin Wills Richardson, Fellow and Member of the Court of Examiners, Royal College of Surgeons.

Obstetric Physician—Lombe Atthill, M.D., Fellow and Examiner in Midwifery, College of Physicians.

Ophthalmic Surgeon—H. Rosborough Swanzy, M.B., L.R.C.S.I., lately Assistant at Professor von Graefe's Ophthalmic Hospital, Berlin.

Assistant-Physician—Walter G. Smith, M.D., Fellow and Censor College of Physicians, Senior Demonstrator in the University School.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 18, 1871.

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ON SOME FACTS CONNECTED WITH THE COLOURING-MATTER OF APHIDES.

By H. C. SORBY, F.R.S., &c.

I HAVE lately been occupied in studying the colouring-matter of insects, and find that several dark coloured species of aphides contain a substance of very considerable interest in connection with physiological chemistry. It is of still greater interest on account of its yielding several products having most unusual optical characters, which I shall not attempt to describe here in detail, but refer to my paper in the current number of the *Quarterly Journal of Microscopical Science*,* confining myself now as much as possible to the more purely physiological part of the subject.

Since the publication of the valuable paper of Professor Stokes,† the important functions performed by the colouring-matter of the blood of vertebrate animals has been fully recognised, for the change in its spectrum so clearly proves, that it has the power of loosely combining with oxygen when exposed to the air, and parting with it to other substances in such a manner, as to meet the requirements of respiration. Ray Lankester has shown‡ that the green colouring-matter found in certain annelids behaves in a similar manner, and I have now found that the dark coloured species of aphides also contain a substance which I have named *Aphideine*, capable like both the above of being easily de-oxidised, and re-oxidised by exposure to the air. This compound may be conveniently obtained by boiling in a little water the fresh living red aphides found in downy patches on the bark of the apple tree. After filtering, the solution is of a crimson colour, made deeper by alkalies, but yellow by acids. In this respect it is similar to cochineal, but differs from it in giving spectra without narrow absorption-bands, and in being easily de-oxidised. On adding to the solution a little ammonia and some of the double tartrate of potash and soda to prevent the precipitation of oxide of iron, the addition of a little of the double sulphate of the protoxide of iron and ammonia immediately removes the crimson colour, and makes the solution nearly colourless. On exposure to the air, it rapidly turns red from the surface downwards, and may in a similar manner be de-oxidised and re-oxidised over and over again. It cannot be thus de-oxidised when the solution is acid and only partially when neutral, as obtained from the living insects. I have made a number of experiments in order to determine whether it occurs in the insects themselves. When crushed under the microscope, the coloured liquid obtained from them appears to turn more crimson when first exposed to the air, but it is extremely difficult to decide the question, because the crimson colour is rapidly lost by the change of the aphideine into an orange-coloured substance. At all events, however, there seems every reason to believe that aphideine like hæmoglobin and Lankester's chlorocruorin, may serve to convey loosely combined oxygen from the respiratory organs to other parts of the body. Probably other similar substances may exist, and possibly some may be colourless, so that their characteristics could not be ascertained by the spectrum method.

Another interesting fact connected with this substance is, that in some cases it passes with extraordinary rapidity into compounds of entirely different characters, having very unusual optical properties. The original aphideine is soluble in water, but not in bisulphide of carbon. It is therefore, in this respect, analogous to the colouring-matter of the blood of vertebrate animals, and quite unlike the colouring-matter of fats and oils. These are insoluble in water, but readily dissolved by bisulphide of carbon. On exposing a solution of aphideine to the air, it changes successively into three substances, which behave with solvents, not like the original, as the colouring-matter of blood, but as the colouring-matter of fats, and are themselves of waxy or fatty consistence. These are all remarkable for being very fluorescent. Two are yellow, and the transmitted light gives spectra, with well-marked ab-

* New Series, xi., 352-361.
† Proceedings of the Royal Society, xiii., 357.
‡ *Journal of Anatomy and Physiology*, iv., 119.

sorption bands. I have named them *Aphidiluteine* and *Aphidiluteoleine*. The final product is red, and I have therefore called it *Aphidirhodeine*. Its spectrum contains five remarkable absorption-bands. The light of fluorescence is orange, and its spectrum shows a bright, well-defined orange band, so narrow that it is only about 1-50th part of the entire spectrum of day-light; and thus the fluorescence is almost monochromatic. The production of these substances by the action of the air on aphideine appears to me very interesting in connexion with the formation of fat and wax, and the rapidity of the change is in some cases very striking. When the living insects are crushed at once in ether, and the solution agitated with water, this sinks to the bottom, holding all the aphideine in solution, and leaves the ether of pale yellow colour. Evaporating this to dryness, a small quantity of yellow, fatty matter is obtained, which, when dissolved in bisulphide of carbon, gives a spectrum with no well-marked absorption-bands, like the fatty or waxy constituent of other insects. If, however, similar living aphides are crushed in a test tube, exposed to the air for a few minutes, and then treated with ether, on agitating it with water the aqueous solution subsides almost colourless, whilst the ether is coloured a deep yellow with the altered product aphidiluteine. When evaporated to dryness, it leaves a waxy substance, soluble in bisulphide of carbon, which gives a spectrum with two well-marked absorption bands in the blue. This very striking change takes place so rapidly that for some time I thought that the yellow, waxy substance was a normal constituent of the living insects, whereas there can be no doubt that it is formed from the aphideine by exposure to the air. The rate of change varies much according to circumstances. When extracted from the living insects by means of boiling water, the solution is only partially altered in the course of a day, whereas, when extracted by crushing them in cold water, the alteration is almost complete after a few minutes. It thus appears as though the cold solution contained some (perhaps albuminous) substance, destroyed by boiling, which, by its speedy decomposition, induces the more rapid change in the aphideine. The same alteration takes place in dead insects, only not so quickly; but still, after having been killed by exposure to the vapour of bisulphide of carbon, and kept even for no longer a period than a quarter of an hour, the change is sufficiently great to lead anyone into serious error, who did not expect that any material amount of decomposition could occur in so short a time. No doubt, it is a somewhat unusual case; but yet it seems to point out the importance of always being on our guard, and using special care to ascertain whether any particular substance is really present in living animals, and not a product rapidly formed after death. In the case of aphides, circumstances are remarkably favourable for determining this point, but very often it might be extremely difficult, and yet of no less importance in connection with physiological chemistry.

ON MENINGITIS AS A CAUSE OF DEATH IN INFANTILE CHOLERAIC DIARRHŒA AND CHOLERA.*

By William Curran, L.R.C.P. Ed., M.R.C.S., Lond., &c.,
Army Medical Staff.

I am almost ashamed to bring so trifling a subject under the notice of the society, and am only induced to do so now, in redemption of the pledge I was weak enough to give on the occasion of our last meeting, and, in order to restrict, any discussion that might take place to one topic only. The time at our command is at this season, necessarily limited, and it is I think advisable to devote as much of it as we can fairly spare to an exhaustive consideration of the principal question proposed for review. Dr. Clarke having kindly consented to favour us with an historical sketch of his experience, in respect of the outbreak of cholera that caused so much havoc here last year, it occurred to me, that some account of a collateral offshoot or issue of the same distressing visitation would not be out of place on an occasion like the present, and hence the heading noted above. Meningeal irritation as consequent on or associated with cholera in infants and young children is, as far as I know, almost the only phase or feature of this terrible malady that has not been thoroughly ventilated elsewhere, and by far abler pens than mine; but I may have exaggerated its importance or overlooked the fact of its more frequent occurrence, if so, I must bespeak the indulgence of the Society, and plead as some excuse for my ignorance, the drawbacks of my position, and the unvarying sameness and monotony of military practice. I have not devoted much attention to the periodical literature of medicine of late, indeed my mind has been running in a very different groove for some time back, and if I have over-rated the value, or set more account by the presence of this condition than its interest or importance may appear to deserve, I regret the mistake and freely submit myself for correction.

Such being, in short, my own estimate of the subject, you will easily infer that it is not my intention to delay you long, or to discuss very minutely the pathology and symptoms of this complication. Brevity is the soul of wit, in the narration of clinical experience, as in the statement of criminal law, and I fully agree with Mr. Carlyle, when he says that "there is an endless merit in a man's knowing when to have done." The stupidest man if he will be brief in proportion, may fairly claim some hearing from us: he too, the stupidest man, has seen something, heard something, which is his own distinctly peculiar,—never seen or heard by any man in this world before. Let him tell us that, and if it were possible *nothing* more than that, "he brief in proportion shall be welcome." This is a very suggestive sentence, but I fear I shall fall far short of its requirements, as I can scarcely claim in the present instance to have heard or seen anything that I can call my own *distinctly peculiar*, and I am unwilling to trouble you with petty details or indulge myself in wild hypothesis or untenable theory. Crude conjecture or dreamy speculation is not likely to find favour from such an audience as that I have the honour to address, and I am warned by the same philosophic writer, that "in all matters of business or science, in all expositions of fact or argument, clearness and ready comprehensibility are a great, often an indispensable object." Keeping the necessity for these in view, I will endeavour to steer a middle course and reconcile brevity in statement, with clearness in description and accuracy in the enunciation of fact. By this means, I hope to be able to avoid extremes, which are we are told always dangerous—and escape at the same time that obscurity which too much condensation sometimes entails."

"Brevis esse laboro, obscurus fio."

My attention was first directed to this complication by noticing that during the cholera epidemic which visited England in 1853, several children that had survived the more urgent symptoms and shaken off all apparent liability to a fresh attack, either suddenly succumbed to a return of their old malady, or pined away gradually under the influence of a spell, which few interpreted alike, and none appeared able to control. The symptoms in either case were aggravated by the addition of head sympathy,

* Read before an association of brother officers which was organised by some enterprising members of both services at Peshawur in the early part of the year 1868, and which elicited some valuable information about water supply, the spread of cholera, and other questions of local interest during the period of its short and precarious existence. Though not improved by the time which has since elapsed, and in need mayhap of a little trimming, the writer prefers reproducing it word for word as it stood in the original, to recasting it *de novo*, as he believes it will be more acceptable to his readers in its primitive dress, than it would be in a newer and more ornate costume, and he is willing to hope that the conditions under which it was written, and which it is needless to relate but easy to conjecture, will be remembered in its favour, and allowed to atone for its many pathological and other shortcomings. He did his best under the circumstances, and more than that no man can do.

and the few hurried *post-mortems* I was allowed to witness, clearly showed that such was the case, and that the brain or its membranes, played a more active part in them, than that of a mere accessory before the fact. I subsequently noticed a tendency in the same direction among some children, the subjects of a spring diarrhœa or English cholera I had under my care while discharging vicariously the duties of medical officer to one of the poorest parishes in Westminster, and having observed for the third time and under very different atmospheric agency, that certain children of my regiment, that were attacked in camp near Cawnpore, during the epidemic of 1864, went out with equally painful evidence of brain derangement I made a covenant with myself, that, should another similar opportunity offer, I would turn it to better account than I had been able or was allowed to do on either of the former occasions. The opportunity occurred sooner than I had anticipated or could desire, for it was the means of spoiling my well-earned leave to Cashmere, in May 1867, and the cause of my recal after a weary march of 170 miles or more within three days of my arrival in its ancient capital. Soon after reaching head-quarters at Rawul Pindee, I was ordered to take up my residence on a bleak hill side, near Tréte,* and afford medical aid to the women and children who were being sent up from this garrison to the family camp at Clifdenn, near Murree. After remaining there for about a fortnight or three weeks, a sudden outbreak of cholera, which carried off in a few hours a woman and three children of my regiment, necessitated the removal of the other families into camp, and as it was in contemplation to pass them on to Nundkote, I was ordered to hold fast at Tréte till further orders. It was here that I gained the additional scrap of information referred to above, and as this does not amount to much at the best, I will after a short but almost unavoidable digression, proceed to deal with it as summarily as I can.

Three cases in point will answer the purpose I have in view, and the few searching words devoted to the description of each, will render any very minute prefatory narration of symptoms unnecessary. There is no science to which the saying "ex uno disce omnes" more appropriately applies than to that of medicine, and a little judicious pruning and compression will, in a climate like this, invest technical details with an interest and often ensure for them an attention which no amount of embellishment or padding would otherwise command. It is well-known that the delicate nervous organisation of young children, renders them peculiarly liable to the effects of eccentric irritation, and convulsive disorder is so common a consequence of gastro-intestinal disturbance in early life, as to be no longer a fit subject for scientific speculation or comment.† This is not, however, the complication that I allude to here, and infantile convulsion is no longer held to be necessarily pathognomonic of disease of the brain. The form of cerebral complication that I now contemplate, has a more dangerous origin and a graver significance, and the principal object of this little paper is to show that acute or subacute—and I believe this to be the prevailing type—inflammation of the meninges leading to effusion or perhaps false membrane is a more frequent cause of death in children, who have suffered from exhausting discharges during epidemic seasons, or who labour under the influence of a choleraic cachexia, than we find recorded in books, or than is generally supposed.

The night of August the 2nd, 1867, at Nundkote, was one of the most stormy and boisterous that I have ever witnessed.*

Rain poured down in torrents saturating the tents and flooding the encampments in all directions, frequent flashes of lightning, "cerebris micat ignibus æther," that wriggled for a moment in the troubled sky served but to make the darkness more visible, and the thunder reverberating through the neighbouring hills formed an unearthly combination of sound and fury that I have no wish to witness again. Frequently called up to minister to the requirements of my charge, I had ample opportunities of making acquaintance with the elemental strife that raged so furiously without, and of recalling some of the most touching staves of those old sea songs with which most of us are familiar through the sham or shipwrecked sailors that bawl them out during the winter months in country villages and wherever else skilled enquiry is not likely to be brought to bear on them. On the morning of the third, finding that some evil influence had been at work in the camp during the night, I made the following remark in the case book. "It is curious to note, but difficult to account for or define the agency by which five different previously healthy persons were attacked on the same night, and by a train of symptoms which are in the main very nearly identical, or at most only modified by peculiarities of age, constitution, and temperament." Dr. Clarke has just told us, that "a severe thunder-storm burst over the encampment of the pilgrims at Hurdwar, about three millions in number, on the night of the 11th of April, 1867, and cholera made its appearance in an epidemic form on the afternoon of the 12th,† and I read in a number of the *Delhi Gazette* for July of the same year, a graphic account of the wave of destruction which swept so disastrously like "a hurricane eclipse of the sun" over this station last year, and which so fully confirms his description that I willingly reproduce it here. "On Monday morning 20th inst., all was well, and yet before nightfall as if the Angel of Death had blasted with evil our fair valley, no less than eight Europeans had been stricken down dead with cholera. Like an avalanche it came down upon us. Six men of the 42nd Highlanders, two men of the Artillery, and three or four native soldiers, had fallen victims in a few hours. The blow was sudden and fierce, and it smote us all with sadness and sorrow." I believe that a similarly sudden and violent atmospheric change, preceded that terrible outbreak of cholera at Mean Meer, in 1861, which carried off according to a paragraph in the

* A small but picturesque village and halting-place between Rawul Pindee and Murree, where there is a good hotel and staging bungalow, and where the writer heard the monotonous "wood note wild" of the cuckoo for the first time in India. Nundkote, situated on the brow of an adjacent hill, is the (now abandoned) resting camp here referred to.

† Trousseau's explanation of this now well-ascertained physiological fact is worth reproducing in full for its own sake. Enumerating the causes of infantile convulsions, he says, *inter alia:* "Profuse *diarrhœa* persisting for a long time acts in the same way, that is, in producing convulsions in children. This need not surprise, if this great physiological law be kept in mind—namely, that in proportion as the nutritive and vegetative functions are feeble and languishing, nervous phenomena are mobile, exalted, and irregular, a law which has been admirably enunciated in this simple observation of Hippocrates—*anguis moderator nervorum*, if it be especially remembered that the dependence of the nervous system on the blood and the nutritive functions is most strikingly marked in children.—Lectures on Clinical Medicine, "Sydenham Society's Transactions," vol. i., p. 343.

* This was the only time in my life that I felt the effects of "funk," and the latter was brought about in this wise: Returning to the leaky hovel in which I resided for the fifth or sixth time during the night, or rather as the light of day was feebly struggling through the murky air, drenched to the skin, and troubled with diarrhœa and griping, I feared that I was in for an attack of cholera, and having no faith in the power of physic in that disorder, straightway gave myself up for lost. It wasn't the fear of death or its consequences that frightened me, but the sense of my helplessness at the time, and the feeling that I was alone on a bleak hill-side far away from all who cared for me. To these were added the natural reluctance of a person of my age to part with life, at a time when its attractions were greatest, and go down, "unwept, unhonoured, and unsung," save, perhaps, by the passing wail of one of my poor countrywomen to a nameless grave amid the mountains, to which none of my kindred would ever have access. These reflections, small as they may appear at this distance of time and place, had then a great weight with me—all the sadder memories of my life came suddenly upon me, and as I lay down on my dripping couch, I cursed the hour I accepted a commission. Would to God it were the only time I had reason to regret that fatal step!

† Dr. Clarke subsequently informed me that "the camp was supposed to have been free from the disease before the 11th;" and he added, "I am induced to think that a cycle of choleraic air struck the pilgrims—not that the seeds of the disease lying dormant in the ground of the encampment were vitalized by the rain." This belief accords so much with my own experience of visitations of cholera elsewhere that I readily endorse it; and simultaneous outbreaks of that disease at such distant intervals, and under circumstances so varied as those referred to above, seem to me to bear more support to the theory of its propagation advanced by Dr. Bryden than to that of Pettenkofer, Murray, MacNamara, Parkes, or other writers of my acquaintance.

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Lahore Chronicle for September 14th, of the same year, between the 6th of August and the 13th September, the frightful number of 534 European souls, and reading lately an article entitled "A City of the Plague" in *Blackwood's Magazine* for October 1867, in which it was said, that on the morning of the fatal outbreak at Albano, "the air grew dark, a wild wind rose and chilled the thinly-clad inhabitants to the bone, it came upon them without warning, like a sudden doom, and drove the village folks indoors, to hug their winter cloaks to them and seek warm clothing" I was forcibly struck with the resemblance the visitation bore to my own, and I am now more satisfied than I was before that cholera is carried along on the wings of the wind, rather than by water or other telluric or local agency. The writer adds: "That day there were seventy deaths from cholera in Albano, and all the wild incidents of a plague-stricken city were brought into immediate life in the little town, which but a day before had been so pleasant and cheerful." Many other instances in point could be quoted here, but time will not allow of my going farther into the subject at present, and requesting the attention of the Society to the point, I will now proceed at once to dispose of the issue in hand.

(To be continued.)

THE SITTING POSTURE IN PROLONGED CATHETERISM.

By R. Hanslip Sers, M.R.C.S.

In cases of stricture, organic or otherwise, considerable time and patience are required both by the operator and the operated. Thus, a working-man after a heavy day's work will beg to be seated—he dreads the fatigue—the faintness and the muscular trembling produced by leaning during a length of time against a wall. Then one may have a corpulent patient suffering from hemiplegia accompanied by stricture, or an elderly patient with enlarged prostate. It may be inconvenient in these cases from a local circumstance to lie upon a couch. The time occupied by the operation is commonly considerable, hence the temperature of the room, especially in the winter, is of importance. Under these conditions I permit the patient to sit upon a chair in a semi-recumbent posture, with the nates close to the edge and the knees widely divergent. This admits of any requisite manipulative process. In stricture, I have faith in prolonged sittings, at least in otherwise healthy country persons in the prime of life, to enable one *leisurely* to exert that steady pressure—gentle yet efficient—so familiar to the expert. The sitting posture answers admirably, and is superior to the upright, and I think also to the flat position. I am uninformed whether or not this method is advocated by either home or foreign surgeons.

THE SEWAGE QUESTION.

SPECIAL REPORT.

(Prepared expressly for the Medical Press.)

No. XXVII.

AGRICULTURAL VALUE OF SEWAGE.

(Continued.)

In illustration of the great difference of opinion among theoretical and practical men, as to the quantity of sewage that ought to be applied to a given area of land, we may quote the remarks of Mr. Lawes, on the evidence given before the Select Committee of the House of Commons, "On Sewage of Town." "One witness who had been engaged for years in the application of sewage, and whose evidence is said in the 'Analysis of Evidence,' to be 'entitled to great weight,' gave it as his opinion that, 300 tons of sewage per acre would accomplish the same results as the 10,000 tons which he had, in point of fact, applied. Another witness, just returned from a visit of inspection of the sewage meadows at Edinburgh and Rugby, considered the inferiority of the produce at Rugby, to be due to the much smaller quantity of sewage there applied, the amount ranging from 3,000 to 9,000 tons per acre; whilst, in the case of the Edinburgh meadows to which he referred, it was estimated by the same witness at 10,000 to 12,000 tons per acre, and to be as high as 30,000 to 40,000 tons on some of the meadows in that locality." There are authorities in fact who declare that as little as 100 tons of sewage per acre per annum is sufficient for agricultural purpose. Mr. George Shepperd, a sewage engineer of some notoriety has expressed this opinion, and so also has Mr. Mechi, the champion of sewage farming, whose mode of reasoning is somewhat as follows:—A human being is equal to a sheep in manurial value. Now in England, according to statistics, the land only receives the manurial results of two sheep per acre per annum from all the farm animals in the country, reckoning bullocks, horses, pigs, &c., in their proper equivalent proportions as sheep. Therefore, says Mr. Mechi, the manure of two persons is enough, as a normal dressing, for ever acre of land; and this is just 100 tons of ordinary sewage, when the water supply or degree of dilution is at the rate of thirty gallons per head daily. But experience has shown even under Mr. Mechi's supervision, that twice this amount is insufficient. The experiments to which we allude were made at Rugby some years ago by Mr. James Archibald Campbell, who brought with him from Edinburgh, as we have before said, the largest notions of the agricultural value of sewage, and being desirous of realising at Rugby the sewage wonders of Edinburgh, he became an enthusiastic sewage farmer, taking about 190 acres of land from Mr. Walker, and agreeing to pay him a guinea an acre for five dressings of sewage applied to the land between the months of March and October. At the onset, says Mr. Campbell, a question arose as to what constituted a dressing, and it was left to Mr. Alderman Mechi to say how much it should be. That gentleman, after grave deliberation, decided that the quantity was to be 9,000 gallons, or 45,000 gallons per acre for the five dressings. This is almost exactly 200 tons an acre; but it was soon found to be insufficient; and year by year he went on reducing the area of land until he put the whole of the sewage, for which he paid £150 a year, on about twelve acres of land. In a pamphlet published by Mr. Campbell, in which he gives the results of his experience for eight years as a sewage farmer, he states "that he should expect a better paying return from fifty acres with 4,500 tons per acre per annum, than from 100 acres with 2,250 tons an acre." Mr. Mechi could hardly fail to profit by these results, and so he has since recommended that from 500 to 600 tons of sewage per acre should be applied to the land. He has even said that for green crops 1,000 tons might be used, and perhaps, in the case of London sewage as much as 2,000 tons an acre; although he cannot forget that his friend, Mr. Miles, of Bristol, produces excellent results with the sewage of thirty persons upon fourteen acres of land. Mr. Thomas Ellis, who was a candidate for the sewage of London, proposed that it should be distributed

at the rate of 500 tons an acre per annum, and his views were strongly advocated by Mr. Brady, the chairman of the Select Committee on Sewage. Reasoning in much the same way as Mr. Mechi, he said that "as good results were obtained from twenty tons of farm yard manure upon an acre of land, and as thirty tons of sewage were equal to at least one ton of rich manure, it was evident that 600 tons of sewage per acre were enough for all practical purposes." This is the produce of a dozen people, and is therefore an extravagant allowance when compared with the fancy farming of Mr. P. S. Miles, of Bristol.

Messrs. Hope and Napier, whose scheme for the utilisation of the northern sewage of London upon the Maplin Sands, and Dengie Flats, was accepted, with some modifications by the Metropolitan Board of Works, were of an opinion that 1,750 tons an acre are sufficient for profitable results; and very recently at the meeting of the British Medical Association at Plymouth, Mr. W. Hope read a paper "On Sewage Irrigation in connection with Public Health," wherein he stated that in most cases the sewage farms of this country were, as Dr. Letheby and Mr. Hawksley had described them, pestilental swamps; and this he attributed to the application of sewage in too large quantity, especially during the night when plants could not utilise it. He therefore recommended that sewage should be sparingly used—an acre of land being allotted to every twenty or thirty persons, as "it seemed exceedingly doubtful whether, having regard to the commercial side of the question, it would be practicable to utilise the sewage of more than twenty or thirty persons per acre over a term of years." This is at the rate of from 1,000 to 1,500 tons of sewage an acre per annum; and it is we believe the quantity used by Mr. Hope, upon the 121 acres of Breton's farm, near Romford, of which he is the lessee. A like opinion was entertained by Mr. Westwood, the farm Bailiff of the School farm at Annerley; for he said in his evidence before the Parliamentary Committee, that when more than 1,500 tons an acre was applied to the land (clay) it ran away into the drains, and fouled the stream. He found this to be the case with ground receiving from 8,000 to 9,000 tons an acre, even when it was cultivated with rye-grass. Baron Liebig also is of opinion that small dressings are more advantageous than large, because sewage ought not to sink deep and be lost. A soil, in fact, saturated with manure not only fails to increase the crop, but becomes, except in the case of roots, positively hurtful. Meadow land, he says, to yield four tons of hay per acre, or twelve tons of grass, would require 2,430 tons of sewage; and even then about two-thirds of the ammonia and one-third of the phosphoric acid are left unutilised—the potash only of the sewage being appropriated. On the other hand the Earl of Essex, who was the chairman of the commission appointed to inquire into the best mode of utilising the sewage of towns, and who rents the sewage of Watford, began by distributing 60,000 tons of sewage annually upon 210 acres of mixed arable and grass land which he had under-piped, but he found it was necessary to limit its application to a much smaller area, and almost exclusively to either permanent meadow or Italian rye-grass. He stated in fact in his evidence before the Committee of the House of Commons, that practically he had limited it to about ten acres of rye-grass, and thirty-five acres of meadow land—"I put," he said, "about 5,000 or 6,000 tons a year to each acre of Italian rye-grass, and 600 tons on each acre of meadow land—making between 60,000 and 70,000 tons of which I calculated I got from the 4,000 inhabitants of Watford." This is the quantity which is used at Croydon Banbury and Warwick. Dr. Voelcker is of opinion that from 2,000 to 4,000 tons an acre may be put upon better kinds of land, but that porous soils of a sandy nature will take from 8,000 to 10,000 tons per acre. "When," he says, "we apply a large mass, say 7,000 to 8,000 tons to a soil which is naturally porous and deep we incorporate with a large body of soil a considerable quantity of solid, real fertilising matter. By using such large doses upon grass crops grown upon a poor soil, these solid manuring matters which are disseminated through a large body of soil by capillary attraction, are brought within reach of the roots of the plant. The evaporation which takes place from the leaves of grass crops is very considerable; the moisture from a considerable depth is drawn up, and with it all the solid matters dissolved in it. Then we see a marked effect upon vegetation, which will explain in practical experience, why quantities of 300 to 400 tons an acre, even applied to grass lead to no practical result, whilst large quantities applied to the extent of 8,000 or 9,000 tons (and I am not sure that even larger quantities may not be used with advantage) produce a good result. That is a matter which is clearly determined by experiment; for I have nowhere seen such small quantities as 300 or 400 tons an acre produce any decided beneficial and remunerative effect." Professor Way has arrived at the same conclusion, for in speaking of the sewage of London, he said that "you could advantageously use the sewage of 3,000,000 people upon 30,000 acres of land, which would be the excreta of 100 people per acre, provided it was all grass land; but it would be advantageous to take a larger area, because the only way in which you can deal with it is by feeding it into milk, or into flesh, and you would have a very large quantity of manure produced by the cattle in addition to the sewage; consequently, you will have the means of returning an increased quantity of manure to the land." Mr. Lawes, after a careful consideration of the subject, decided to apply it experimentally at the rate of from 3,000 to 9,000 tons an acre upon the land at Rugby, and the results of his experiments were that less than 5,000 tons an acre were not sufficient for profitable returns. Mr. Robert Rawlinson, who once had the most extravagant notions of the value of sewage, has since learnt, and candidly admitted, that an acre of land is required for every 100 persons, which is at the rate of 5,000 tons of sewage per annum; and Mr. Bailey Denton, whose views of this subject are rather peculiar, is nevertheless of opinion that for actual working an acre is required for every 100 or 150 persons, according to the porosity of the soil—lighter soil taking the sewage more freely than heavy; but still he thinks that extra land is necessary on various reasons, and especially for alternate cropping, and for occasional rest of the land. He says, indeed, "that the excrement of five persons, worth thirty shillings per annum, is equal to as many loads of farm-yard manure, and will do for a rood of ground, worked with reference to cropping, and applied to half the land each year." This is at the rate of only twenty persons to an acre, or forty for the land actually in work. Even supposing that the excreta are applied in a concentrated form, Mr. Bailey Denton's views are very different from those of the late Sir Joseph Paxton, who said in his evidence before the Parliamentary Committee that he could put the sewage of 250 persons upon an acre, when it was not diluted with more than a tenth part of the water in

London sewage—whereas in the latter case it would require 30,000 acres for its appropriation. At Edinburgh, however, the sewage of about 80,000 persons is put upon 250 acres of sandy soil; and this is at the average rate of 16,000 tons an acre; although in practice it ranges from 10,000 to 40,000 tons an acre according to the requirements of the crop.

It comes, therefore, to this, that after an experience of nearly twenty years, in every variety of situation, season, and soil, with all the enthusiasm and diligence necessary for success, the so-called practical men are unable to declare definitively what quantity of sewage can be safely and profitably applied to a given area of land; for in active practice it ranges as we have seen from 100 tons an acre per annum to 40,000 tons; or, to put it in the form of acreage to the population, it ranges from two persons per acre to 800 persons. What further proof is necessary of the difficulties of the whole question, and of the uncertainty of the conditions upon which even a partial success is dependent? One thing, however, is conclusive, and that is the diametrically opposite conditions of sanitary and agricultural success, for while in the one case, a limited supply of sewage to the land is necessary, in the other it must, at certain times, be almost unlimited. To be safe in fact, as regards freedom from nuisance, the land must never receive more than from 1,000 to 1,500 tons of sewage per acre per annum; whereas for commercial profit it must never have less than 5,000 tons an acre; in the former case it represents a maximum of thirty persons to an acre, and in the latter a minimum of 100 persons.

Next, as regards the crop to which sewage irrigation is most suitable. Some are of opinion that it is applicable to every description of produce provided it is used at a proper time and in proper quantity, though others assert that it is only fit for grass crops and succulent roots; all however are agreed that it is most profitably applied to Italian rye-grass and to pasture land; and that it will in dry seasons augment the yield of hay if it be used at a proper time. The Earl of Essex began by distributing it over arable as well as grass land, but he ended by limiting it almost entirely to permanent meadow land and Italian rye-grass. The same was the case with Mr. Campbell at Rugby, although both of them think that sewage is good for roots in dry weather, and even for wheat at a proper time. Mr. Mechi says it is best not to apply it to the land immediately for wheat, but to a preceding root, grass, or clover crop, because if it is applied to wheat it causes it to be too luxuriant, and to full early. Mr. Congreve, of Rugby, is evidently of the same opinion, for he says it will increase the quantity of straw but not of corn; and he adds that although it will greatly promote the growth of grass, both natural and artificial upon poor land, it cannot be applied with good effect to roots, because it contains so much water that your land is in a state of sea if any quantity is upon it. Mr. Miller, of Edinburgh, has arrived at the like conclusion, for he found it made furrows and channels in arable land, and washed the roots of plants bare. It was in fact positively hurtful to wheat and he doubted if its immediate application was of any benefit to turnips. Dr. Voelcker, Professor Way, and Mr. Lawes have expressed themselves to the same effect, and have condemned the use of sewage for arable land. "It may," says Dr. Voelcker, "be fit for pasture land and for raising coarse green crops, but it is quite unfit for cereals after the grassy state, because of its forming straw instead of grain, and checking the ripening process." It is even unsuited, in his opinion, for market produce, as it clogs the soil and kills the plant. Mr. Way also advocates the use of sewage upon grass land, because it is the only way in which you can deal with it, by feeding it into milk or flesh, and so getting a more manageable manure. While Mr. Lawes, in his article on the "Utilisation of Town Sewage," says that "it seemed impossible to account for the abandonment, at Watford and at Rugby, of the use of sewage to crops generally, and in comparatively small amounts per acre, after so large an outlay had been incurred entirely with a view to its application in these very ways, excepting on the supposition that the practice was not found to be profitable;" and in the combined report of these gentlemen on "The Sewage of Towns," they say, in general conclusion, that "where the most extensive trials of the application of sewage to corn crops have been made with a view to profit, namely, at Watford, Rugby, and Alnwick the practice has been abandoned, whilst neither at Edinburgh nor Croydon, where the best results have been obtained with grass, does the application to corn and other rotation crops constitute a part of the general system adopted. Judging both from the results of the experiments, and from the experience of common practice, it is considered that the most profitable utilisation of town sewage will in most cases be obtained by the application of about 5,000 tons per acre to meadow or Italian rye-grass,"—both of which are most profitably used for feeding stock or for dairy purposes. This however is not the opinion of Mr. Bailey Denton, who thinks that Italian rye-grass is a mistake, and that stock-feeding and dairy-farming are a delusion. In his lecture last year to the Maidstone Farmers' Club on "Sewage Irrigation as a means of disposal of Town Sewage," and in considering by what description of crops the sewage farmer would most profit, he stated "that Italian rye-grass had hitherto held a permanent place; but with this he did not agree," and he gave statistics to prove that generally speaking the cultivation of grass on sewage farms was unprofitable. "Mangolds, beet, turnips, carrots and parsnips, potatoes and cabbages—the latter especially—he recommended as good crops for the sewage farmer;" and he quoted Mr. Petre, of Lodge farm, and Mr. Hope, at Breton's farm, in proof of it. He even advocated "the production of straw upon a sewage farm as a matter of great moment;" for although the quantity of grain was small, the bulk of straw was large, and this was advantageous in feeding stock. "In the main however," said Mr. Bailey Denton, "the less the sewage farmer dealt with stock, and those other branches of farming which were not essential to a sewage farm the better, for he would require all his attention to be devoted to the essential duties of the farm, and the marketing of its regular produce."

SOCIAL SCIENCE CONGRESS AT LEEDS.

OCTOBER, 1871.

SIR JOHN PAKINGTON, President.

WEDNESDAY, OCTOBER 4TH.

THE Association met and the President delivered the Address. It was largely occupied with the question of education, and has excited a good deal of discussion in the daily papers, but we have not space for a report.

MR. HASTING'S ADDRESS.

MR. HASTINGS, the President of the Council, delivered the usual address on behalf of that body, touching at the outset upon the subject of education, after which he turned to the subject of public health, observing upon the importance of the adoption of large areas for sanitary administration, and thus referring to the necessity for employment of efficient officers of health. An officer of health should be paid such a salary as will secure the services of a trained intellect and high character. Being thus remunerated, he should be rigorously debarred from private practice, not only that he may devote his whole time to the functions of his office, but that he should be free from private influence in performing his duty. Such an officer can be obtained by counties, but seldom or never by unions. The rateable area of a county, supplemented as it would be by boroughs which would unite with it for sanitary as they now do for jail and police purposes, can sustain a cost under which the union must break down. It is urged, indeed, that every union must break down. Every union has a medical officer, and it is proposed to place the sanitary welfare of the county in his hands. We protest against such a system. No one has a higher sense of the services and merits of a body of men signally underpaid for their work, denied the social recognition of enrolling themselves in the civil service of the Crown, and struggling manfully in the great majority of cases, though beset with difficulties, to do their duty to the poor. But we cannot believe that these meritorious officials possess the qualifications necessary for sanitary work. It is no blame to them that they have not been trained for duties which require, as our late colleague Dr. Symonds, of Bristol, admitted, very different acquirements from those which are successful in the treatment of sickness; nor is it easy to see how professional men whose time and energies are absorbed in daily toil are to qualify themselves by that study of all sanitary questions which the commissioners recommend as desirable for medical officers of health. Granting them even the necessary qualifications, these poor-law practitioners are under the grave liability of private practice. On that important point I will content myself with quoting from a valuable minute issued by the General Board of Health, dated December 20th, 1855, and signed by the Right Honourable William Cowper, president of the board. That minute deals with the duties and qualifications of a medical officer of health, and says, "It will be well to debar him from the private practice of his profession—Firstly, because the claims of such practice would be consequently adverse to those of his public appointment, the duties of which, especially at times of epidemic disease, when his official activity would be most needed, private practice could scarcely fail to interrupt and embarrass; secondly, because the personal relations of private practice might render it difficult for him to fulfil with impartiality his frequent functions of complainant; and, thirdly, because with regard to the cordial goodwill and co-operation of his medical brethren, it is of paramount importance that the officer of health should not be their rival in practice, and that his opportunity of admonitory intercourse with sick families should not even be liable to excuse for the purpose of professional competition." If this reasoning be sound, and much evidence has been collected both in our own country and on the Continent in its support, it follows that the poor-law practitioners, who depend on private practice for their livelihood, are not fitted for the functions of health officers. The questions of pauperism and criminals were next dealt with—it being pointed out that the Association has never ceased to direct its attention to the best means for the repression of crime. In conclusion, he said, let me urge the necessity of cultivating the scientific spirit in dealing with social questions. Wanting that, we are like a ship adrift at sea without a rudder. Science, which in all the ramifications of its pursuit means the reduction of knowledge to accurate form, is the peculiar safety of the legislator, pushed on as he is by blind impulses, and shackled by conflicting interests and the jars of faction. Its value to mankind is well attested by the virulence it awakes in opposite quarters. Science is honoured by the hate alike of those who would return to mediæval superstition and of the party not less fanatical, who would submerge civilisation in a sea of blood. It is, in truth, vituperated by all who find the reality of facts inconveniently in their way. Thus it is the fashion of some to call political economy hard. They speak of it as if it were an active agent in the injuries they suffer or fancy. A few years ago some London workmen, when warned of the unwisdom of their proceedings, replied—"If political economy be against us, we will be against political economy." As well might a man exclaim, who had fallen from a ladder and broken his leg "If the law of gravitation be against me, I will be against the law of gravitation." Political economy, like astronomy or chemistry, or any other science, does not create facts, but expounds them. In that sense political economy may be bold, for it tells us of hard facts—of realities which nothing can disannul. It is in truth only the rules of common sense and of business experience applied to communities of mankind. Nothing can prevent individuals who are thoughtful and industrious getting the better of the improvident and idle, and nothing ought to prevent it; nor can anything hinder a nation or a society wise enough to obey the laws of nature in their trade from growing more prosperous than those who hamper the growth of their own success by artificial restrictions. Political economy explains these things, and teaches what disasters will follow the defiance of natural principles, but the disasters are not therefore its creation. It is the Communists' dream that they can abolish the forces of civilisation by substituting an automatic society for individual impulse and invention. Do they really believe that the course of the world can be turned back; that man can ever retrograde to the level of instinct, having tasted the prerogative of free will?

"What! can ye lull the winged winds asleep,
Arrest the rolling world, or chain the deep?"

The human mind cannot be shackled thus. We are not "magnetic mockeries," but spiritual men, and our destiny is rather towards a more expanded and more tolerant civilisation. But to make that progress secure, the idea of individual right and equal justice to all must be supreme.

THE Sections met in the usual manner and papers were read and freely discussed. The congress was this year thought by most a success, and it offered a new feature in the Sanitary museum.

MONDAY, OCTOBER 9TH.

SANITARY SCIENCE.

The President of the Health Department, George Godwin, Esq., F.R.S., reminded his audience that not many years ago there were numbers of educated and influential people who were of opinion that there was no connection whatever between sanitary arrangements and ill-health. At the present time we may, perhaps, go so far as to say that all admit, more or less fully, that this connection does exist. A whole host of questions, however, remain correctly or incorrectly, matters of opinion, and it is with a view of their speedy removal from debatable ground, so that effective action may be at once taken, that this Association holds its meetings and publishes the result of its deliberations. Thus we have ceased to discuss as to the necessity of promptly getting rid of the sewage of towns, but the best mode of disposing of it is still with some a matter of opinion. This part of the enquiry, however, is gradually narrowing; and it may be hoped that the proceedings at this Congress will tend to bring about the right conclusion. In common with a large majority of those who investigated the subject, I feel perfectly assured myself that the irrigation of land is the right use, except in some special cases, to which to apply it. Evidence that it may be thus applied with pecuniary advantage, and without injury to the health of the neighbourhood, is accumulating day by day. Having referred to the new Public Health Bill, now in Sir Charles Adderley's hands, and to the great importance of that part of the Metropolis Water Act which requires that every company should supply water on Sundays as on other days, the President proceeded thus—The importance of the subject we are considering—the public health—is so great—it lies so entirely at the root of all national progress—that it is impossible to speak too strongly upon it. At the present moment, moreover, it is invested with unusually pressing interest, after a terrible visitation which has desolated homes throughout the country—a visitation which all evidence shows was the result of ignorance, carelessness, and wilful avoidance of a known means of prevention, or, at any rate, of amelioration. We note, at no great distance from our shores, the presence of a much-dreaded disease; and I should be neglecting a duty if I allowed this opportunity to pass without inviting all who have the power to aid in making such preparations as experience shows are calculated under Providence to mitigate its severity. Should we happily escape its visit, we shall still have advantage from the steps taken. When there is no immediate prospect of danger, the cost of precautions is begrudged. A large class of persons would sooner run the chance of death than incur the certainty of having to pay a pound. We are all of us gamblers, more or less, and like to take our chance. The most vigorous and

intelligent action is required on the part of our health authorities, and their hands should be strengthened by public expressions of opinion and outside aid. I am anxious not to be thought an alarmist. There is no occasion whatever for alarm. It is indeed to be strongly deprecated; but it would be suicidal to think, ostrich-like, that if we shut our eyes no one will see us—that if we say nothing about a possible danger ourselves, nothing will be heard of it. The way of victory is to meet it well-prepared. It is now known (says the Registrar-General in a recent report) that where a place is clean, where the waters are pure, where the people are not crowded, where good administrative arrangements are made for the early treatment of attacks in the first stage of diarrhœa, the epidemic is disarmed of nearly all its terrors. But as English towns are still dirty, are dotted over with cesspools, or fouled by bad drains, and the waters—alike of wells and of rivers from which towns draw their supplies—are soiled to some extent by sewage, we can at present expect no absolute immunity, Commissioners and committees have left our water supply much as it was. The hard waters of the rivers are not purified by Clark's process nor are the unpolluted streams brought uncontaminated down to the cities in the plains. Still, much may be done if cholera pursue its customary course by commencing at once all useful works of precaution, so as to mitigate its virulence, and this is what all in their several spheres should aid in doing. After alluding to the unsatisfactory condition of many of the London sewers and to certain sanitary defects in Leeds, Mr. Godwin made the following announcement:—Many of the subjects relating to public health and social progress still offer problems for solution of extreme difficulty, and much good remains undone for want of its being known how best to do it. In confirmation of this, and for other reasons, I am tempted to mention that I have for some time been authorised by an inhabitant in London to state that he is willing and ready to appropriate to the improvement of the health and conditions of the poorer classes of the metropolis a sum equal to that given by the late George Peabody for a similar purpose—or say half a million of money—when he can see a mode of satisfactorily effecting this without fear of pauperising the class he seeks to benefit. Means were taken to make this offer known to a limited extent, and a large number of suggestions have been sent to the proposer, but he is not yet satisfied as to the course that can wisely be taken. We must congratulate that individual on holding in his hand the power to achieve a glorious end, and I would add a hope that a noble example of what may be done by an employer to improve the condition of those engaged for him is to be found in this district. I mean, of course, Saltaire, where intelligence and far-sighted benevolence have provided healthful homes, education for the children, innocent enjoyment and means of culture for all. The time is coming when the history of the result of that establishment in a sanitary and social point of view should be written with a view to the guidance of others. We lose on a moderate computation a hundred thousand lives annually by preventible diseases, and millions of money in consequence of these deaths, and of premature disability in cases where death does not ensue. A million paupers receive relief weekly in England and Wales. With complete study of the laws of health, preventive medicine, and improved sanitary arrangements throughout the kingdom, the number of this melancholy army would soon be materially lessened. I have spoken of disability where death does not ensue. With reference to this, let me say that we want the registration of it. The registration of deaths which is now enforced is of the greatest value, but we need beyond that the registration of sickness, which would show the magnitude not only of the grief and poverty to individuals caused by disease, but of the money loss to the public. The desirability of this is fully recognised by the Royal Sanitary Commission, so that we may hope for legislation before long. The close connection between the absence of proper dwelling accommodation and ill-health having been strongly insisted upon, the President concluded by urging that sanitary science should be taught to all from the earliest years in schools of every grade. Until this be more generally done, we shall go on as now destroying one another, and blind to the fact obvious to a Latin poet 1,800 years ago, that life is not to live but to be well. This great question of health calls for the primary and unremitting attention of statesmen and legislators. It is far above party considerations and far superior in importance to the great majority of subjects which monopolise attention. Without education and health no nation can advance and be happy, and to bring about those conditions should be the chief object of all government.

Hospital Reports.

KINGS COLLEGE HOSPITAL.

Epithelioma of the Penis—Amputation—Enchondromatous Tumour of Finger—Enucleation—Hare-lip.

(Under the care of H. SMITH, ESQ., Surgeon to the Hospital).

THE case of epithelioma of the penis was, Mr. Smith observed one of very great interest, not so much on account of the nature of the operation itself, but because such cases were often extremely difficult to diagnose owing to there being no exact history.

As regarded the operation the only points worth noticing were:—1st. That he had made a bold sweep taking care not only to remove the diseased part but also a margin of healthy tissue, a favourite practice of his as the pupils had had many opportunities of seeing, as such a procedure would, to a considerable extent, prevent the possibility of a recurrence of the disease. 2nd. In these cases the urethra after amputation had a tendency to contract if not to close, to prevent then such an accident, he had slightly opened the urethra at its lower part and stitched either side to the adjoining mucous membrane.

The man stated the disease had been coming on for four or five years, which together with the general appearance of the man, convinced Mr. Smith prior to operating, that the disease was what it had turned out to be, viz., epithelioma, and *par consequence*, he, Mr. Smith, had been perfectly justified in advising the procedure they had witnessed him perform, and the operation he believed would prove a success, the neighbouring glands were unaffected, and there was no hereditary taint.

The next case was a tumour situated on the left ring finger at its metacarpo-phalangeal joint, and from a very careful examination it appeared to be connected with the joint, while the character of the tumour was so imperfectly defined, as to lead the surgeons present—who examined the case—to be pretty equally divided in their opinions as to whether it was fibrous or enchondromatous.

Another feature in the case was, that as the man was a printer, it was highly important his finger should if possible be saved, though from its apparent connection to the joint and adjacent textures, so happy a result was in Mr. Smith's opinion problematical. Mr. Smith commenced his operation by making a longitudinal incision over the tumour, and then carefully explored its connections. Finding he was enabled to pass the handle of the scalpel round nearly its whole circumference. Mr. Smith proceeded to enucleate the tumour by a series of manœuvres in a manner introduced, and practised by Sir William Fergusson, which has already been described in these columns.

The finger was then dressed and a splint applied along the palm of the hand and arm.

Mr. Smith then showed the tumour to the class, and pointed out to them that it possessed all the characteristics of an enchondromatous tumour. In the process of enucleation, Mr. Smith had been able, he was glad to say, to preserve intact the extensor tendon, and if all went well, that is supposing no extensive inflammation of the joint was let up, the man would recover, and what to him as a printer was the important point, without the loss of his finger.

The case of hare-lip Mr. Smith said was interesting in many ways:—1st, as illustrating the fact, that chloroform may be given to very young children—2nd, that these operations can be performed on very young children—the case before them was only five weeks old—3rd, that such operations succeeded better in very young children than in those of a more advanced age, and

that where complications existed, such as cleft palate, the parts more readily came together.

In the present case, he had been obliged to remove a portion of the alveolar process, which whenever possible, it is best to avoid for obvious reasons.

The operation itself presented no features of importance, the complication of cleft palate was unfortunate, but Mr. Smith for reasons above given, might predicate a successful termination and cure.

Lithotomy.

(Under the care of ROYES BELL, ESQ., Assistant-Surgeon to the Hospital).

Mr. Royes Bell's patient was then brought on the table and placed under chloroform. A sound was passed, but it was not till after repeated requisitions that the stone was heard and the "click" heard; the operation was then commenced. Mr. Henry Smith holding the staff. Mr. Royes Bell's first incision was scarcely as bold a one as we should have anticipated from a disciple of Sir. Wm. Fergusson, in other respects the operation was proceeded with in the usual manner, and on reaching the bladder, the stone was easily extracted with a scoop.

Mr. Bell observed that cases of lithotomy in young children as a rule did well, he believed it was highly important *never to withdraw the staff* till the stone *was felt*, and he might add when once you felt the stone with your finger, never to let go of it till it had been seized by the forceps or scoop.

The operation had taken a few seconds longer than usual, which he attributed to his earlier incisions being scarcely free enough. The stone was of the uric-acid variety, and weighed about a drachm and a-half.

The difficulty in detecting *the stone in this case*—an occurrence not unusual when patients so affected are brought on the operating table—was attributed to the bladder being too full, and the stone consequently slipping about like a piece of soap in a bath.

THE LONDON SURGICAL HOME.

Case of Ulcer of the Rectum.

ON Thursday, September 28th, Mr. Baker Brown gave an interesting *clinique* upon the subject of ulcer of the rectum. The particulars of the patient operated upon were given as follows :—

Mrs. P., æt. forty-seven, married, but has had no children. Has ceased to menstruate for the last four years. Four months ago she began to complain of pain and soreness of the cervix uteri, and of a sensation as if a lump were in the vagina. She also suffers from pain in the right iliac region when lying down, and of weakness of the abdominal walls. Bowels irregular. Has had various medical treatment without relief. All her symptoms had been considered as due to uterine disease, both by herself and the medical men. Chloroform having been administered by Mr. Harris, and the patient placed in the lithotomy position, demonstration by the vaginal speculum showed that the os uteri was quite healthy, as also was the vagina. There was slight leucorrhœa. Mr. Brown then passed the tip of the finger into the anus, and instantly detected an ulcer. Other gentlemen who were present then examined the anus by the finger, but failed to realise the presence of an ulcer, the patient being under chloroform. Dr. Edmunds then passed a Gowlland speculum into the rectum, and displayed a well-marked circular ulcer on the upper margin of the internal sphincter ani towards the right luber ischii, precisely at the spot which Mr. Brown had pointed out. On reversing the speculum so as to display the other side of the anus, a well-marked polypus rather larger than a pea, and like a large wart, was seen. Mr. Brown remarked that the occurrence of these polypi with ulcer of the rectum was very common, and he was inclined to think that they were formed by the ulcer by a process of moulding under the spasmodic pressure of the sphincter. The polypus was seized with long forceps, and cut off with scissors, the spot being afterwards touched with solution of perchloride of iron. The speculum being then removed, Mr. Brown passed the straight blunt-pointed bistoury into the bowel flat upon his right index finger, the point of which was placed on the ulcer. The bistoury being then turned with its cutting edge outwards, Mr. Brown drew out the finger and knife, *en bloc*, cutting freely through the ulcer, and also dividing some half-inch of the integuments from the margin of the anus. The patient being still under chloroform, Dr. Edmunds again introduced the Gowlland speculum so as to display the effect of Mr. Brown's operation. The incision had commenced above the ulcer, and passing through its centre had divided the mucous membrane and superficial fibres at the sphincter quite freely. Mr. Brown said that was precisely his usual operation, and that it would certainly cure her. The incision was then filled with lint soaked in perchloride of iron solution, and the patient removed to bed, still under the influence of chloroform.

Mr. Brown remarked that all this patient's uterine symptoms had been dependent upon the ulcer in the rectum, and that this constantly occurred, the patient's uterus being cauterised, and the ulcer in the rectum being overlooked.

A patient was then exhibited who had been operated on for fissured anus, on Sept. 7, at a former *clinique*. She declared herself quite well, and as passing her motions now without suffering of any kind. The following are the particulars :—

Sept. 5th.—Mrs. C., æt. thirty-seven, of Wandsworth, married thirteen years, no children. Has had a complaint in rectum for three years. Had been examined by two doctors, and afterwards (in April) was under the treatment of a Clapham homœopathist. Feels very great pain and plunging when walking, and constant aching of back. Is very subject to fainting and headache.

Sept. 7th.—Mr. B. Brown operated, assisted by Dr. Edmunds. Mr. Harris administered chloroform. Recovered perfectly.

Spasmodic Contractions of a Fractured Limb, Arterial Compression.

M. BROCA had under his care a few months ago, in the Hôpital de la Pitié, a man who had broken both bones of the leg an hour before his admission to the hospital. The muscular contraction was so violent that it was impossible to reduce the fracture. M. Broca thereon employed a method which he had found successful in several cases of painful cramps of the lower limb—viz., compression of the femoral artery. Almost immediately the muscles became relaxed, and reduction was effected with ease. Subsequently, in reapplying the splints, the contraction returned, and was again overcome by the same means. The *Journal de Médecine et de Chirugical Pratiques* for March, in relating the case, says that the simple and easy means employed by M. Broca ought always to have a trial before giving chloroform, which is often done in such cases.

The Induced Galvanic Current in Ileus.

DR. MACARIO relates in the *Annario delle Scienze Mediche* for 1870, the case of a man aged seventy, who had long been subject to obstinate constipation, and who was suddenly seized with severe pain in the umbilical region, violent cramps, and abundant vomiting, first of bilious, and then of stercoraceous matters. He was in a state of semi-stupor, with small, weak pulse and singultus. One pole of a Gaiffe's induction-apparatus was introduced into the rectum, and the other was applied by means of a wet sponge to the abdominal wall over the transverse colon. Energetic contractions of the abdominal muscles were produced, and were attended with much pain; but, at the end of ten minutes, the pain and vomiting had ceased. Four hours afterward, the patient had a spontaneous evacuation of the bowels, followed by two others in the course of the night; and the next day he was convalescent.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 18, 1871.

THE CONNECTION BETWEEN DIVINITY AND PHYSIC.

In the person of the Reverend Professor Haughton of Dublin, the Profession has a precedent for the assumption of medical qualifications by a clergyman, but the example of Dr. Croskery, of Jamaica, in assuming the gown and duty of a clergyman, while still practising his Profession as a medical man is, as far as we know, unique.

It is not the first time that medical men have abandoned the practice of medicine and entered the Church, but there has been a veritable change of Profession, and with their devotion to religion their connection with medicine has ceased.

Dr. Hugh Croskery, a Licentiate of the Irish College of Surgeons, and well-known in connection with the medical press in Jamaica, was ordained Deacon on the 17th of last month.

In the course of his sermon, the Bishop referred specially to the fact that Dr. Croskery will, notwithstanding his ordination, continue to exercise his Profession as a medical man, and that the services which he is to render to the Church will be entirely gratuitous. He also pointed out the scriptural authority for ordaining one whose time is partly occupied in the secular duty of healing the sick, and showed that there is no incompatibility between these duties; but, on the contrary, that such a union of offices might be peculiarly blessed. On this subject his Lordship observed:—

"The question of course was seriously considered whether it was allowable or desirable, to sanction the proposed union of ministerial with medical functions; and no reason whatever has been found why one who becomes a Deacon must of necessity cease to be employed as heretofore, in endeavouring to heal sickness and disease; but the contrary, there appears to me to exist many and strong reasons for regarding this ordination with especial satisfaction, and for indulging an earnest hope that the precedent now to be established will be followed.

"It has been supposed, however, that one of the canons of 1603 prohibits such a union of offices, and it is, therefore, important to show that the proposed ordination is contrary neither to their spirit nor to their letter. The canon referred to, the 76th, has the heading 'Ministers at no time to forsake their calling;' and it proceeds to declare as follows:—'No man being a Deacon or minister shall from thenceforth voluntarily relinquish the same, nor afterward use himself in the course of his life as a layman, upon pain of excommunication. And the names of all such men so forsaking their calling, the churchwardens of the parish where they dwell shall present to the Bishop of the Diocese.' . . It may, however, be contended that the canon indirectly condemns the union of any other office or employment, in anywise of a secular nature, with that of a Deacon or Priest. That this is not so is proved conclusively by the next canon but one, the 78th, which expressly allows that in any parish church, or chapel in which there is a curate, such curate may be licensed by the Bishop as a teacher of children—in fact, as an ordinary schoolmaster; and this, it is worthy of remark, not merely for the training up of children in the principles of true religion; but, says the canon, 'for the increase of his living,' or as we should say, for the increase of his income."

THE OBSCENE QUACKS.

The *Irish Builder*, taking as its text a recent leading article in the Medical Press and Circular, devoted space in a recent issue to a well-spoken appeal against obscene quackery, a denunciation of the newspapers which derive an infamous profit from aiding and abetting the publicity of obscene quacks, and an exhortation to young men and to fathers of families to keep out of sight the abominable hints and suggestive allusions of these swindlers. At the conclusion of the article the *Builder* published a Quack Directory, giving the names of advertising quacks whom it would be proper to avoid, and included in that *index expurgatorius* the title of a certain person named Sylvester—*soi-disant* the Reverend. The *Builder* received by next post the usual quarto communication from an attorney, who, of course, is "instructed," on the behalf of his client, E. Sylvester, Esq., of Willesden, to demand at once an ample written apology, and "that you will also, in your next issue, give such public retractation to your statements as will fully satisfy my client, who is inclined to believe his name may have been inserted through mistake for some other. If you decline to accede to this request, I will be obliged to proceed against you in vindication of my client's character and professional reputation.—I am, Sir, your obedient servant."

But the *Builder* did not draw its sword for the purpose of resheathing it. It considers it a consolation to know that we succeeded in unearthing at last one pseudo-clerical rascal from his suburban retreat in Middlesex. An apology, forsooth—an apology for what?—for scotching one slimy and unclean thing, who, under the garb of religion and humanity, has been fattening for years upon the hidden social ulcers of society. We have to inform Mr. or Rev., or F. Sylvester, Esq., or whatever other *alias* he may choose to designate himself, that we will neither apologise nor retract for one scintilla of our words; and that, though we hail from Ireland, we are wide awake to the plunder carried on by himself and his comrogues in quackery. There is no vindication needed for a "professional reputation" sunk beyond all human

remedy—a reputation and a trade that must stink in the nostrils of all decent society, and a scandal to civilisation, journalism, and the law that allows it to exist in our midst. If this will be sufficient apology for F. Sylvester, Esq., he is most welcome to it.—Ed. I. B.

Since the above was written we perceive by a London contemporary that the real curate of Willesden has written to the papers that there is no such personage known in that town. It appears that the nefarious quack calls twice a week at the post-office for his letters, and sports a carriage and pair in the performance of his calls.

Notes on Current Topics.

Scurvy in Paris during the Siege.

During the Prussian siege of Paris scurvy prevailed to considerable extent among the German prisoners in that city, among the soldiers and marines who occupied the neighbouring forts, and among the inmates of some of the hospices for aged persons. Of those affected a good many were treated in the Ambulance of the Luxembourg Palace; but the greater number were sent to the Military Hospital at Ivry, where M. Leven had a *service*, and to whom we are now indebted for some remarks on this disease.

He starts with the assertion that neither is the deprivation of vegetable diet in itself a cause of this disease, nor is any special diet or medicine indispensable in its treatment. He believes that the prime causes of the disease are cold, damp, insufficient food with reference to the labour to be performed, and denies as altogether unworthy of belief the theories that insufficiency of the salts of potash or soda in the blood of the subject has anything to do with it. He observes that in northern regions, where the natives have a cold and damp climate, although their chief food consists of potatoes they often become scorbutic. He alludes to the reports by Lind, in one of which an account is given of a voyage of no more than three months' duration, during the whole of which the sailors fed upon salt pork and salt beef without once tasting vegetables, yet no case of scurvy occurred; whereas by another the sailors on board the *Salisbury* had an abundant vegetable diet, yet a large number of them became scorbutic within six weeks. After quoting the opinions of Reynolds and many other writers, that the disease is altogether the result of the absence of vegetables and fruit, and that recovery is only practicable when they can be freely given, M. Leven states that neither are vegetables essential to health as preventives of the disease, nor are they effectual of themselves in its cure; and he mentions in illustration that in the Hôpital d'Ivry he had treated persons successfully by means of fresh meat finely minced, who had previously had, without benefit, syrup of cochlearia, citrons, &c. According to him, patients affected with scurvy, if placed in good hygienic conditions, sufficiently warmed and suitably fed, recover whatever be the kind of diet furnished, provided it be substantial; but that as the circumstance which most retards scurvy is the condition of the teeth and gums, the diet supplied should be of a nature not to demand much mastication.

The patients admitted into hospital do not appear to have manifested scurvy from the first. During the siege they had had as food bread, rice, horse-flesh, coffee, rum, and a glass of wine at breakfast and dinner daily. This food was sufficient, but it was incapable of maintaining the power of resisting the coldness of the season. If under it a person contracted broncho-pneumonia of a nature to confine him to bed two or three weeks, at the end of that time he manifested symptoms of scurvy; so that although the food was not in itself a cause of scurvy, yet when added to another cause of *denutrition* scurvy became developed, to be cured by broths and meat in sufficient quantity, without the use, as M. Leven states, of either vegetables or medicine. The food of others, he observes, had consisted of potatoes, onions, bacon, yet they became scorbutic, and when taken into hospital recovered rapidly under the free use of soups, eggs, and raw meat. The old men from Bicêtre who suffered from scurvy complained of having been without sufficient means of warming during the great cold of winter, and to have suffered in addition from hunger. Their diet had consisted of 300 grammes of bread, soup-maigre in the morning, a cup of bouillon with a spoonful of rice at midday, rice in the evening with seven centilitres of wine. These men speedily improved under ordinary diet, and, reasoning from such facts, M. Leven considers that vegetables may be dispensed with in the treatment of the disease, adding that the nutritive elements which they contain are to be found in equal quantities in other aliments; but that these aliments if little varied, as in the case of soldiers in a siege, or sailors on board ship, produce dislike and loathing in the persons using them; and salted meats, whether in the case of sailors at sea or soldiers besieged, rapidly impair the digestive functions. They, moreover, become objectionable to the person, and this increases from the impossibility of obtaining any variety. The diet after a time becomes insufficient for its purposes, and thus constitutes one of the fundamental causes of that special inanition called scurvy. M. Leven promises to continue his report on this disease in the *Gazette Médicale de Paris*.

Falling off in the Food of the People.

Mr. Eykyn, M.P., has drawn a very alarming picture of the condition into which England has lately fallen in regard to the supply of meat, and of our prospects in that respect. Speaking before the South Bucks Agricultural Association Meeting, he is reported to have observed that—"It is a serious matter when we consider the food producing power of this country. Since the year 1868 the animal produce of this country stands thus:—The cattle have stood nearly still, there being a slight depreciation. Your sheep since 1868 have receded nearly three and a-half millions or eleven and three-quarters per cent. and there has been half a million to the bad in your pig stock. Now, it is serious to contemplate how we are to provide for an increasing population such as is gathering about us at the present time. The practical minds now present may tend to solve that difficulty." For his own part he considers this very serious difficulty will be met by practical men, for we cannot afford to starve while we have money, and we shall have to pay dearly.

The subject thus presented is indeed a most grave one taken in reference to its bearing upon public health. The existing and prospective scarcity and consequent dearness of animal food will necessarily diminish the

quantity for daily consumption among many thousands of the population, and in the case of many thousands more will absolutely deprive them of it altogether. Unless, therefore, something be done, and that speedily, to import cattle and sheep upon a large scale, the prospect we at present have simply amounts to this, that increasingly large numbers of the people will suffer from insufficient food, and that the prevalence of diseases attributable to famine will increase.

Offences under the Vaccination Act.

At the Manchester Police Court, Henry Jones, greengrocer, appeared in answer to a summons under the 29th section of the Vaccination Act, for neglecting to submit his child to the examination of the public inspector after vaccination.

Having heard the evidence, the clerk to the justices said that the prosecution had not proved that the child had been vaccinated, and therefore, as he read the Act, there was no case. The magistrate took that view and dismissed the case. At the same court a boot and shoe maker was summoned to show cause why he should not allow his child to be vaccinated. The defendant on being asked what he had to say against the magistrates making an order, replied that it was scarcely worth while making any defence. The only course to him was either to obey or pay. He had plenty of reasons for not having the child vaccinated, but, unfortunately, no reasons were accepted as legal except that the child was unfit. He objected to vaccination upon principle. Mr. Higson said that was not a legal defence. The magistrates decided to make the order.

Lunacy.

In a notice of German literature in its usual interesting psychological retrospect, the *Journal of Mental Science*, observes that it is to be remarked that the transition of opinion from belief in restraint to that in non-restraint, is gradually proceeding in Germany. A good delineator whose remarks on English asylums will be presently referred to, brings forward a feature of the asylums in our country, which must be more frequently introduced on the Continent before restraint can be finally abolished, viz., the construction, as part of each asylum building, of a good many single rooms, for the isolation of unruly patients. Our contemporary then passes to a consideration of some recent articles, and says :—

"The author's comparison of the provision made in England with that made in his own country is very flattering to the former. In the course of the paper Dr. Meyer gives in his adhesion to the belief in the increase of mental diseases in modern times. His main end is to show the advantage of placing in 'colonies' the chronic harmless insane, so that they may have as much as posssible a domestic mode of life, and at the same time so that the State should find them as little expensive as possible. Following on this, a paper by Dr. H. Nothnagel, on 'The Trophic Lesions in Neuralgia,' after putting aside the assertion of mere want of exercise as the cause of atrophy in neuralgia, and declaring the presence of trophic nerves to be so far hypothetical, conducts to the conclusion that the 'simultaneous sharing of the vasomotor nerves' in the neuralgic process is to be regarded as the cause of the atrophy. Dr. Julius Sander relates some cases of aphasia, without supporting any particular theory of the disease; and Dr. Thomas Simon, of Hamburg, brings forward a case of 'maculose (fleckweise) vitreous degeneration of the cerebral cortex' in a female—not the subject of any mental disease—who had been of very haughty disposition, but had died after long residence in a poorhouse.

A little further on we are told that—"Dr. Thos. Simon, of Hamburg, has two contributions—one in this Part, and the other in Part II.—to the pathology of paralytic dementia, as far as regards the spine. He gives the history and *post-mortem* appearances of twenty-six cases in the fullest and most satisfactory manner. His researches bear especial reference to the presence in the cord of a certain sort of myelitis, characterised by the presence of granulated cells (Kornchenzellen-Myelitis), and his conclusions are mainly of a negative sort. Thus he finds that these granulated cells are not more frequent in the spinal cords of general paralytics than in other spinal cords. Such an abundance of these cells as to point to an antecedent myelitis, is rather a rare occurrence according to Dr. Simon; but that, too, is not characteristic of paralytic dementia (the last stage of general paralysis of the insane), since it occurs in other diseases. The tendency of the whole paper is to unite dementia paralytica with chronic alcoholism and other affections. One ground of union between these diseases is, that all of them are found at times as results of inflammation of the dura mater (pachymeningitis). Among the reports appended to this part of the 'Archiv.' there is one of a meeting of the Swiss medico-psychologists, at which votes were taken for and against non-restraint. The meeting was very decidedly in favour of the non-restraint plan. In the meeting of the Berlin Society, here reported, a discussion on a subject above referred to, took place, viz., as to whether the conception of 'free will and accord,' or that of mental sanity or insanity should be the ruling one in law-giving. A lawyer, who took part in the discussion, maintained that when the medical jurists had to pronounce upon the presence or absence of true volition, in the criminal act, he really decided on the sanity or insanity of the individual; but this statement was not accepted by the medical men present; they maintained that in setting to the expert the problem of the voluntary or involuntary affection of the agent in the time of the act, the law put him on just the same level as any layman, the latter being quite as able to solve this problem as the expert."

Passing to another paper the journal says :—"In Part Second of the second volume of the 'Archiv.'* there is a very elaborate and important paper by Dr. Rudolph Arndt, of Greifswald, on the employment of electricity in alienist practice. At the commencement is a good sketch of the history of electro-therapy, beginning from the times when the negroes were wont to place their sickly children in the favourite haunts of the electric fish, in order to cure them. Dr. Arndt lays great stress upon the work done in modern times by Remak. The alternate rise and fall of the treatment by electricity in the estimation of physicians is well depicted. From the time of Volta, up to about the year 1800, there was a rise in its popularity; after that there was a decline till the work of Faraday, about 1830, began to retrieve the fortunes of the method, though it did not rise to eminence among the resources of medical art till the labours of Duchenne, in 1850, were made known. These were capped by Remak's researches. The rotation apparatus† was that first used in asylum practice, and it was employed for all sorts of purposes, till it degenerated into a mere instrument for stimulating and terrifying the patient. Occasionally, nevertheless, good results were got; often very bad results, and a case of the latter sort is given by Dr. Arndt. The reputation of the method declined and the discovery of contact electricity did not do much to stay the downward progress. Teilleux and Anzuouy, in France, still reported favourably on the subject. A number of cases where voltaic electricity was used by the former are quoted by the writer. Teilleux applied the current to nerves and plexuses near the surface of the body. Anzuouy

* 18 0.
† For Franklin electricity, &c., the old electrical machine.

had a theory that the skin was a very important tissue in the insane, and he used magneto-electricity* to arouse its functions. At this stage Dr. Arndt selects for narration two cases treated with the induced current. In both there were favourable results; but in numerous other cases the results were unfavourable. 'After all this experience,' he then says, 'I thought myself driven to the conclusion that the induced current, as usually employed, exercised a strongly irritating influence on the diseased central organs, and that it was, therefore, contra-indicated in all those cases of psychical ailment in which the symptoms present had in themselves the character of augmented irritability, or could be referred to the same state in the region of some nerve. In all so-called primary cases, then, in which a state of irritation of the brain has shown itself by the dominance of passions, whether positive or negative in character, its employment must be abstained from. Likewise, it must be laid aside in all those secondary cases which are marked by a high grade of weakness with irritability, and tendency to reflex action. It may answer as a curative agent only for those cases which are marked by mere abdication of the brain's activity, by simple depression or paralysis of the functions.' He thinks Faradization of the skin and of the phrenic nerves important. A case is given of a girl eighteen years old, who had severe chorea with intervals of dementia; the dementia gained ground, and became continuous; now and then there appeared slight erotic tendencies. Faradization was employed to the arms, legs, phrenic nerves, and face. There was improvement after each application, which lasted two days at first, but gradually got more protracted. The sensibility to the current was nothing at first, but increased to a great extent as she got better. The face became pale and the pupils dilated during each *séance*. There was in this case no hereditary tendency to insanity. Another case is one of dementia, after long nursing a child through fever. A third is one of utter absence of mind in a young girl, alternating with fits of terror. The girl was very nervous, and a fright originated the psychical affection. She got quite better under Faradization. Of such cases Dr. Arndt gives seven in all. On them follows a minute consideration of the effects of the constant current, and a discussion on anelectrotonus and katelectrotonus, on the direction of the current in the body, the proper position of the poles, &c. In assigning to the induced and to the continuous currents their appropriate uses, Dr. Arndt alludes to the element of convalescence, probably present in the above-mentioned cases, and which he believes it was the part of Faradization merely to call out by its irritant action; he points to the constant current as the only agent which can really modify nutrition. The negative pole of the latter is to be used when it is wished to arouse irritability in a part, and the positive when this quality has to be diminished. The path of the electric current in the body, Dr. Arndt maintains, is *the resultant between shortest distance and best conductors among the tissues.* For the mode of passing the current through the brain, the writer refers to a paper by Erb, in the *Deutches Archiv. für Clinische Medicin* (vol. iii., 1867). To subject the spine to the current, one pole should be placed on the spine, the other on a limb, so that a part of the anelectrotonus or of the katelectrotonus coincides with the spine. The spine should, it is maintained, often be the object of galvanization, because it is very often the source of evil in insanity. Peripheral galvanization is to be used where a neuralgia began the mischief, or where there were decided peripheral symptoms at first."

In a speech delivered on the anniversary of the foundation of the University of Berlin, Dr. Bruns, the Rector, stated that 700 students of Berlin and 400 from the Leipzig University had been engaged in the French campaign, of whom 88 received their deaths either in war or by disease.

* "Faradaic" or "induced" electricity.

Play for the People.

Under this title the Victoria Press has issued a pamphlet "On the National Importance of Teaching," and enabling the people to play rationally and healthfully, as illustrated by the Alexandra Palace. It contains the substance of a paper read by Mr. F. Fuller, and of the discussion that was thereby excited.

Health of Dublin.

In the Dublin registration district the births registered during the week ending 7th October, amounted to 125. The average number in the corresponding week of the years 1864 to 1870 inclusive, was 148. The deaths registered during the week were 134. The average number in the corresponding week of the previous seven years was 138. Five deaths from small-pox were registered during the week; they all took place on the north side of the River Liffey. Scarlet fever caused 4 deaths, diphtheria and whooping cough 1 each. Three deaths were referred to fever, viz., 1 to enteric or typhoid and 2 to simple continued fever. Diarrhœa proved fatal in 12 instances, showing a decrease of 9 as compared with the preceding week. Five deaths resulted from convulsions. Bronchitis proved fatal in 8 instances, and pneumonia in 3. One death was ascribed to apoplexy, and 2 to paralysis. Eleven persons died from heart disease unspecified, and 1 from aneurism. Liver disease unspecified was the cause of 3 deaths, and hepatitis 1. Kidney disease and Bright's disease each caused one death. Twenty-four persons fell victims to phthisis, 6 to mesenteric disease, 5 to hydrocephalus, and 3 to scrofula.

QUARTERLY SUMMARY.

Births.—In the Dublin district the number of births registered during the last quarter 1871, amounted to 2,081, a ratio of 1 in 37, or 27 in every 1,000 of the population. In the suburbs, the number of births was 344 or only 1 in 47. There were registered in London during the same period 33 in every 1,000 of the estimated population; in Glasgow 37 per 1,000; and in Edinburgh 33 in every 1,000. *Deaths.*—The deaths in the Dublin district during the quarter amounted to 1,525, affording an annual ratio of 1 in 51, or 20 in every 1,000 of the population. North of the Liffey 1 in 47; and south of the river 1 in 49. In the suburbs the deaths registered were 252, 1 in 64 of the population. The deaths in Belfast represent 22 in every 1,000 of the population; in Cork 18 per 1,000; in Limerick 24 in every 1,000; in Waterford 29 per 1,000; in Galway 22 per 1,000; in Sligo 13 per 1,000; and in Londonderry 14 in every 1,000. The number of deaths in London during the same period was equal to 23 in every 1,000; in Glasgow 30 in every 1,000; and in Edinburgh 1,217, 24 in every 1,000. *Diseases.*—The number of deaths from diarrhœa amounted to 121, or 1 in every 12·6 of all the deaths. The mortality from diarrhœa was less by 47 than in the corresponding quarter of last year. Phthisis was the cause of 230 deaths, or 1 in every 6·6 of the total deaths. One hundred and thirty-one deaths, or 1 in every 11·6 were ascribed to convulsions. Fever caused 79 deaths —28 were stated to have been typhus, 37 typhoid or enteric, and 14 simple continued fever. Of all the deaths registered during the quarter 1 in every 19·3 resulted from fever. Seventy-four, or 1 in every 21 of all the deaths, were ascribed to bronchitis, and 27 to pneumonia. Forty-five deaths were caused by scarlet fever, against 92 in the

corresponding period of last year. Croup proved fatal in 27 instances. Twenty deaths from small-pox were registered. Fifty deaths were referred to heart disease, 6 to aneurism, and 1 to pericarditis. Liver disease caused 23 deaths, jaundice 4, and hepatitis 3. Fourteen deaths were referred to kidney disease unspecified, 7 to Bright's disease, and 1 each to ischuria, nephritis, cystitis, and stone. Mesenteric disease caused 29 deaths, hydrocephalus 31, and scrofula 15. Cancer killed 44 persons. Thirty deaths were ascribed to apoplexy, and 21 to paralysis. Thirty-four deaths resulted from violence, viz., 30 accidental, 3 homicidal, and 1 suicidal.

Re-Organisation of the Army Hospital Corps.

THE *United Service Gazette* understands that steps are being taken to at once carry out the recommendations of a Committee which was appointed about a year ago to reorganise the system of Army Hospitals. Some of the minor and more unimportant suggestions of the Committee have already found their way into the regulations, but the whole point of the recommendations lay in the establishment of a complete Hospital Corps such as we have never had before. To carry out this view the Regimental Hospital serjeants are to be transferred to the new corps, and a new class of officers of a subordinate kind, something like the old medical clerks, are to be appointed for service in hospitals having a minimum number of 200 beds. We believe that it is the intention of Mr. Cardwell to appoint a staff officer to superintend the corps, like the Army Service Corps has, and that a Deputy Inspector-General now serving at head-quarters has already been nominated to fill the post. Although preparations are being made to carry out these sweeping changes in our hospital constitution, we imagine that nothing final can really be effected until the commencement of the next financial year, as the present estimates are not framed to meet the more than probable increased expense. It is in contemplation to offer the subordinate commissioned appointments referred to in the first instance to the assistant-commissaries of the Control Department, who are supernumary to the list of officers of the late Purveyors' Department.

Spread of Small-pox in Belfast.

THE hospital return submitted to the Belfast Board of Guardians at their last meeting shows that small-pox is spreading to an alarming extent in that city. There were sixty-four cases in the workhouse hospital against forty-five on the previous Tuesday, and it is believed that the disease is rapidly spreading throughout the town. With the object of preventing persons leaving the workhouse until there is no danger to the public health in their being discharged, it was unanimously resolved by the Board that the Lord Lieutenant be requested to give an order authorising the master of the house to detain small-pox cases until they are perfectly recovered, and that, pending the receipt of that order, no discharges be permitted till next board day.

Hospital Extension by Working Men.

BARONESS BURDETT COUTTS has been invited to lay the foundation-stone of the Working Men's Extension Wing of the Queen's Hospital at Birmingham. The ceremony is expected to take place about the end of this month. A sum of £5,000 has been raised in three years by the periodical contributions of 20,000 workmen in the principal factories of Birmingham, for adding this wing to the Queen's Hospital.

The Profession in Spain.

FEW things are more characteristic of the self-complacency of our medical contemporaries than the ignorance they exhibit as to matters abroad. It is to us incomprehensible that they should be content to pick up any loose information floating about in English daily papers, and dress them up as original matter. We have so often had to correct them, and are so weary of their inability to comprehend anything outside London, except a few paragraphs they pick up from exchange journals, that we had resolved to let them go on blundering in their usual way. We must, however, say one word for Spain. A few weeks ago the *British Medical* congratulated Spain on forming an Association. This is rather strange to us, who attended the meetings of one more than twenty years ago, and know that this and several others are still flourishing.

But last week the *Lancet* made a most virulent attack on the Profession in Spain, which is as unjust as it is untruthful. Taking its information from the *Cornhill Magazine*, it merely echoes the opinions of a literary gentleman that must have been formed years ago. The Profession in Spain is represented as most exclusive, especially towards English. No greater libel could be penned. Again, we are assured that "an English professional brother is allowed the fair value of his diploma nowhere throughout the Peninsula!" This, as will be seen by what we shall state, is now quite untrue. The University of Madrid is at this moment one of the most liberal in Europe, and the present is a most inopportune time for such accusations, as greater reforms have been accomplished in the Peninsula of late years than in almost any country.

But let us take the greatest charge ventured by the writer in the *Cornhill*, and quoted, with approval, by the *Lancet*. Here it is:—

"A case of this sort has come to our knowledge, where the envy of the local faculty and of the local university has been exerted for years against an English surgeon doing good service in their own city, and (here lies the sting) preferred by their own countrymen to themselves. When Spanish doctors fled from an epidemic, the English doctor remained. When they wrung heavy fees from the poorest of their countrymen, he spared the lean purse of the toiling and needy. So they have persisted (in the teeth of the English certificates) in recognising him only in the lower walks of the Profession, and he has been repeatedly forced to pay money in fines for the grievous offences of saving Spanish life, relieving Spanish suffering, and excelling Spanish doctors."

Now, whatever may have been the case in days gone-by, it may safely be stated that such a case as this is impossible. We laughed to read it in the *Cornhill*, and did not dream that medical papers would be taken in by it. What is the fact? This oppressed English surgeon or any other qualified man has nothing to do but take his diploma to the University of Madrid and demand to be admitted to examination. The only delay that can legally take place is a sufficient number of days to allow the inquiry by post whether such diploma be genuine. How many of our corporations or universities are as liberal as

this. Would Oxford, Cambridge, London, Edinburgh, or St. Andrew's admit a graduate of a foreign university to examination merely on presenting his diploma? Assuredly not. The oppressed surgeon in question, then, either does not know the law, or the case occurred long ago, or he has not taken advantage of the law. If he has no diploma to present, we presume even the *Lancet* is not prepared to carry its hostility to Spain so far as to claim for him any privilege.

We think we have said enough to show how wrongly Spain has been accused so far. The sneer about Spanish literature is equally baseless. Our contemporary pretends that all are "translated or compiled from the French," and that German or English are apparently inaccessible to them. This from a medical journal so exclusively English is really too bad. Our contemporary ought to know that the best Spanish medical journal, *El Pabellon*, gives more foreign matter to Spaniards than it affords of such material to Englishmen; that its staff speak English very fluently, as we found out when we were in Spain; and that the several Spanish journals give an account of what passes both in England and Germany. As to true liberality of sentiment on all great questions, commend us rather to the *Pabellon* than the *Lancet*; and the same unfavourable contrast may be made in reference to consistency.

We happen to know that the *Pabellon* was the instrument of the great reforms that have been effected, and we therefore think it right to enter our protest against the injurious calumnies that have been circulated.

Homœopathic Chemists and the Pharmaceutical Society.

A DISCUSSION on this subject took place at a recent meeting of the Pharmaceutical Council.

It was moved :—

"That the two registered chemists and druggists be elected members of the Society :—

"Mr. Groves objected to their election on the ground that they were homœopathic chemists.

"Mr. Williams did not think they ought to draw a line and say they would not admit homœopathic chemists. Many of their members sold homœopathic medicines; and it was a most absurd thing that he should not be a member of the Society when some of his assistants were pharmaceutical chemists or chemists and druggists.

"Mr. Edwards asked if there were any homœopathic chemists members of the Society.

"The Secretary said he believed not.

"Mr. Groves said the Society was one of pharmaceutical chemists; these men did not use the same pharmacopœia or the same drugs, nor had they anything to do with the Society. They might as well admit hydropathists.

"Mr. Edwards said the Act made a great distinction between matters for the public benefit and matters affecting their own internal arrangements as a Society. If a man passed a certain examination he was entitled to call himself a pharmaceutical chemist, and have all rights accruing to him as such, but making him a member of the Society was optional.

"Mr. Bottle read clause 18 of the Act, 1868,—'Every person who at the time of the passing of this Act is or has been in business on his own account as a chemist and druggist as aforesaid, and who shall be registered as a chemist and druggist, shall be *eligible* to be elected and continue a member of the Pharmaceutical Society according to the bye-laws thereof.'

"Mr. Betty thought, under the words of the eighteenth clause, they were morally bound to elect any properly-qualified person, because he recollected there was a long discussion on the meaning of the word 'eligible' prior to the passing of the Act, and Mr. Sandford, the then President, stated that that word meant that there was a moral right in the persons referred to to be elected.

"The motion was then put, and the following division took place :—

"For—(5)

"Against—(6).

"The motion was therefore lost."

The Council of the Pharmaceutical Society acted wisely and consistently in refusing admission to homœopathic chemists. They could not affiliate such persons without ceasing to be what is usually understood as a Pharmaceutical Society—a Society for regulating pharmacy as represented by the British "Pharmacopœia." It would be as rational for the Church of England to admit dissenters who abhor its doctrines, as for allopathic chemists, to confer a degree of pharmacopœia chemists on persons who despise and discredit the "Pharmacopœia."

Cauterisation of the Uterus.

DR. GILLESPIE, of Boston, says that, in place of employing the pencil of nitrate of silver or some other caustic, he takes a common sponge, impregnates it with wax, rolls it in the powdered nitrate of silver, and then introduces it into the uterus, either in the neck or as far as the fundus, using the speculum to do so; he has found no remedy more rapid or sure in chronic inflammations, engorgements, or ulcerations of the mouth of the womb or the cervix.

Infanticide.

DR. BROCHARD says, "Let us cease to occupy ourselves so much with animals and pay a little more attention to children. Let us re-establish the *tours* in order to diminish the number of abortions and infanticides always increasing. Thus, modern philantrophy will each year save more than 100,000 newly-born children, which die now in the communes of hunger, misery, and want of care and surveillance." We don't think the *tours* would do much good.

MISS JEX BLAKE has been presented with £1,030 by 265 contributors to the fund for defraying the expenses incurred by her in connection with the recent trial. There is a surplus of £112 remaining after paying the legal claims, and this sum Miss Blake adds to the funds already collected for the proposed Hospital for Women.

THE ninety-ninth Session of the Medical Society of London opened on Monday last, the 16th inst. The Fothergillian Gold Medal, value twenty guineas, is offered annually for a dissertation on some subject connected with medical science. The subject selected for competition in 1872 is on Cancer. The learned of all countries are invited to become candidates.

AT the meeting of the Queen's University in Ireland for conferring of degrees, held on Thursday last at Dublin Castle, the degree of M.D. was conferred on 61 candidates, of whom 37 were from Belfast, 11 from Galway, and 13 from Cork. 42 candidates received the degree of M.Ch., of whom 21 were educated in Belfast, 10 in Galway, and 11 in Cork. Ninety students had passed the first examination in medicine.

Mr. Kiernan, the writer whose name is so universally and honourably identified with the physiology of the liver, has presented his invaluable museum, rich especially in preparations of that organ, to the London College of Surgeons, of which he was for many years a member of the Council. This acquisition by the public of this most valuable and interesting collection is a subject for great satisfaction, and occasion for gratitude to the donor.

A handsome tablet has just been placed in the Derry Cathedral to the memory of the late Thomas Henderson Babington, Esq., M.D. It bears the following inscription, in early English characters, surmounted by the arms of the Babington family:—"In memory of Thomas Henderson Babington, M.D., F.R.C.S.I., M.R.I.A., surgeon of the county Londonderry Infirmary, Mayor of Derry, who died 2nd August, 1869, aged fifty-six years. His medical brethren in this city and neighbourhood have erected this tablet in testimony of their affectionate regard for him as a friend; and as a record of their appreciation of his distinguished professional attainments and eminent public services."

Dr. Daniel Tuke continues his observations "On the Influence of the Mind upon the Body," in the new number of the *Journal of Mental Science*. After a number of interesting illustrations, he lays down the following conclusions:—

1. Thought strongly directed to any part tends to increase its vascularity, and consequently its sensibility. Associated with a powerful emotion, these effects are more strikingly shown. And, when not directed to any special part, an excited emotional condition induces a general sensitiveness to impressions—an intolerance of noise, for example, or cutaneous irritation.

2. Thought strongly directed away from any part, especially when this is occasioned by emotion, lessens its sensibility. The activity of the cerebral functions during deep intellectual operations, excludes consciousness of the impressions made upon the sensory nerves generally, and an absorbing emotion effectually produces the same result.

3. The emotions may cause sensations, either by directly exciting the sensory ganglia and the central extremities of the nerves of sensation, or by inducing vascular changes in a certain part of the body, which changes excite the sensitive nerves at their peripheral terminations.

4. There is no sensation, whether general or special, excited by agents acting upon the body from without, which cannot be excited also from within by cerebral changes (including those associated with emotional excitement) affecting the sensory ganglia.

M. Gille has published in the *Archives Médicales Belges*, an interesting article "On the Value of a Disinfectant," in which he says we must not only get rid of offensive smells, but of all other products of decomposition, and that any substance which only effects one of these ends, is a very imperfect disinfectant. He then passes in review some of the disinfectants in common use. Sulphate of iron he considers is useful from its effect of decomposing ammonia, carbonate, and sulphohydrate. Perchloride of iron, besides this, precipitates albuminoid matters, and acts also by its chlorine. Lime disinfects organic matters, fixing carbonic acid and sulphuretted hydrogen, and decomposing hydrosulphate of ammonia. The permanganate of potass is a most energetic oxidising agent, decomposing sulphuretted hydrogen, destroying organic matter, and acting upon all fixed compounds with which it comes in contact.

It may be remembered that M. Decaisne employed it in dissecting rooms, but that M. Gosselin in 1864, reported that it was not adapted for this purpose. Chlorate of potass may be used to disengage chlorine in places that are not easy to reach by other means. This is a capital plan for cesspools and middens.

Chloride of lime acts by the chlorine it sets free, and chemically decomposes most foul gases. M. Decaisne considers it the best disinfectant of offensive gases. Does it also, mixed with metallic oxides, act by disengaging oxygen as has been asserted? M. Gille doubts this. He also observes that, although chloride of lime destroys offensive gases, it does not arrest putrefaction, but by the lime set free, hastens the process.

Hydrochloric acid is employed to disinfect dog-kennels. Vessels containing it left open, completely destroy the offensive gases that abound where a large number of dogs are kept. This plan is adopted in the Veterinary School of Brussels.

The action of carbolic acid, M. Gille says, is not chemical. He accepts what is commonly called the germ theory, inasmuch as he says the acid prevents germs from provoking putrefaction. He also thinks it will hinder the formation of miasms, and is, therefore, a good preventive of epidemics. It is thus to be seen that all the disinfectants are good, but that they should be used with discernment, a selection being made according to the products we wish to get rid of.

In a discussion that took place at an earlier date in Paris, M. Dumas said the acid had been employed since 1866, by the *pompes funébres*. It was also observed that this substance was first used as a preventive of cholera at Marseilles.

THE SANITARY EXHIBITION AT LEEDS.

[from our own correspondent.]

The Exhibition of Sanitary Appliances, held at Leeds during the sitting of the Social Science Congress, was exceedingly interesting, but did not meet with the notice it deserved, either from the Congress officially or in the columns of the general press. While the Congress talked, and the newspapers inserted the speeches of theoretical sanitarians by the column, the results of the labours of those who have turned theory into practice were lying in the Old Cloth Hall almost unheeded by talker or journalist. As the admission was free, large numbers of the working classes and general public of Leeds inspected the numerous and clever contrivances for protecting health that were exhibited, and many of them, no doubt, became acquainted for the first time with the word sanitation.

Water-closets—among which Hall's patent, without valves, deserves mention—dry-earth and ash-closets, saw-dust-closets, and many other arrangements for dealing with human excreta, were exhibited, chiefly in the yard of the Cloth Hall. Mr. Colbram, of Burnley, is quite justified in manufacturing cess-pools of one huge piece of earthenware, so important is it to avoid a single chink through which liquid matter can percolate and pollute the sub-soil. Filters were numerous, but presented no novelty worth mentioning. There was a great variety of cooking ranges, all more or less costly to buy, and economical to use.

Among the numerous models and plans for ventilating, Messrs. Benham and Sons' elegant ventilating globe gas-light, and Mr. John Milne's parlour-grate, that draws its supply of air direct from outside the house and sends a current of warm air into the room besides, may be noted. Mr. Cousins, of Leeds, showed a model of a sanitary window, the sashes of which are moved up and down easily, but very slowly, by means of a key, in shape like a winch-handle. When the key is withdrawn the sashes refuse to move, and may thus be left open a few inches for ventilation without fear of house-breakers. That it should occur to any person that an arrangement resembling a windlass would be an improvement upon it, is surely the greatest sarcasm on our clumsy English guillotine window. Why is it that the common French window is still looked upon with awe as a luxury fit only for a drawing-room floor in Piccadilly ?

Drawings were exhibited, and also some very pretty and complete toy models of the double-faced cottage—a form common in manufacturing districts, but which has been condemned to some extent as unfavourable to ventilation. It is, however, comparatively easy for sanitarians to deal with the habitations of the rural poor : a problem even more deserving of attention would be, how to provide the wretched lodgers in our densely populated towns with kitchens in which food could be decently cooked. In the whole range of savagery is there a being worse off, sanitarily, than the denizen of the London "three-pair-back ?"

A show-case that attracted much notice, and deservedly so, was that exhibited by Dr. Muter, of the South London School of Chemistry. It contained specimens of food, purchased in the poorest districts of the metropolis, and adulterated in the most abominable manner. Quantitative analyses, proving laborious research, both in the laboratory and with the microscope, were affixed beside the samples. We understood that Dr. Muter sent these specimens for exhibition at the particular request of the Committee, and we are happy to see that the authorities all over the country are gradually awakening to the importance of taking steps to prevent the nefarious practices of dealers in provisions ; practices which almost exclusively victimise the poor, and tend to undermine the health of the over-crowded and fever-stricken masses who are the least capable of resisting the effects of unwholesome diet.

Kitchen-range boiler explosions are most unsanitary, and Messrs. Rosser and Russell, of London, have done well to exhibit a little contrivance that effectually combats their terrible effects. If a boiler must explode, argue these gentlemen, let it explode in a decorous and regular manner by bursting the thin disc of copper which they screw on to it at a part where the rush of steam can do no harm. These explosions, we are informed, invariably occur in winter, through the freezing of the water in the feed-pipes. It would be a simple plan, too, to place the pipes out of reach of frost.

Spiers and Son, of Oxford, showed some capital "Cyclopian washstands." Their soap and brush dishes have no covers, which is an economy as well as an advantage. There is nothing nastier than the ordinary way of keeping soap and tooth brushes moist in covered dishes.

Some beautifully-made models of an exceedingly well-contrived apparatus for ventilating and flushing sewers were exhibited by Mr. Samuel Harrison, civil engineer, of Liverpool. This is a most important and difficult subject to deal with ; and it seemed to us that Mr. Harrison has done all that is possible by means of traps, sludge boxes, sluice gates, &c., to keep sewage under control ; and all that can be accomplished with such an inadequate agent as charcoal to purify the gases as they escape at the gully-holes. The system is very complete, and the inventor is entitled to great praise for the pains he took to illustrate it.

Amongst antiseptics, we were surprised to see carbolic acid put in such a poor appearance, Messrs. Calvert and Co. alone showing a few specimens of exceedingly fine quality. The much-advertised chloralum was represented, but our old friend Sir William Burnett's fluid, which is still quite unequalled as a powerful antiseptic, was conspicuous by its absence.

Chloride of lime, that king of disinfectants for out-door use, was nowhere to be seen ; so that disinfectants proper —substances that actually decompose and destroy the dangerous products of putrefaction and contagious matter, were represented by Condy's fluid alone. Messrs. Condy and Co. exhibited various interesting apparatus for testing the purity of the air, and detecting organic contamination in water by their very simple permanganate test ; and the illustration of the water test, by means of two large glass jars, was particularly interesting at a time when the purity of our water supplies is so much in question. One of the most useful appliances in the Exhibition was the little steam spray producer (Dr. Siegle's), shown by the same firm, for rapidly purifying and disinfecting the air with Condy's fluid, dispersed in the form of spray. We saw this instrument at work, and must say we think it invaluable for oxygenating the close atmosphere of the sick room, or for supplementing deficient ventilation.

Mr. Gerrard exhibited a very simple disinfecting apparatus, consisting of an endless towel revolving on rollers, and which seemed well adapted for use with any disinfectant that purifies the air.

Condensed milk made a good show. The attendant busied himself diluting the paste in tumblers and offering it to the public. The popularising of this substance will benefit the inhabitants of large towns, who have hitherto been at the mercy of the milkman ; and for tea, coffee, custards, &c., where sugar is required, condensed milk is extremely useful ; but it is incorrect to call it pure milk ; it is mixed with a very large proportion of sugar. The saccharine matter cannot be separated from the milk, and it is a serious question whether such large quantities of sugar should be administered to infants. Carelessness will, we fear, prevail in diluting the paste, which is thick and sticky and difficult to measure out to given proportions of water.

Two different exhibitors showed wall papers, but what relation there exists between the mural clothing of the modern dwelling of civilised man and sanitary matters, it would be hard to define. As no special disclaimer appeared to the contrary, we are justified by late revelations, from which it appears that no wall papers are now made without arsenic, in considering their presence at a sanitary exhibition as at least anomalous. Many other objects were exhibited whose connection with sanitary matters is not very clear ; but some of them were so interesting that we might be inclined to dwell upon them did our space permit of it.

It is with regret we are obliged to cut short our article of an exhibition which was most interesting to sanitarians, and which did great credit to the spirit of enterprise of its authors, Dr. Robinson and his coadjutors, but with the time at our disposal, we found ourselves quite incapable of

grappling with the details of even a tithe of the 248 articles enumerated in the catalogue. The report or memorandum on the objects exhibited, which Dr. Hardwicke has undertaken to draw up, is no light task, and we trust he will be able to do the exhibitors justice, and throw aside that bias in favour of particular articles which is peculiar to those who systematically lend their names to testimonials and advertisements.

Literature.

LARYNGEAL GROWTHS

It would be impossible to name a subject that has of late years made more rapid and satisfactory progress than that of growths in the larynx. Since the introduction of the laryngoscope many diseased states that were most obscure have been made familiar, but none have been more completely placed within our grasp, both as to diagnosis and treatment, than the one of which Dr. Morell Mackenzie here gives a systematic exposition,* and which we commend to the diligent study of all who are desirous of acquiring a knowledge of the subject. A writer who tells the history of one hundred cases of this kind treated by himself makes a valuable contribution to clinical medicine and surgery, and we might have been glad to receive it at his hands. Our author has, however, greatly enhanced the value of his work by adding an analysis of all the *published* cases of other practitioners; so that the book is as complete as it was possible to make it.

Its publication is an ample proof of the useful work that has been done at the Hospital for Diseases of the Throat, without which institution it could not have been written. While we commend the author for the diligence with which he has compiled the cases of others, it is his own which constitute a valuable contribution to science, and to them, therefore, we must chiefly look. This work will certainly at once take its place as the author's chief one, and on it alone he may be content to let his reputation rest. Before passing to particulars we would remark that it is well got-up and profusely illustrated. In regard to the latter point we must not forget to say that the chromo-lithographs and wood engravings are alike the product of Mr. Lennox Browne, who unites the skill of the artist and laryngoscopist, and has thereby been able to take *from nature* representations of disease, the fidelity and finish of which have never been exceeded.

The work before us, we are told, is based on 150 cases, the majority of which we suppose were seen at the Hospital for Diseases of the Throat. It contains detailed reports of 112 of the cases, of which 86 have not before been published; but of these 100 were treated—12 having merely been observed. 77 were cured, 18 improved, 3 remained unbenefited, and 2 died. When we remember what the course of such cases would probably have been before the laryngoscope was introduced, we hesitate not to say that the result is a grand triumph for our art.

The work is very methodically arranged and the references are numerous. It is a good sign when a busy practitioner, who might easily have gained much credit for the story of his own experience, imposes on himself the duty of careful research. We have taken the trouble to follow him in some cases to his references, and can say they have been accurate, and we have also gone through his work with great care, comparing it with our own rather extended experience, and shall, therefore, ask the reader to accompany us in a brief retrospect.

The author opens with a definition of benign growths in the larynx, which alone are his subject, malignant having been, intentionally, excluded. This definition is, "New formations of benign character, forming projections on the mucous membrane of the larynx, generally giving rise to aphonia or dysphonia, often to dyspnœa, and occasionally to dysphagia." This leaves the reader in no doubt as to what the author means to include in his book, and, to make us still further safe, he adds the many synonyms under which these laryngeal growths are known. Then comes the history, which forms Section I. of the book, carefully traced from the time when, more than a century ago, Koderik operated on a growth through the mouth, but about which we may justifiably feel much doubt, as we know very little about it. Indeed, the few exceptions, brilliant as they were, in which diagnosis was made and treatment resorted to before our own times, have but little interest for us now, though they certainly do testify to the zeal and skill with which our predecessors practised the Profession, and some of them forestalled by genius the discoveries they were not destined to have for their assistance. Section II. is devoted to "Causes," of which the most important is chronic congestion. Indeed, it is not improbable, as believed before laryngoscopic days, that all causes of polypus in the larynx act by setting up hyperæmia. Age has been estimated differently by various writers. In the author's experience middle life has been the most common age, though we are not quite sure that the statistics of unpublished cases by other leading practitioners would not very greatly modify this result. We find of these 100 cases that only 2 occurred under five years of age, 4 between that and ten, and 4 more in the next five years. From fifteen to twenty only 2. Between twenty and forty there were 43 cases, and from that to fifty there were 28 more. We happen to know of some cases that, causing death in children, were put down as croup, and we have no doubt that this and other names do frequent duty in the Registrar-General's returns—even as must have been the case before the laryngescope was invented. *People who use their voice out of doors* are, according to the hospital statistics, the most liable to growths in the larynx. Hawkers, criers, singers, &c., are mentioned under these occupations. We pass on to Section III., which is on "Symptoms." The author divides them into functional and physical, after Cavsit, having given up the division into subjective and objective.

We have only to remark on the latter that though the laryngoscope is most important, other points are not omitted, such as the laryngeal sound, digital exploration, forcible external elevation of the larynx combined with depression of the tongue, auscultation and percussion of the thorax, examination of the sputa, &c. All these, as well as constitutional symptoms are certainly worthy of a thought, even though we can now see the growths. We may mention that cough was not as a rule troublesome, and pain was almost never complained of; but dyspnœa was present in nearly a third of the cases, and these statements almost exactly correspond with our own experience. Dyspnœa is often paroxysmal, and our author observes that this is partly accounted for by the patient sometimes getting into an unusual position. We think, however, it may be admitted that any cause of dyspnœa situated in the larynx is liable to give rise to paroxysms more frequently and to a greater extent than causes located elsewhere. Again, dyspnœa from any cause is likely to be worse at night, and there are many other points about this symptom that make it, in every disease, worthy of attentive study. In laryngeal cases inspiration is mostly more difficult than expiration, but in a few cases the reverse difficulty is very marked.

Dysphagia is not often present. When it is the epiglottis is mostly the seat of the disease.

This brings us to consider the position of these growths. In the author's 100 cases both vocal cords were involved in 27, the right vocal cord in 25, the left in 15. In the cases collected from other authors, the vocal cords were alone affected in 61·4 per cent. It will thus be seen that

* "Growths in the Larynx." By Morell Mackenzie, M.D., Physician to the Hospital for Diseases of the Throat, &c. London: J. and A. Churchill, 1871.

the cords are more liable than other portions of the larynx to be the seat of growths.

As to the laryngoscopic appearances of growths, our author very judiciously describes them according to their pathological nature, classifying them as papillomata, benign epithelial growths, fibromata, fibro-cellular growths, myxomata, lipomata, fasciculated sarcomata, cystic growths, adenomata and angeiomata. The appearances in each case are pointed out, and, further on, the several pathological varieties occupy a chapter which we must pass over.

We next come upon an account of the various laryngeal sounds and the methods of examination—very precise and exact; and then Section IV. is devoted to "Diagnosis." This is, of course, of the highest importance, and might, perhaps, have been more thoroughly exhausted, inasmuch as what is easy to our author is very difficult to those who have little laryngoscopic practice. We note this because we have known mistakes to occur to practitioners most desirous of benefiting their patients. Thus, syphilitic condylomata disappear rapidly under judicious treatment, and will often do so without medical aid, and yet they occasionally resemble other non-specific growths to a degree that would tempt any one, not familiar with them, to local treatment which would be injurious. Two cases lately came under our notice, in which gentlemen, who had given some attention to the matter, were thus thinking of operating, when the disappearance of the condylomata under iodide of potassium, adopted at our suggestion, showed their nature. So of false excrescences and malignant growths. Although the expert laryngoscopist may be sure, we would caution those of our brethren, who do not pretend to be such, to make assurance doubly sure in this matter of diagnosis. We believe that our author will, on this point, endorse our warning, even though his own experience may seem to him to make the diagnosis so easy.

Prognosis occupies but three pages, and we pass on to Section VII., devoted to the all-important question of "Treatment." Here, again, we would utter our warning. Simple as in some respects the treatment of such cases may be, we trust that every one who proposes to undertake it, will take every care to qualify himself for the onerous duty.

Diagnosis and prognosis require certain qualifications, but treatment needs others in addition. The conduct of such cases requires the judgment of the physician and the skill of the surgeon, associated with patience, prudence, a readiness for emergencies, and a contempt for mere display that not every one possesses. We do think that every one should perfect himself in laryngoscopal methods before he attempts the removal of a growth.

In some cases we are glad to find our author recognises the propriety of non-interference. There are a considerable number of benign growths in which the inconvenience is so slight that it is wiser to bear with it. Still in a very large number active measures must be adopted, and the question is what shall be done?

The first mode considered is removal by operation, *per vias naturales*. This is the triumph of laryngoscopy, and when it can be successfully accomplished the patient may fairly be said to have been cured. Occasionally a single operation may suffice, but almost always the growth has to be removed in pieces at several sittings. But this is to the opening of the larynx what lithotrity is to lithotomy. Sometimes chemical treatment may be applied locally, and we are half inclined to fancy that more may be attained in this way than has hitherto been attempted. This is described in the book before us, but the palm seems to be given to operative procedure, and the many instruments that have been used for this purpose are described and figured. We cannot enter into a comparative estimate of these, but we may say that we have had resort on various occasions to all, and we think all have their merits; while, in the majority of cases, we think most practitioners will be glad to avail themselves of more than one. In fact, our own practice affords us little opportunity of estimating their value, as we have never hesitated to avail ourselves of several modes in any given case. We have at the same time great respect for the maxim "it is a bad workman that finds fault with his tools," and have sometimes been unusually successful with instruments that we had at hand, but to which we should have preferred others.

We are gratified to find that the author thinks the laryngoscopic method is to be preferred, whenever practicable, to incision from without, which if a more showy is a much more dangerous procedure. Indeed, except in children and a few very exceptional cases, we doubt if it be justifiable. Out of 28 recorded cases of division of the thyroid cartilages 9 ended fatally. Division of the thyro-hyoid membrane is not so dangerous, but then cases adapted for this operation are more likely to be removeable by the laryngoscopic methods through the mouth.

Tracheotomy is a more grave operation than any, and would not, we presume, be resorted to without carefully weighing all the chances. At the same time we should regret to say a word that might induce any one to hesitate to act as soon as tracheotomy becomes necessary. No one, in fact, should undertake any laryngeal operation who is not prepared to perform tracheotomy should the necessity for it suddenly arise. Lastly, we may name that the two modes have been combined, but that this is seldom needed is seen in the fact that our author has only resorted to this double procedure on two occasions.

We have now only to speak of the cases. First, the author's own, 100 in number, are reported in detail, and then their chief features presented in tabular form. Alone they constitute a clinical study of the very highest value, of which it is impossible for us to present an abridgment. All interested in the subject ought to ponder every case.

Lastly, the cases of others have been collected from the journals with praiseworthy industry, and give a *coup d'œil* of all that has been achieved in this fruitful field of practice.

Correspondence.

IDENTITY OF SCARLATINA AND FOOT AND MOUTH DISEASE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—May I ask the insertion of the following in your next publication. I wish to get the opinions of my medical brethren as to the views I entertain on the identity of scarlet fever and the foot and mouth disease in cattle. I am convinced they are the same for the following reasons:—

Scarlatina has never been, in my remembrance, after thirty years' experience, so long prevalent as an epidemic, and the disease in cattle has never been more serious and general than at present. The great prostration, the pains in the limbs, fever, &c.; mouth and throat affected, and sequelly, symptoms similar to those of dropsy, rheumatism, &c., in the human subject leaves no doubt on my mind as to their being one and the same disease. I have asked the opinions of some large stock-holders in this neighbourhood, and they have informed me that cattle having once been attacked by the disease are almost free from subsequent attacks, and, in case it should again appear amongst them, it is always in a very mild and modified form, as is the case in a second attack of scarlet fever in mankind.

May I ask my medical brethren to give me their opinions as early as possible on this subject, and that those who may coincide in my views may make trial by vaccination from cows, heifers, &c., on children before the present outbreak of disease in cattle passes away, as I believe it can do no harm, and may be the means of conferring on the human race a benefit similar to Jenner's discovery of vaccination of cow-pock. I may state that it is my intention, in case I receive favourable views from my professional brethren, to try the experiment on some of my own children who have not had scarlatina, as I have lost my eldest two girls from that disease. Yours faithfully,

Belmont, Navan. P. J. NICOLLS, M.D.

P.S.—I shall expect early replies from my medical friends

THE CONTRADICTIONS OF DR. GEORGE JOHNSON'S THEORY OF TREATMENT IN CHOLERA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am surprised at Dr. Johnson's statements read before the Medical Section at the annual meeting of the British Medical Association in Plymouth, August, 1871, concerning the treatment of cholera, and more especially at their corroboration in Watson's revised "Lectures on Medicine." I cannot resist placing in juxta-position a few of these assertions appending an occasional annotation of my own, and shall feel greatly obliged should you deem them worthy of insertion in your out-spoken Journal. Without doubting the duty of the physician to regulate the amount of fluid discharged, and the value of the evacuant practice at the commencement of relaxation of the bowels, I must call in question the decided *veto* placed upon astringent remedies, until the poison had either evacuated itself or destroyed the patient.

I am, Sir, your most obedient servant,

R. HANSLIP SERS, M.R.C.S.E.

The greatly diminished, almost suspended secretion of bile and urinary solids during collapse is explained by the *defective circulation*, and the consequent diminished oxidation of blood and tissues.

The marvellous temporary relief which follows the injection of a warm saline solution into the veins during collapse is due partly to the morbid blood being diluted, and thereby rendered less obnoxious to the resisting arterioles, but mainly to the relaxation of the arterial spasm by the high temperature of the injected liquid. It has been found by those who have had most experience of this method of treatment, that hot injections are more efficacious than those of a lower temperature.

In the treatment of cholera and choleraic diarrhœa, which is, in fact, cholera in a mild form, the main principle to bear in mind is, that the discharges are as essentially curative as is the eruption of small-pox.

Palpation and percussion of the abdomen reveal the fact that there occurs not unfrequently a painful and sometimes a paralysing over-distension of the bowel by rapidly effused morbid secretion. This, if not promptly relieved, may even go to the extent of forming a fatal obstruction. More especially is this likely to happen when the sensibility of the bowel has been deadened by opium. The plan to prevent and to remove this accumulation is to give some quickly acting yet unirritating evacuant dose. For this purpose, castor-oil is, on the whole, better suited than any other remedy.

The objection sometimes raised—that all remedies must be useless, because none are absorbed—obviously does not apply to such a remedy as castor-oil, which, by its merely local action upon the mucous surface, stimulates the bowel to expel its contents.

The time to give opium, if at all, is in small doses to soothe the bowel after the expulsion of the poisonous secretions. Opiates are useless, and even dangerous, when the blood is poisoned, or when the bowel contains offensive morbid secretions.

Opiates in the early stages of diarrhœa and cholera would be more frequently and decidedly injurious, were it not for the fact that their absorption is prevented by the *rapid current* of liquid which is being poured from the *blood* into the alimentary canal; therefore they are quickly expelled, together with the morbid secretions, and they are powerless to arrest the discharges.

There is one remedy which is almost universally applicable in all forms and stages of the disease, and that is an abundant supply of cold water to flush the intestinal sewer, and to wash out the poisonous discharges. A copious imbibition of pure cold water will suffice for the cure of most curable cases.

These remarks are placed side by side for obvious reasons. The italics are my own. Opium stated to be powerless, nevertheless might it not possibly relax the arterioles relieve pain (itself a constant source of extreme nervous exhaustion), and above all, restrain undue peristaltic action of the bowels, opium is, in my experience, a valuable *preventitive* of *collapse*.

This is contradictory. Why not warm water much for the same reasons as those given in advocacy of opium.

Had the learned professor given measles instead of small-pox, one might have accepted the theorem. Unfortunately in small-pox and scarlatina, the less rash the better,

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Opium "is powerless to arrest the discharges."

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otherwise a confluent small-pox would be the favourable form, and the greater the extent of the efflorescence of scarlatina, the more agreeable the prognosis. As a matter of course in either case, there must not be actual suppression of the eruption.

The bowels already over distended with fluid are to be further charged, in order to produce a flush. May not the elastic bowels yield to the pressure, instead of exerting extra propelling force to expel the choleraic poison!

Is it true! or is it not true! that castor-oil is quickly evacuated either upwards or downwards. May not the œdematous bowels flooded with the rapid choleraic effusions effectually interfere with its local action. Is castor-oil any better than olive-oil!

The Practitioner may, under a condition prescribe opium—mark—after the expulsion of the poisonous secretions. in other words, when the patient is convalescent. I should be inclined to try in cholera, wet packings saturated with a weak solution of Condy's fluid, or of carbolic acid—the free internal administration of disinfectants, and frequent warm enemata containing beef-tea, milk, yolk of egg, gelatine, &c.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I fully agree with Dr. Lane in his proposal thrown out in the last number of the MEDICAL PRESS to establish a fund for the widows of medical men throughout England. I hope the "Faculty" will rouse themselves from their long years of lethargy on this important subject to the healthy action of up and doing, which, if accomplished, would not only be an advance on the past, but a very great boon to the recipients of it.

This society should extend to Ireland and Scotland, as under one common fund, and I am sure every man with the impress of Hippocrates on his brow, over the United Kingdom, will be only too glad to send in his subscription for an object so laudable and philanthropic in its nature.

I remain, yours truly,

DANIEL HEAGERTY, L.R.C.S., &c.,
Medical Officer of Bellingham Union.

Foreign Medical Literature.

ON PUBLIC DRUNKENNESS AND ALCOHOLISM FROM THE POINT OF VIEW OF LEGAL REPRESSION.

By DR. THEOPHILE ROUSSELL,
Deputy to the French National Assembly.

(Translated from the *Courrier Médical*, by A. VICKERY.)

THE consideration of the text of former legislative enactments proves that the pathological and social consequences of alcoholic drunkenness were not even suspected. From the Bible up to the celebrated edicts of the Emperor Maximilian in 1550, of Charles V. in 1531, of Francis I. in 1536, legislators have given only as reasons for the most rigorous measures, the offence to God, blaspheming, the anger, the oaths, the blows, the violence, the attacks of fury and crimes which follow drunkenness.

Moralists and theologians have remarked as consequences of drunkenness the loss of habits, of work, and order, the abandonment of the family and the domestic affections, misery and its train of evils, vices, and criminal solicitations. But there is a character scarcely noticed by ancient observers, and which becomes more and more marked in the progress of alcohol in popular consumption, this is the pathological character which has earned for drunkenness the name of *intoxication* in the English language; and it is only in our epoch that observation and medical statistics have revealed the fatal effects of alcoholism on the family of the drunkard, and its dangers for the future of entire populations.

It is to medicine that it belongs to establish well for legislators this fact, which they have not yet been in a position to appreciate well, the commencement of this distinction between drunkenness properly so-called and this new alcoholic drunkenness which made its first appearance in science in 1813 by the "delirium tremens," and of which the well-known writings of the physicians of the Sclavonian, Scandinavian, and Germanic nations have since revealed to us the many forms and frightful developments.

In this new case we see alcohol absorbed with a taste which quickly becomes irresistible, affecting powerfully the organism, altering soon its radical forces, destroying little by little the individual physique, degrading more and more the moral character, attacking in its course not only the individual, but also his descendants, bequeathing thus to families, by a fatal inheritance, debility, epilepsy, deafness, dumbness, a crowd of nervous disorders, and to the moral character imbecility, idiocy, mental alienation, idleness, and violent and perverse instincts.

It is important that the legislature should know that this terrible series of evils, unknown to the ancients, can be passed over entirely by an individual without any manifestation, offering the decided character of drunkenness properly so-called. And this capital point, which medicine alone can throw light upon, suffices to show how the limits in which the propositions of law, submitted at this time to the National Assembly, are comprised, are out of proportion with the real extent of the question which it is intended to resolve, if it is true that it behoves us to diminish the evils which the abuse of alcoholic liquors causes to day in society.

The progressive manifestation of these evils has struck the attention of physicians and governments from the first in northern countries and the Germanic States, where they have followed, as everywhere, the progress of the new industry of the distilleries, which tends to substitute for the consumption of fermented liquors, and even of the brandy of wine, liquors still more alcoholic obtained by the distillation of grains and fruits.

The author traces the march and progress of alcoholism in the Sclavonian countries, in England, Germany, the Scandinavian countries, the New World, &c.; since it becomes necessary to know the means of repression directed, in the various countries, against the growing abuse of alcoholic liquors, *furor bibendi*.

He establishes from statistics the special developments of alcoholism and of its ravages in France; and, after having insisted on the insufficiency of actual legislation in that which concerns drunkenness, he continues in these terms:—"I have endeavoured, by a glance over the world and over history, to establish that alcohol acts everywhere as a destructive poison of frightful power on populations which are abandoned to it, without any support in their manners or any bridle in their laws; that the slight efficacity of ancient laws has been due to the excess of their rigour, to the opposition which they encountered in the customs, and to the lesser gravity of the evil against which they were directed; and, lastly, that preventive and repressive measures have produced an incontestable benefit everywhere when they have been wisely combined and applied, after consideration of the circumstances and probable results, and particularly where the spirit of association and individual initiative have lent to it their powerful concurrence."

What arguments is it yet necessary to seek to show that alcoholic drunkenness has now gone beyond the competency of the police and the local powers? and that the repression of this scourge can only be effected by a vigorous effort of society promoting and sustaining the action of a good law.

The law called for at this time by the interests of society ought, if I mistake not, to rest on a triple base. 1st. Combined action of various preventive means, of which I have proposed the programme in commencing; 2nd. The employment of repressive measures graduated against drunkenness, its relapses, and habitual drunkenness. 3rd. Means for the protection of the interests of the family and of society against the effects of the intellectual and moral perversion produced by alcohol among the individuals who make an abuse of it.

In accepting, as demonstrated, the necessity and utility of penal repression, we arrive at this first conclusion:—the necessity of defining public drunkenness as a correctional offence. Our penal code makes no mention of drunkenness. It cannot know it in effect, since it exists not as a judicial fact, it is only a simple fact.

This fact can only draw attention to the public morals and social interests. It has none the less remained up to this time foreign to our legislation.

The necessary consequence of the juridical definition of drunkenness as a correctional offence, is to call the penalties correctional, and to inflict, for the first time, a minimum fine of sixteen francs.

The fact of drunkenness when it is fortuitous, foreign to the will and the habits, or even the result of a first imprudence, seems to merit so much indulgence that the fine in a simple police matter, which has a minimum of

one franc and a maximum of fifteen francs, would seem a sufficient penalty.

If we take into consideration two dominant points in this question : that of the pathological effects of drunkenness, above all of alcoholic drunkenness, and that of the social consequences of drunkenness, we recognise that the fact of relapses is of major importance in repression.

This graduation of penalties is to be found in the edict of Francis I., and in the recently improved laws of foreign countries, and it is indispensable to apply this wise principle, and to endeavour to obtain from its use all its salutary effects. The first relapse would appear to be sufficiently punished by doubling the fine (from 25 to 50 francs). At the second only it might appear desirable to add to this fine correctional imprisonment of from six to twelve days.

Medical News.

University of Cambridge.—The late agitation and legislation, having for their object the admission of Dissenters from the Established Church to the prizes of the Universities, has just received an exemplification at Cambridge. At Trinity College, yesterday, Dr. Michael Foster, well-known in connection with the Liberation Society, a member of the London University, and Mr. Hopkinson, Senior Wrangler, and First Smith's Mathematical Prizeman at Cambridge in 1871, were amongst those elected Fellows of Trinity College. Neither of these gentlemen are members of the Church of England. Dr. Foster was not, of course, originally a member of Trinity. but havieg been elected Prælector in Physiology, has now been elected Fellow Honoris Causa.

Hydrophobia.—At an inquest held in Manchester on Saturday, upon the body of a woman who had died from hydrophobia, it was stated that the ordinary remedies failed, and the only drugs which gave her relief were morphia and chloroform.

A donation of £30,000 has just been made to the Royal Albert Asylum for Idiots, Lancaster, by Mrs. Brooke, in accordance with the wishes of her late husband, the Rev. Richard Brooke, of Selby.

The Cancer Hospital, Brompton, has received a third donation of £1,000 from G. M. E.

Life in Persia.—A letter, dated Teheran, Aug. 7, in the *Cologne Gazette*, states that cholera, pestilence, famine, and bad government make the situation in Persia more horrible from day to day. Of the 120,000 inhabitants of Meschad, the capital of Chorassan, two-thirds perished from hunger and disease in July last, while the remaining third fled, and were mostly captured by roving troops of Turkomans and Afghans, and led into slavery. At Chiras and at Tabris insurrections have broken out. The cholera declared itself at the latter place—which suffered also terribly from an inundation—and on the Turkish frontier at Solimanich cases of pestilence have occurred. The Government has refused the help offered by Russia and England. The inhabitants of the capital, knowing that a petition to the Shah would remain without answer, addressed themselves to the foreign representatives, who declined to intervene. When, at the beginning of August, the Shah returned to his capital, he was received before the gates by thousands of howling women, who were afterwards dispersed by the police. The Shah took up his residence in a neighbouring castle, and issued a decree ordering the sale of bread at a nominal price. No bread came forth, and the Shah then ordered, as remedial measures, to put into chains the vizier of the town, to slit open the belly of the chief baker, to put several other bakers into their ovens. The émeute was thereby put down, but not the prevailing misery, and a terrible catastrophe is expected.

Careless Surgery.—The *Wanderer* of Vienna relates the following story :—"The Burgomaster of Storaezynetz in the Bukovina, was recently attacked by a bull and received a severe wound in the region of the heart. A surgeon was summoned, who dressed the wound, immediately after doing which he discovered that a gold ring had disappeared from his finger, and, as he believed, had been left in the wound. It would have been dangerous to reopen the wound, and therefore no attempt was made to remove the ring. The burgomaster, however died a day or two afterwards, and a charge was made against the surgeon by another medical man who had been in consultation with him, and who declared that the deceased had died, not from the effects of the wound, but from inflammation produced by the presence of the ring in question. The surgeon is to be tried for unskilful treatment, and the body of the burgomaster is to be exhumed for the purpose of ascertaining the exact cause of death.

Extraordinary Charitable Bequests.—The following legacies appear in the will of Mrs. C. E. Walmesley, 34 Connaught square, Hyde park, all to be paid (free of duty) within six calendar months after testatrix's decease, which event took place on the 13th ult. :—£1,000 each : London, Middlesex Royal Free, University College, and St. Mary's Hospitals. £500 each : Great Northern, Metropolitan Free, and British Lying-in Hospitals. £300 each : London Fever Hospital, National Hospital for the Paralysed and Epileptic, Royal National Lifeboat Institution, Royal Society for Protection of Life from Fire, and Royal Society for Prevention of Cruelty to Animals. £200 each : Westminster, Charing-cross, and King's College Hospitals ; City of London Hospital for Diseases of the Chest. Samaritan Free Hospital, Royal Hospital for Incurables, British Home for Incurables, City Orthopœdic Hospital, Royal Sea Bathing Infirmary, Metropolitan Convalescent Institution, Asylum for Idiots (Earlswood), Lock Hospital Asylum, London Female Penitentiary, Cripples' Home and Female Refuge, Indigent Blind Visiting Society, and British Asylum for Deaf and Dumb Females. £100 each : Seamen's Hospital Society (Dreadnought), Hospital for Women (Soho square), Royal Westminster Ophthalmic Hospital, Royal Orthopœdic Hospital, Western General Hospital (Marylebone road), Albert Orphan Asylum, British Orphan Asylum, London Orphan Asylum, Infant Orphan Asylum, Asylum for Fatherless Children, National Orphan Home, Cancer Hospital, (London and Brompton). House of Charity for Distressed Persons, Royal Infirmary for Diseases of Children and Women, Queen Charlotte's Lying-in Hospital, City of London Lying-in Hospital, Royal Medical Benevolent College Fund, and Association for Promoting General Welfare of the Blind. £50 each : Dental Hospital of London, Infant Home (Great Coram street), West London Hospital (Hammersmith), Central London Ophthalmic Hospital, (Gray's inn road), North London Consumption Hospital, Royal London Ophthalmic Hospital, General Lying-in Hospital (Lambeth), Infirmary for Consumption and Diseases of the Chest, Small-pox and Vaccination Hospital, Hospital for Sick Children (Great Ormond street), St. Mark's Hospital (City road), City of London and East London Dispensary. £25 each : Western Ophthalmic Hospital (Marylebone road), Seaside Convalescent Hospital (Seaford), Invalid Asylum (Stoke Newington), and Home for Convalescent Children (Mitcham), besides thirty-one legacies to other societies and institutions, non-medical.—*Illustrated London News.*

NOTICES TO CORRESPONDENTS.

MEDICUS.—Received with thanks.
M.R.C.S.—Your inquiry shall be attended to.

VACANCIES.

Sheffield Public Hospital. Assistant House-Surgeon. Salary £65 per annum, with board and residence. (See advt.)
Great Northern Hospital, London. House-Surgeon. (See advt.)
Evelina Hospital for Sick Children, London. House-Surgeon.
Westhampnett Union, Sussex. Medical Officer. Salary £100.
Swaffham Union. Medical Officer. Salary by computation.
Royal Hospital for Diseases of the Chest, London. Surgeon.
Preston Infirmary. Two House-Surgeons. Salary £120, and £80 respectively.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The Skim-milk Treatment of Diabetes and Bright's Disease. By Arthur L. Donkin, M.D. London: Longmans, Green, and Co.
Digitalis. By J. Milner Fothergill, M.D. London: H. K. Lewis.
University College Calendar for MDCCCLXXI-LXXII.
On Chloroform in its Medico-Legal Bearings. By Chas. Kidd, M.D.
A Review of Darwin's Theory of the Origin and Development of Man. By James B. Hunter, M.D. New York: Appleton and Co.
The Annual Oration delivered before the Medical Society of London. By Wm. Cholmeley, M.D., F.R.C.P. London: J. & A. Churchill.
The Tobacco Question; Quarterly Report of the Shipwrecked Mariner's Society; Nature; New York Medical Journal; Boston Medical Journal.

MEETINGS OF THE LONDON SOCIETIES.

Monday, Oct. 23rd.—MEDICAL SOCIETY at 8 P.M. Ordinary.
Tuesday.—MEDICO-CHIRURGICAL at 8·30 P.M.

APPOINTMENTS.

BUTLER, F. W., L.S.A., House-Physician to the Westminster Hospital.
BROWN, Wm., L.R.C.P., and L.R.C.S.Ed., Medical Officer for the Coldbeck District, of the Wigton Union, Cumberland.
CORFIELD, W. H., M.A., M.B., M.R.C.P.L., Professor of Hygiene and Public Health at University College, has been elected Medical Officer of Health and Analyst for the Parish of St Mary, Islington
DORAN, A. H. G., House-Surgeon to St. Bartholomew's Hospital.
LAYNE, T., M.R.C.S.E., Assistant House-Surgeon to the Royal Albert Hospital, Devonport.
POPHAM, Thos., L.K.Q.C.P.I., L.R.C.S.I., L.M., Medical Officer. Public Vaccinator. and Registrar of Births to the Cliffoney Dispensary, Co. Sligo, vice Dr. G. Carmichael. resigned.
RILEY, W. G., M.R.C.S.E., Resident Surgeon and Apothecary to the Western General Dispensary, Marylebone road, London.
SEATS, W., M.D., Assistant Resident Medical Officer at the Coton hill Institution for the Insane, near Stafford.
WAR OFFICE, MEDICAL DEPARTMENT.—Assistant Surgeon T. A. Purcell, from the 10th Foot, to be Staff Assistant Surgeon, vice J. M'Namara, M.D., appointed to 10th Foot.

Marriages.

JONES—JONES.—On the 10th inst., at St. John's, Brixton, J. T. Jones, M.R.C.S.E., son of J. Jones, Surgeon of Llanfyllin, to Robertina, daughter of the late Robert Jones, Esq., of Llewegart Villa, Brixton.
SAUNDERS—PHILLIPS.—On the 11th inst., at Southend, Thos. Dudley Saunders, L.R.C.P.Ed., M.R.C.S.E., of Smarden, Kent, to Lætitia Anne Syme, only daughter of the late E. E. Phillips, M.R.C.S.E.

Deaths.

CURLING.—On the 2nd inst., at Grafton lawn, Cheltenham, C. S. Curling, Esq., late of the Bengal Medical Service, aged 77.
FIDLER.—At Liverpool, Robt. Fidler, L.F.P. & S. Glas., aged 75.
FUGE.—On the 7th inst., J. H. Fuge, F.R.C.S., of Plymouth, aged 93.
GREAVES.—On the 1st inst., A. G. Greaves, M.R.C.S.E., of Derby, aged 59.
GRAVES.—On the 7th inst., at Westbourne Park, Bayswater, Emma Spencer, the beloved wife of J. S. Graves, Deputy Inspector General of Hospitals.
HIGGINS.—On the 14th inst., at Kensington, J. R. Higgins, M.R.C.S.

THE ROYAL HOSPITAL for DISEASES of the CHEST, City road.—Founded A.D. 1814.

Under the direct patronage of Her Majesty the QUEEN.

Notice is hereby given that the Council will meet in the Board Room the Hospital, on Tuesday, the 7th day of November next, at half-st 4 o'clock p.m., to receive and examine APPLICATIONS from ndidates for the OFFICE of (OPERATING) SURGEON to the Hos-al, vice Mr. Francis Mason, F.R.C.S., resigned. Candidates for this ice must be Fellows or Members of the Royal College of Surgeons of gland not practising midwifery or pharmacy.

Any further information may be obtained on application to the cretary or Resident Medical Officer, personally or by letter.

Letters on application, addressed to the Council, with testimonials, to sent to the Hospital, directed to the undersigned, before the time ve-mentioned.

The election will be held at a Special General Court of Governors on esday, November 21, the names of candidates approved by the Council ng previously announced.

CHARLES L. KEMP, Secretary to the Council.

City road, Oct. 10, 1871.

THE ADELAIDE HOSPITAL, PETER STREET, DUBLIN.

Physicians—Henry H. Head, M.D., M.R.I.A., Fellow of the College of Physicians, James Little, M.D., M.R.I.A., Fellow of the College of Physicians, Lecturer on the Practice of Medicine in the Ledwich School of Medicine.
Surgeons—Albert J. Walsh, M.D., President Royal College of Surgeons, John K. Barton, M.D., Fellow Royal College of Surgeons, Lecturer on Surgery in the Ledwich School of Medicine, Benjamin Wills Richardson, Fellow and Member of the Court of Examiners, Royal College of Surgeons.
Obstetric Physician—Lombe Atthill, M.D., Fellow and Examiner in Midwifery, College of Physicians.
Ophthalmic Surgeon—H. Rosborough Swanzy, M.B., L.R.C.S.I., lately Assistant at Professor von Graefe's Ophthalmic Hospital, Berlin.
Assistant-Physician—Walter G. Smith, M.D., Fellow and Censor College of Physicians, Senior Demonstrator in the University School.
Assistant-Surgeon—Montgomery A. Ward, M.B., M.Ch., L.R.C.S.I., Demonstrator of Anatomy, Ledwich School of Medicine, Ex-Medical Scholar, T.C.D.

The central position of this Hospital renders it peculiarly convenient gentlemen attending Lectures at the University, College of Surgeons, Ledwich School.

The arrangements for Clinical Teaching have been made as complete possible, and are such as not to interfere with attendance at the dical Schools.

There are Fever Wards apart from the Hospital, and two Wards for ants and Children.

Special hours are devoted to Clinical Instruction in the Diseases peculi to Women, the Diseases of the Eye, and Cutaneous Diseases, and dents are individually instructed in the Use of the Stethoscope, thalmoscope, Laryngoscope, and Microscope.

Two Resident Pupils are selected half-yearly.

Prize Examinations are held at the termination of the Session.

Further particulars can be obtained from Dr. Atthill, 11 Upper Mer-t street, or any other Member of the Medical Staff.

Established 1848.

PROFESSIONAL AGENCY AND MEDICAL TRANSFER OFFICE.

50 LINCOLN'S INN FIELDS, W.C.

J. BAXTER LANGLEY LL.D. M.R.C.S., F.L.S., &c., (KING'S COLL.), and Author of VIA MEDICA,

Has always upon his books a large number of desirable investments and available Appointments for negociation.

The business of the Professional Agency is based upon the general principle that no charge is made unless work has been done and services rendered.

No Commission charged to Purchasers.

Full information as to terms, &c., sent free on application.

Office hours, from 11 till 4; Saturdays, from 11 till 2.

PRACTICES AND PARTNERSHIPS NOW OPEN for negociation (in addition to those advertised in Dr. Langley's List, (which is sent post free on application).

Y 318. In a WESTERN COUNTY, a very desirable PRACTICE for transfer. The income is £600 a year, and there is only one opponent, although there are about 2,100 residents in the immediate locality. Transferable Appointments yield £100 a year. Six months' introduction. Only one horse required. The residence is an excellent family-house, with stabling, coach-house, and capital garden, Part of the premium may be paid by instalments.

Y 317. MIDLAND.—Receipts upwards of £800 a year, including valuable Appointments yielding £220 a year, No resident opponent within two miles. Patients good middle-class. Efficient introduction.

Y 316. PARTNERSHIP without premium, A Practitioner, resident in a pleasant Southern County, is willing to take a Partner for the third share of his Practice, with conditions for purchase of further shares at future date depending upon success. Present income £600 a year, with prospects of considerable increase. No Gentleman need apply who has not at command a sufficient sum to furnish a small house.

Y 262. In a CHARMING AGRICULTURAL DISTRICT, where there are numerous wealthy residents, a well-established PRACTICE for Transfer. The receipts average about £500 a year, with no Appointments, except two small clubs at good rates. Very little night work, and no midwifery under £2 2s. The work is light and pleasant, the average visiting fee being 7s. The house is vendor's freehold, and could be let at £35, or sold if desired; it contains eight rooms; pleasant garden, with detached coach-house, stabling, &c. Two horses are kept, but one is sufficient for the Practice, and no assistant is required. There is scope for considerable increase.

TECHNICAL EDUCATION.
SCIENCE AND ART DEPARTMENT.

ROYAL COLLEGE OF SCIENCE FOR IRELAND.

STEPHEN'S GREEN, DUBLIN.

SESSION—1871-72.

This College supplies, as far as practicable, a complete Course of Instruction in Science applicable to the Industrial Arts, especially those which may be classed broadly under the heads of CHEMICAL MANUFACTURES, MINING, ENGINEERING, and AGRICULTURE.

A Diploma of Associate of the College is granted at the end of the Three Years' Course,

There are Four Royal Scholarships, of the value of £50 each, yearly, with Free Education, including Laboratory Instruction, tenable for two years. Two become Vacant each year. They are given to Students who have been a year in the College. There are also Nine Exhibitions attached to the College of £50 each, with Free Education and Laboratory Instruction, tenable for three years. Three become vacant each year. These are awarded at the Annual May Examinations of the Science and Art Department.

The Fees are £2 for each Course, or £10 for all the Courses of each year, with the exception of Laboratory.

The Laboratory Fee is £12 for the full Course of Nine Months, or £2 per month.

SUBJECTS OF INSTRUCTION.

Applied Mathematics, Mechanism and Machinery, Descriptive Geometry, Geometrical, Mechanical and Engineering Drawing, Experimental Physics, Chemistry (Theoretical and Practical), Botany, Zoology, Geology, and Palæontology, Mining, Surveying, Agriculture.

The Laboratory is open for Instruction in Practical Chemistry, Metallurgy, and Assaying, from 10 to 4 o'clock every Week-day during the Session, except Saturdays and Holidays.

The Session commences on MONDAY, OCTOBER 2.

Programmes may be had on application to the Secretary, Royal College of Science, Stephen's green, Dublin.

FREDERICK J. SIDNEY, LL.D., Secretary.

THE WESTMORELAND LOCK HOSPITAL FOR THE TREATMENT OF VENEREAL DISEASE, TOWNSEND STREET.

SURGEONS TO THE HOSPITAL.

Benjamin M'Dowell, M.B.T.C.D., L.K.Q.C.P.I., L.R.C.S.I., Professor of Materia Medica in the Ledwich School of Medicine, &c., Surgeon to Mercer's Hospital.

John Morgan, A.M., T.C.D., L and F.R.C.S.I., Professor of Practical Anatomy (Surgical and Descriptive) Royal College of Surgeons, School of Surgery, and Surgeon to Mercer's Hospital.

THE HOSPITAL contains 150 Beds; 674 patients were admitted during the past year suffering from every variety of Venereal Affection, thus affording ample opportunity of studying the disease in all its forms.

The wards are visited daily between twelve and two o'clock, so as not to interfere with attendance at general hospital practice.

Two Clinical Lectures will be delivered each week, commencing the first Monday in November.

Fee for Hospital attendance, including Clinical Lectures;—For Winter Session, six months, £4 4s.; for the Summer Session, three months, £2 2s.

For further particulars apply to Dr. M'DOWELL, 29 York street; or Mr. MORGAN, 23 Stephen's green North, or at the Hospital.

THE LEDWICH SCHOOL OF SURGERY.

PETER STREET.

THE Lectures are to be delivered by the following Teachers, who are responsible for the general discipline and instruction of the Class:—

Anatomy and Physiology	Ed. Ledwich, F.R.C.S.I., Surg. to Mercer's Hosp. T. P. Mason, F.R.C.S.I., Phys. to Mercer's Hosp. W. H. O'Leary, F.R.C.S.I., Surg. to Vincent's Hosp.
Surgery	J. H. Wharton, F.R.C.S.I., President of the Royal College of Surgeons; Surg. to the Meath Hosp. John K. Barton, F.R.C.S.I., Surg. Adelaide Hosp.
Practice of Medicine & Pathology	Jas. Little, F.K. and Q.C.P.I., Phys. Adelaide Hosp. Henry Eames, M.B.T.C.D., Phys. to Mercer's Hosp.
Midwifery	John Ringland, F.K.Q.C.P.I., Master of the Coombe Lying-in Hospital.
Materia Medica	Benjamin F. M'Dowell, M.B., Surg. Mercer's Hosp.
Medical Jurisprudence	Robert Travers, F.K.Q.C.P.I.
Botany	T. D. T. Maunsell. A.B., M.B.T.C.D.
Chemistry	Charles Cameron, M.D., M.R.I.A. Edwin Lapper, F.C.S., Demonstrator of Chemistry.
Demonstrative and Descriptive Anatomy	Montgomery A. Ward, L.R.C.S.I. Alexander R. Glanville, L.R.C.S.I. Charles H. Robinson, L.R.C.S.I. Edward Bellis, L.R.C.S.I. William H. Corry, L.R.C.S.I. C. H. Battersby, A.B., M.B.T.C.D. Joshua E. Evans, L.R.C.S.I.

All the several Courses of Lectures required by the various Licensing Bodies to entitle the Student to present himself for Examination are delivered in the Theatre of the Institution, and are fully recognised.

The School is in a central situation, and in the immediate vicinity of, and in direct connection by means of its Teachers, with four great Medical and Surgical Hospitals, thus affording to the Student the most ample opportunity of acquiring a thorough knowledge of the symptoms and treatment of disease. Demonstrators will be present in the Dissecting-room at all hours, in order to afford that assistance which is always so essential to the beginner in his first attempts to acquire a knowledge of Anatomy,

At the termination of the Session Prizes will be awarded to the best Answerers in each Department. EDWARD LEDWICH, Secretary.

MERCER'S HOSPITAL, WILLIAM STREET, DUBLIN.

WINTER SESSION—1871-72.

Visited punctually at Nine a.m. each Day.

Physicians—Thomas P. Mason, M.B. Lond., F.R.C.S.I., Lecturer on Anatomy and Physiology in the Ledwich School of Medicine; Henry Eames, A.B., M.B. T.C.D., L.K. & Q.C.P.I., Lecturer on Practice of Medicine.

Surgeons—Edward Ledwich, F.R.C.S.I., Lecturer on Physiology and Surgical Anatomy in the Ledwich School of Medicine, Member of Council Royal College of Surgeons in Ireland, &c.; Edward S. O'Grady, M.R.I.A., Ch.M., M.B., A.B. Univ. Dub., F.R.C.S.I., Q.C.P.I., Member of the Court of Examiners Royal College of Surgeons, Ireland; John Morgan, A.M. T.C.D., F.R.C.S.I., Professor of Surgical and Descriptive Anatomy Royal College of Surgeons, Ireland, Surgeon to the Westmoreland Lock Hospital, Member of Council R.C.S.I., &c.; Benjamin F. McDowell, A.B., M.B. T.C.D., L.R.C.S.I., Surgeon to the Westmoreland Lock Hospital, and Lecturer on Materia Medica in the Ledwich School.

THIS HOSPITAL, situated in the centre of this Metropolis, and in the midst of a densely-crowded population, has its doors constantly open at all hours for the reception of cases requiring prompt and energetic treatment. Two new wards for the reception of Fever and Contagious Diseases, are now open in addition to the previous accommodation of the Hospital, while its Chronic Wards are filled with patients from the Dispensary which is daily held for the relief of a numerous class, to whom advice and medicine are supplied gratuitously.

Systematic Clinical Lectures and catechetical instruction will be employed for the purpose of conveying information to the Class.

The appointment of Resident Pupil is open to any Student through the medium of a Competitive Examination, and at the termination of his office he will be entitled to a Special Certificate, should his conduct have met with the approval of the Physicians and Surgeons.

In all cases where it is possible, due notice will be given of every capital operation, so as to ensure the attendance of the Student.

The Hospital stands in the immediate vicinity of four of the principal Medical Schools, and is recognised by all Licensing Bodies.

Terms of Attendance.—Six months, Six Guineas; Nine months, Eight Guineas; Perpetual Pupils, £21.

Further information can be obtained from any of the Physicians or Surgeons of the Hospital, or from the Registrar.

By order,

September, 1871. JAMES SHAW, Registrar, Mercer's Hospital.

MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.

Physicians: William Stokes, M.D., Physician in Ordinary to the Queen in Ireland, Regius Professor of Physic, University of Dublin; Arthur Wynne Foot, M.D., Univ. Dublin, F.K.Q.C.P.I.

Surgeons: George H. Porter, M.D., University of Dublin, F.R.C.S.I., Surgeon in Ordinary to the Queen in Ireland, Surgeon to Simson's Hospital, Consulting Surgeon, Coombe Lying-in Hospital.

James H. Wharton, A.M., M.B., University of Dublin President, R.C.S.I., Senior Lecturer on Surgery at the Ledwich School of Medicine; Surgeon to Cork street Fever Hospital, and to the Hospital for Incurables.

Philip Crampton Smyly, M.D. University of Dublin, F.R.C.S.I., L.K.Q.C.P.I.; Rawdon Macnamara.

R. Persse White, F.R.C.S.I., L.K.Q.C.P.I., late Surgeon to Jervis street Hospital.

Robert St. John Mayne, L.R.C.S.I., L.K.Q.C.P.I., Lecturer on Anatomy at the Carmichael School of Medicine.

The Ensuing WINTER SESSION will commence on 1st of OCTOBER, and the COURSE of CLINICAL LECTURES on the First MONDAY in NOVEMBER.

Clinical Lectures, of which four will be delivered weekly, and instructions in Medicine and Surgery, will be given on alternate days.

The Physicians and Surgeons will visit the Hospital at Nine o'clock, a.m., so as to allow the Members of the class to be in attendance at their respective Schools of Medicine at Eleven o'clock a.m.

The Hospital, which contains 120 beds, for the reception of Medical and Surgical cases, and to which an extensive Dispensary (open daily) and Lending Library are attached, is within a few minutes' walk of the University, the College of Surgeons and the Ledwich Schools of Medicine.

An additional Ward has been recently erected for the reception of Children, in which the Pupils will have an opportunity of studying that highly important subject—Infantile Disease.

Certificates of attendance at this Hospital are recognised by all the Universities, Colleges, and Licensing Bodies in the United Kingdom.

Prizes will be given at the termination of the Winter Course to the best answerers in their respective Classes.

The office of Resident Pupil is open to Pupils as well as Apprentices.

In addition to the above, Doctor HUDSON has presented a Prize of Ten Pounds, to be competed for on conditions to be determined by the Physicians.

Further information may be obtained by application to

ROBERT ST. JOHN MAYNE, Esq., Hon. Sec.

8 Rutland square East, or at the Hospital.

Dublin, September, 1871.

HOUSE-SURGEON WANTED, at the GREAT NORTHERN HOSPITAL, Caledonian road, N. Candidates (M.R.C.S.) are invited to send their application and copies of testimonials to the Secretary, 46 Great Coram street, W.C., on or before 30th October.

By order,

GEORGE REID, Secretary.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 25, 1871.

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NOTES ON THE ORIGIN OF SYPHILIS.

BY DR. CHARLES R. DRYSDALE,

Physician to the Metropolitan Free Hospital, &c., London.

THE writer of these few lines has recently been reading over many of the works which treat of the origin of syphilis; and, commencing as he did with an opposite opinion, has become gradually convinced that the epoch of the origin of the disease was that of the landing of the crews of the ships of Columbus in 1493, in Lisbon, Seville, and other parts of Spain. In a visit to Paris this summer (1871), he found that Dr. Alfred Fournier, also, had become quite a partizan of this side of the question; whilst the excellent work of Mr. Gaskoin, "On the Life and Writings of Dr. Lobos di Villalobos," has made the English medical public familiar with the idea of the disease being imported from America. The following notes, made from a most excellent paper on this subject, in *Lo Sperimentale*, Oct, 1871, are, the writer believes, most conclusive; written as they are by Dr. Ferrari, the well-known surgeon of Pisa. As the essay is in Italian, it is possible that it may not be so widely read as it ought to be, unless rendered into English. Such authors (says Dr. F.) as believe in the ancient existence of syphilis affirm that, not only Job, and King David, but, also, that the Emperor Augustus suffered from this disease, and also Tiberius Cæsar, and Galerius Maximus. They also quote Hippocrates who, in one phrase, in his treatise *De morbis*, speaks of "pustulas magnas, et pustulas corpori universo erumpentes ulcera fœdissinia circa pubem." Dr. Verneuil, of Paris, has recently published some documents (*Arch. gen.*, Paris, 1863), which seem to show that the Chinese, long before the Christian Era, besides knowing very well the venereal diseases, had known too about mercury as a most efficacious remedy against syphilis. This, perhaps of all documents, the one which, if genuine, would prove the antiquity of syphilis, is due to Captain Dabry, French Consul at Hang-Kean, in China. This gentleman asserts that the document in question had been extracted from the treatise Nuei-King, written in the reign of Hoang-ti, or 2,637 years before Jesus Christ. (*La Med. Chez. les Chinois*, Paris, 1863.) But we easily begin to doubt of the authenticity of this work, when we notice the great precision of the descriptions of syphilis made there, in comparison to the times in which they were written. Indeed, there is in this treatise a most exact description of gonorrhœa, of indurated ulcers, phagedænic, and serpiginous sores, or intra-urethral sores, of buboes and warts, and likewise of the secundary symptoms occurring after syphilis. And, then, most notable of all, mercury is described as a quite specific remedy, even in these days. And another argument against our belief in this document is, that there is no mention made of hereditary syphilis in it. Although M. Robert, of Paris, thinks that Job in the Bible was afflicted with syphilis, it seems much more reasonable to suppose that his disease was leprosy; and as to the pains in the bones spoken of by King David, there is not the slightest proof of their having been of a syphilitic nature. As to the expression above quoted from Hippocrates, there seems no reason to say that the ulcers mentioned were syphilitic; they may just as well have been scrofulous ulcerations. Littre, the French medical writer on philosophy, says: "No trace of syphilitic affection is seen in antiquity; but a crowd of affections of the genital organs are noticed there, which do not refer to any syphilitic speciality."

Whence, then, did the disease come to us? Although the Americans accuse the Europeans of having carried this disease to them, nevertheless, according to the opinion most universally adopted by the learned men in the congress of Nantes, in 1835, it would seem that it is a disease of very ancient origin in America, and that, according to Bechi and Sanchez, it came to Europe only at the end of the 15th century, brought by the companions of Columbus. And there is, indeed, a most powerful argument to prove this in Columbus himself, who asserts that, when he returned the second time to the New World, he found among the Spaniards who had been left there, to study the manners of the savages, a monk, who, having learnt their language, was able to tell him what he had

observed, and particularly the fact that, among the Indians, there existed very commonly a disease which they called *caracaracol*, and which showed itself as a scab over the body. This, too, is just the time, when we see arise throughout Europe, for the first time, syphilis among the nations. Antonio Benivieni, a most distinguished physician of that time, writes: "Novum morbi genus anno salutis nonogesimo sexto supra mille quadrigentos a christiana salute non solum Italiam sed fere totam Europam irrepsit. Hoc ab Hispania incipiens per Italiam ipsam primum tum Galliam Cæteresque Europæ provincias late diffusum mortale quamplurimas occupavit." And in the same strain wrote Allessandro Benedetti (1496); Corradino Gilino (1497); Gaspare Torella (1497); and Bartholomeo Montagnana (1498); and a little later, G de Vigo (1514); G. Fracastor (1546); Antonio Brassavola (1553); and Gabriel Fallopius (1566). And if we desire yet ocular testimony, we may cite the physician Diaz di Isla, and the historian Oviedo, who both had numerous opportunities of speaking with Genovese, in Barcelona. Besides these, Guicciardini and Bembo, speak of it as quite a new disease.

The 4th March, 1493, was the miserable day, in which syphilis appeared in Europe—Lisbon, Seville, Barcelona, and Gallizia, and, where the ships of Columbus landed, these were the first spots rudely infected. In Barcelona, as Diaz di Isla narrates, the venereal disease was shortly so spread, that public prayers and fastings were offered up to God, in order that they might be delivered from it. When in the month of August, 1494, Charles VIII went with a large army to Naples to conquer that kingdom, from thence gradually also in Italy did the terrible disease manifest itself, so that the French called it *mal de Naples*, and the Italians called it *mal francese*. Lastly, the return of these soldiers to their native land, diffused syphilis in Switzerland, France, and in every other part of Europe abundantly, and by commerce it thence passed on to the coasts of Africa, among the Turks, Persians, Chinese, and people of Japan. In those days, too, syphilis showed itself with much greater gravity than at present; both primary and secondary symptoms also came on more rapidly. Christoforo Girtanner says: (*Trattato s. la mal. Ven.*, Venice, 1801), that a few hours after impure congress, there showed itself in the prepuce or gland a rather itching vesicle, which quickly opened and became a chancre. In a few days universal lues followed. Over the whole body and face there appeared pustules the size of a pea, or sometimes a little nut, sometimes a little larger. These appeared red and inflamed, and were accompanied by great pain, but did not pass into suppuration. To this were associated most cruel pains in the bones by night, and exostoses of all kinds, which became inflamed, and sometimes degenerated into caries. Cataneus describes it as: "Monstruosus morbus nullis ante sæculis visus totoque in orbe terrarum incognitus, fœditate magna, innumeris pustulis ulceribusque per totam faciem universumque corpus mulieres virosque deturpans." And that the disease declared itself in a most terribly frightful manner, is proved again, in that the poor patients were, from the first, abandoned by everyone, and even by the physicians, who, however, becoming so ashamed that the sentiment of charity was extinguished in them, along with the love of science, commenced soon to think seriously of how to succour them. Also the Parliament of Paris in its decree of March 6th, 1497, expels from Paris all who were sufferings from the *grosse verole*; also adding that the poor were to be transported to Saint Germain des Prez., where they were abundantly provided with necessaries. A similar law was passed in the same year, by the King of Scotland.

Twenty-five years after this, syphilis began to become more mild, and its contagion more restricted, its symptoms less intense, and death less speedy, and especially much rarer; but what is singular is that, just as the disease diminished and became less malignant, its manifestations increased in number. From this circumstance, the physicians who studied this disease discovered many new facts regarding it. In fact, G. Torella, among the first, and then Sebastian Aquilanus, Cataneus, Benedetti, Massa, Fallopius, Botallus, and many others noticed that syphilis was able, also, to be transmitted by nursing. Paracelsus says that: "Le mal français nait non seulement de Venus, il se transmet par l'heredite." Vigo, in 1514, speaks of the exostoses, and distinguishes syphilis into confirmed and non-confirmed; and further on Massa says that, syphilitic dyscrasia only follows after non-suppurating buboes. Fracastor, Monti, Benedetti, Lenocenus, and Cumanus, and Torella, exclude suppurating buboes from among the symptoms of syphilis; and Torella, Pario, Fracanziano, and Botallus, remarked that the ulcer of syphilis is hard and indolent. Gaspare Torella (1498), remarked that dry eruptions are generally seen in syphilis, and Benivieni (1502) says that large pustules which become ulcerated, were the rarest forms of syphilitic affections. Torella, the most celebrated writer on syphilis of his times, divided syphilitic skin diseases into dry and moist. Benivieni described five species of syphilitic pustules; and Fallopius distinguished them into *pustulæ sine cortice*, and *pustulæ cum cortice*.

ON COUP-DE-SOLEIL IN INDIA.

By James C. Dickinson,

Surgeon to the St. Marylebone General Dispensary, and late of H. M. Bengal Army.

What treatment are we to adopt in cases of sun-stroke? This is a question frequently put by medical officers to one another on arriving in the tropics, but seldom if ever is a satisfactory reply obtained. Information on the subject is to be gleaned neither from the works of Martin or Morehead, while the few papers that have been written on the subject are to be found with difficulty. Any clinical observations illustrative of the symptoms and treatment of this somewhat obscure disease, cannot but prove interesting, and with this hope it is that I submit this paper on a disease which appeared in almost every European regiment during the Indian mutiny, whether in quarters as in H.M. 19th Regt. in Fort William, on active service in the field as in H.M. 6th at Sasseram, or living in tents during the hot and rainy seasons as in H.M. 13th Light Infantry at Gorrickpore.

Again, when is it borne in mind that we are sending annually large bodies of European troops to India, I consider it the duty of all military surgeons to report every case of sun-stroke that comes under their notice together with the treatment adopted. By such means we may hope ultimately to ascertain what the essence of the disease is and consequently lessen the mortality.

The men who came under my notice were living in tents during the months of May and June, the thermometer was standing at 98° to 100°. The cases generally occurred about 4 p.m. which may be considered the hottest part of the day. On arrival at hospital, the men who were seized all more or less presented the following symptoms which I term *the first* stage:—Face much flushed; eye restless and brilliant; conjunctivæ congested; an anxious expression of countenance; tongue thickly coated with a white fur; pulse quick; questions correctly answered, although there is a disinclination to do so, but no incoherence. On enquiry the previous history will generally be found to be somewhat as follows:—the appetite for some days past had fallen off, and the bowels had been costive. Just prior to being brought to hospital, the men had complained of faintness and giddiness, and a sensation as if they had been struck on the back of the head, and becoming alarmed, had requested their comrades to take them to the doctor. Almost immediately after their arrival, I noticed a new train of symptoms setting in, constituting what I term the *second stage*. Here we find the skin of the whole body intensely hot and red which is very marked on the head and chest, the intensity of the heat is most singular, it exceeds in degree everything I have ever seen, and once noticed can never be mistaken. There

is violent palpitation of the heart, the pulsations of which are observable at the scrobiculus cordis. The throbbing of the carotids is so violent, as to be remarked by the by-standers; the patient throws himself violently about; his speech becomes thick, inarticulate and ultimately ceases. The teeth become firmly set; there is great rigidity of the masseter muscles; the patient steadily refuses to swallow anything, and any attempt to enforce liquid is almost if not quite impossible, and the attempt to do so is apparently attended with great pain; there is more or less tonic spasm of the muscles of voluntary motion. The symptoms in this stage are such as to render it difficult to divest one's self of the idea that you are not witnessing a case of acute trismus. In *the third* or *last stage* the patient either gradually sinks from exhaustion or sensibility returns *pari passu* with the lessened force of the circulation, the patient being left in a debilitated and low condition.

In the treatment two things are necessary: first from the tendency to death by exhaustion we must be careful to support the powers of life, and secondly on account of the general excitement that prevails, we must be careful to employ such remedies as will allay it as speedily as possible without exhausting the patient. Immediately a patient is brought into hospital supposing the second stage not to have supervened, I administer a purgative draught composed of rhubarb, senna and salts, followed by an enema of castor oil and turpentine. These medicines I give almost simultaneously, because if the purgative should be rejected (which often happens), then no time has been lost to ensure a speedy action of the enema. It should be recollected, that the success of your treatment depends on the rapidity with which your remedies are administered. Again if the purgative is not rejected so much the better, for as I have already noticed, there is evidence of a foul state of stomach. There is obstinate costiveness to be overcome, and there is the heightened circulation to be reduced; the former has been met with its appropriate measures, to the latter symptom now it is that we must address ourselves.

This the reduction of temperature and force of the circulation, is effected by means of a stream of cold water poured from a height over the whole body, particularly the head, spine, and chest. In employing this remedy there must be neither fear nor hesitation exhibited. The patient should be stripped, placed in the verandah, and supported in the sitting posture. Two Bheestees (water-carriers) should be placed either on a table or some other high place, and be told to direct the streams of water from their mussucks (a pig skin which contains the water), one over the head, the other over the cardiac region. These first two mussucks generally produce a decided although not a permanent effect on the pulse, and assist in diminishing the fulness of the cerebral vessels. Tenh I keep one mussuck at work, gradually reducing the force of the stream of water as the force of the circulation diminishes. The time occupied in the administration of the cold water varies from an hour to an hour and a half. The rule to be guided by in the employment ot the cold stream—our sheet anchor—is to continue pouring on the water *till the very slightest tendency to re-action shows itself*, then and not till then leave it off. When this is accomplished, the patient should be dried and put to bed. He then generally falls into a sound sleep for a few hours and awake perfectly conscious, the skin will be found moist and cool and the pulse soft and regular. The after treatment is very simple. Quinine in small doses two or three times a day with a light nourishing diet, attention paid to the bowels, and a cold douche every morning is all the after treatment necessary. Bleeding formerly had its advocates, and although for some years it fell, most properly I think into desuetude, it has again been revived.

The following case shows in my opinion the extreme danger and inutility of bleeding.

A serjeant of the regiment, tall, and powerfully built, plethoric in appearances, but of steady habits, was one of the first cases I met with of sun-stroke. At the suggestion of a brother medical officer, we bled him to ℥xx., the sedative effect was but momentary, and the re-action set up was of a very alarming character, it was then a question what treatment to pursue. Should the bleeding be repeated? give chloroform, or opium, or try the cold douche? I determined upon the latter, because I knew the real value of the remedy, whereas if I gave opium I might not allay the re-action soon enough. Chloroform I considered contra-indicated, inasmuch as the regiment had lately arrived from the Cape, where disease of the heart is so commonly engendered, and also because from the excited state of the circulation it was difficult to recognise the actual condition of the heart, so that had the patient at the time of the administration of the remedy died, it would have been problematical to have said whether death was the result of the disease or the remedy. It may also be worth while to remember, that chloroform has its enemies in India as well as in England, and should therefore be given with caution. Having myself given chloroform with much success in that active form of mania attended by sudden outbursts of emotional feeling as well as in delirium-tremens, it is possible in some exceptional cases of sun-stroke it might prove useful.

The pathology of coup-de-soleil we know very little of, and in order to ascertain what constitutes the essence of the disease, would require the collated evidence resulting from the examination of all fatal cases, and even then I fancy, judging from my own observations, we shall find little more than congestion of the vessels of the brain with occasionally fluid in the ventricles, together with a more or less congested condition of the lungs.

Dr. Norman Chevers, whose observations and opinions are entitled to the highest respect, is of opinion that the immediate cause of dissolution is a deficient supply of arterialised blood to the brain, and adds that this malady is usually followed by a large crop of boils. Some writers again are disposed to look upon the disease as being what Mattateuci termed a polar state of the nervous system, while others again believe it to be principally due to hyper-irritation of the spinal cord.

The number of cases treated by me were fourteen, they were admitted to hospital in the months of May and June, and all were discharged well with the exception of the man who was bled, he died from exhaustion. All the cases treated by me occurred shortly after active operations in the field had ceased, clearly showing that the constitution is able to resist the vertical sun so long as it is aided by what Julius Jeffreys calls the "elating excitement."

Prophylactic measures.—The men of every regiment should have explained to them on their first arrival in India, the danger of unnecessarily exposing themselves, and of the importance of never going out in the sun without their hats. Over-indulgence in food equally with excess in drinking should be strictly enjoined, as the history of more than one case proves to such excesses are predisposing causes. If campaigns or marches must be made in the hot season, I would suggest that soldiers should wear flannel coats. The natives who suffer from sun-stroke when out walking in the hot season, cover their heads and bodies with a blanket. The helmet should always be lined inside with flannel, this was suggested to me by one of the greatest sportsmen in India, who in the hottest weather has been out all day tiger shooting, and never since adopting this plan suffered any convenience. The ordinary cane helmet having a quilted cotton cover and lined inside with flannel, will be found the best and cheapest head-dress.

When a patient recovers from sun-stroke, the military surgeon has to consider what symptoms are likely to follow and whether he is justified in bringing the case before the Medical Board with a view to sending him to England. No surgeon of any experience would even hesitate, at once granting a certificate, and my advice to young surgeons is to do the same.

The results of sun-stroke may be briefly summed up as follows:—complete recovery, twenty per cent.; followed

by temporary loss of memory, twenty per cent.; liability to headache for some years afterwards, thirty per cent.; madness about five per cent.; deaths twenty-five per cent.

Patients on arrival in England, should visit healthy bracing climates. In Wales and Scotland, but especially Laurence-on-the-Sea. Those to whom time and money are of no object, I recommend spending a season at Gastein in Austria, the mean summer temperature of which is only 59° F. This climate, together with a course of bathing, has much benefited those who have had sun-stroke, as well as those old Indians who suffer from nervous exhaustion, brought on by excessive mental labour, or the result of cachexia loci.

ON MENINGITIS AS A CAUSE OF DEATH IN INFANTILE CHOLERAIC DIARRHŒA AND CHOLERA.

By William Curran, L.R.C.P. Ed., M.R.C.S., Lond., &c.,
Army Medical Staff.

(Continued from Page 336.)

Copland ascribes the following symptoms to an attack of acute meningitis:—"Acute pain in the head, with intolerance of light and sound, watchfulness, delirium, flushed countenance, and redness of the conjunctiva, or a heavy suffused state of the eyes, quick pulse, frequently spasmodic twitchings or convulsions passing into somnolency, coma, and complete relaxation of the limbs," and though some of these were conspicuous by their absence in one or another of the cases that came under my notice, and though others are not always easily recognised in very young children, still the general effect is substantially the same in all, and I trust it will be allowed, that the experience I have had in the matter will justify me in assuming that no grave diagnostic error was made in either of the instances under review.

Case I.—Mervin Mooney, æt. thirteen months, a weakly, scrofulous-looking child, that has not yet been weaned, was admitted late in July with symptoms of cerebral irritation, probably induced by recent exposure and certainly aggravated by the presence of an exhausting quasi choleraic diarrhœa. Has been under treatment at head-quarters, and the mother says that it has been troubled after being previously confined, with looseness for several days back, and that for the last five at least it has been losing strength, gnashing its teeth, and at times wailing plaintively. When seen by me the child was very restless and irritable, the pupils were contracted and very sensitive to a sudden access of light, and he endeavoured to shade his eyes or bury them in the bed, whenever the purdah—screen—was withdrawn, or there was any other unusual movement in the tent. The face was pale but somewhat pinched, and expressive of suffering, he moaned feebly from time to time and now and then shrieked out loudly, and he preferred lying with his head thrown back on the mother's arm. He either struggled convulsively against his food and physic, or took both without making any resistance, and as if mechanically, the least disturbance called forth a shrill querulous cry, and the fingers wandered occasionally over the head as if in quest of something near the forehead and temples. The temperature though much increased was not excessive, but he could bear no pressure over the cranium, and his peevishness and irritability increased a pace, some puffy discolouration and ecchymosis of the conjunctiva set in, the urine scanty from the beginning, became almost suppressed or dribbled unconsciously from the bladder towards the end of his struggle, and the discharges from the bowels were throughout watery, offensive, and at times passed involuntarily. These general symptoms increased in severity soon after admission, food did not appear to nourish the body, or physic to control the progress of the disease, the thumbs were all along firmly flexed against the palms, and spasmodic twitchings having appeared in the legs and fingers, the child died convulsed, a few days after arrival in camp.

Case II.—Margaret Henry, æt. one year and eight months, a strong, healthy child that does not appear to have suffered much from the irritation of teething, was found, on admission to hospital, on the morning of the 3rd of August, to be suffering from cramps and diarrhœa. The surface was cold and covered with the remains of clammy perspiration, and the face was livid and depressed. Chlorodyne and champagne afforded temporary relief, a warm bath somewhat restored the suspended action of the skin, and aromatic confection, tincture of cinnamon and chalk mixture, mitigated the severity without materially diminishing the frequency of her discharges. These had now become watery and choleraic, nevertheless her expression was not much altered for the worse, and the purging did not appear to reduce her strength, or precipitate unduly the result that followed. There could, however, be no longer any doubt as to the dangerous character of her complaint, and she remained about this time, for upwards of two days, in a state that fluctuated between fear and hope, and which augured unfavourably of her ultimate recovery. Thanks, however, to her own good constitution, and to the affectionate nursing and the unflagging devotion of her mother, she rallied for a time, and I had even some hopes of seeing her restored ere long to her family. But this was not to be, and I soon afterwards recognised with sorrow, in her flushed face, pinky suffused conjunctivæ, and plaintive querulous manner, the influence of a complication that would, I anticipated, baffle all my efforts, and finally destroy life. A blister was placed on the nucha, mercurial inunction was practised to inner aspect of thighs and under arm-pits, and calomel in small doses was given by the mouth. She was so drowsy and somnolent as to look like a person who had taken too much opium, but the pupils, though dilated, were brilliant and glistening, there was frequent knitting of the brows, and she could never quite succeed in closing the eyelids. All her senses, in fact, became morbidly active, she appeared to listen for sounds that no one else heard, and to see, nay, even shrink from objects that were quite invisible to others; the fingers were firmly clenched, and there were now and then some suspicious twitchings about the mouth and nostrils. I fancied I discovered a trace of sugar in the urine about this time, but the supply was so scanty, and the appliances at my command for purposes of examination were so imperfect, that I could not quite satisfy myself on this head; it had, however, a saccharine odour, and the surface-scum contained a product which I could only compare at the time, and with such a glass as I possessed, to the fungus of the torula cerevisiae. As it was now clearly necessary to obviate the tendency to death, æther in ten minim doses was allowed every hour, and the champagne and suppositories were continued. These, however, exercised no material check upon the intra-cranial effusion, and profound coma, with relaxation of the sphincters soon set in. The breathing, which was always noisy, and sometimes whiffing, now became stertorous, and she puffed at intervals from left corner of mouth, the pupils lost all sensibility, the conjunctivae became bloodshot and congested, and, retaining her florid look to the last, she passed away unconsciously ten days after admission.

Case III.—That of Stephen Walshe, æt. one year and eight months, need not detain us long, for the result was the same, and the symptoms preceding it were substantially identical with those already recorded. They were, however, more rapid as regards their onset, than in either of the former instances, and as will be seen from the sequel, they terminated more speedily in death than was the case in the two former. Admitted to hospital with a choleraic seizure of average severity; he was described the day following as having spent a very restless night, starting up at intervals to stare vacantly about, or flinch,

with a look of alarm at some imaginary object, and then suddenly throwing his head backwards to gasp and struggle as if in convulsions. The temperature of the scalp and forehead became subsequently much increased, the pulse, at times, almost exceeded counting, there was frequent knitting of the brows, and the left eye was affected with convergent strabismus. The mother was more than once alarmed at the strange sardonic expression of his face, and the twitchings that took place near the angles of his mouth, and she adds that he frequently trembles all over, as if under the influence of aguish disorder or fear. He rejected impatiently the attentions she lavished on him; cried without cause in a peculiarly harsh and abrupt manner, and then, relapsing into a condition that bordered on stupor, sighed faintly or scratched feebly at the forehead. The pupils, at first contracted and ferrity became, as the disease progressed, dilated and insensible, the expression was always indicative of irritation or pain, and whenever the act of vomiting caused him to unclose his eyes, he shrank back with an angry whine and covered his face against the light. The treatment enforced resembled that already described in connection with the last case, and we took frequent advantage of his almost insatiable thirst to supply nourishment to the system. But all our efforts were fruitless, for he pined away apace, the sphincters lost their contractility, and puffing abdominal breathing having superseded the more natural pulmonary process, he died quietly six days after admission.

I must here take the liberty of cautioning the Society against the impression which a perusal of the above is calculated to foster, that all cases in which similar symptoms are well developed, almost necessarily prove fatal. This result does not, according to my experience, always follow, and I was particularly pleased to find that a sturdy little fellow who came under my notice sometime later, and almost simultaneously with the cessation of the epidemic influence above referred to, and in whose case there was "that sudden and long-continued paroxysm of *general convulsions* which," Sir Thos. Watson regards "as the most common and striking phenomenon of the disease," recovered well and is now quite free from all trace of his dangerous attack. I will only add that I had no opportunity of verifying after death the conclusions I arrived during life. My countrywomen are notoriously opposed to investigations of this kind, and it is a rule of the department that no examination shall take place against the wishes of a surviving friend or relative. In justice to myself, however, rather than out of any distrust of your courtesy, I will merely observe that the first case recorded here was previously under the care of my senior colleague, and that "on returning" it under the head of meningitis, and saying that I knew of no other condition to which it could be ascribed, he freely endorsed my view, and said that such was from the beginning his own belief. With regard to the causation and pathology* of this grave complication, not much, I think has been satisfactorily ascertained and little accordingly need be said here. Cerebral pathology is still, to some extent, a sealed book, and the contradictory opinions given by experts in courts of law, and the different interpretation put by alienists and others, on the same symptoms under precisely similar conditions of time, place, and constitution, afford a striking proof of this. So exquisitely sensitive is the brain in early life, so liable is it to sympathise with morbid alterations of structure or diseased conditions elsewhere, and withal so uncertain, and ill-defined is the connection between the results of dissection and the phenomena of disease, that fancy has free scope to roam as it list, and derive such aid from hypothesis and conjecture as it may not command at the hands of actual examination or clinical research. Sir Thomas Watson, after quoting a case in which vomiting and convulsive movements of the face and arms were the only prominent features observed during life, says, "We learn from this case that general and severe inflammation of the innermost membrane may exist and prove fatal, without giving rise to any violent symptoms at all." He elsewhere adds that, "Inflammation of the meninges often commences and declares itself by no fixed or uniform symptoms;" and the following words of Copland must command an approving response, from all who have had much to do with the treatment of brain disorder. "The most violent symptoms referrible to this organ, the brain, often exist during life, and yet, on the most careful examination, after death, either no appreciable lesion, or none sufficient, to account for the phenomena can be detected; whilst, on the other hand, many and most important changes are frequently discovered in both the brain and its membranes in cases which betrayed either no cerebral disorder, or none calculated to excite suspicion during life of any organic change." Keeping these pregnant considerations and well-authenticated facts in view, and coupling them with the equally well-ascertained physiological relations of the cerebral substance itself, that it is enclosed in an unyielding bony case, which admits of no material increase or diminution of its normal contents, that it is (in infancy at least), unusually sensitive of impressions from without, and of a form and consistence that readily betray the presence of a foreign element, without, at the same time, supplying any very reliable explanation of its nature or locality, we will easily recognise its great liability to functional disturbance, and see how soon it can be stimulated into disease by an excess or stoppage of its supplies. Distal irritation of the sympathetic, by paralysing or unduly exciting the fine ganglionic filaments of the cerebrum, can produce hyperæmia, partial remora, or entire stagnation, and lead to either capillary congestion, the formation of false membrane, or effusion into the ventricles. The result would be pretty much the same in either case, the symptoms would not be far different, and though, as stated before, I had no opportunity of verifying my suspicions by actual inspection, I fully believe that effusion was the predominant feature throughout.

Thus far, have I ventured to trespass on your time in the discussion of a subject which can boast, at least, of very little novelty and almost no interest. I have, as I said above, selected it out of regard for the convenience of the meeting, and because I could find nothing else connected with the malady with which we are all unhappily but too familiar out here, which has not been better handled elsewhere. The statement has occupied more space and assumed greater dimensions than I at first contemplated, or can now control, but if it has shown, as I venture to think it has, that meningitis is a more frequent cause of death—during epidemic seasons—in infantile diarrhœa and cholera than is generally supposed, I have fulfilled the object I had in view in drawing it up, and I have purposely abstained from going into those collateral considerations of prevention, treatment, comparative diagnosis, &c., &c., which, however relevant to the general issue, would be out of place on an occasion like the present, and which will, in any case, easily suggest themselves to every observant and educated mind.

*see further the article "Simple Meningitis," by J. Spence Ramskill, in Reynold's "System of Medicine," vol. ii., pp. 356—364, &c., which is about the best on the subject that I am acquainted withal. It appears to me to confound or identify the disease with acute hydrocephalus, and I have just now no other authorities by me on the subject.

HOSPITAL TEMPERATURE.

By Francis R. Hogg, M.D.,
Royal Horse Artillery.

At the Garrison Female Hospital, Woolwich, from June, 1862, to October, 1871, the number of parturition cases amounted to 1,050; also in round numbers 570 sick women and nearly 300 children suffering from diseases—not of infectious or contagious character were treated.

Patients came in who had been doubled up four families together in a barrack room—from cottages where in a single apartment a man, wife, and five children had

been located—from damp huts—from dirty, ill-drained lodgings, badly supplied with water. Also from camps, marches, and long sea voyages, where personal cleanliness was impossible.

Friends also recovering from fever, or having children down with scarlatina, will, in culpable ignorance, or reckless indifference, visit patients. In December, 1866, a miserable child suffering from tabes mesenterica developed and communicated scarlatina to a leg fractured woman; both cases removed recovered.

With these exceptions no case of scarlet fever has occurred for more than nine years.

The clothes of patients are kept in a store adjoining the wards.

Now, the temperature of these two wards during the month of December, 1870, ranged from 36 deg. Fahr. to 57 deg., the average being 45 deg.

For instance, Christmas Day 38 deg. in the morning 39 deg. at night, in a ward containing eight recently confined women. In the middle of the night, December 27th, the water-pipes bursting through hard frost, this parturition ward was flooded, and nine patients with their young infants were removed into the general ward without sustaining the slightest injury.

Whenever European women and East Indians are in the same room, fever lurks about—to the best of my belief two deaths thus originated.

The influence of panic must not be overlooked—a woman dies suddenly or after confinement; immediately all the others of nervous temperaments become feverish, or their suckling infants develop convulsions. Returning to immediate subject, although such diseases as bronchitis, pneumonia, peritonitis, and rheumatism require warmth, a low temperature is absolutely necessary for parturition, and this same low temperature will retard the blaze of scarlet fever. In the language of Trousseau "As the seeds found in the tombs of the Pharoahs germinated and fructified after a lapse of more than three thousand years, just as if they had been gathered on the previous days from the parent plants," so do the morbid germs of certain diseases, remaining latent to an indefinite period, under certain circumstances, burst out with malignant fury when warmed in congenial soil.

TREATMENT OF SUPERFICIAL ABSCESS IN THE NECK.

By Richard Crean, L.K.Q.C.P.I.,
House-Surgeon to the Clinical Hospital for Sick Children, Manchester.

This is a subject that has long engaged the attention of practical surgeons from the deformities consequent on their healing. They are of frequent occurrence in strumous and debilitated children, and are a common sequelæ to infantile fevers. Comparatively rare in the country, all the causes of debility, such as improper food, impure air, neglect of cleanliness, &c., combine to render them the pests of our large towns. Being generally painless in their progress, the mother dreads not so much present suffering as the future unsightly scar which popularly marks its victim as suffering from "the evil." Epidemics of measles, scarlatina, and small-pox, entailing the usual legacies, have afforded me during some months past an extensive opportunity of comparing the different methods of treatment. The ugly and puckered cicatrix which in many cases followed the routine plan of treatment by cod-oil, poultices, and incisions, rendered it doubtful whether Nature alone might not have been more successful in her efforts. The inutility of the present methods of treatment is pointed out in Holmes' "Surgery," where the able writer of the article on abscesses, in referring to this particular class, says, "that as a rule, no good ensues from opening these abscesses. The surgeon had better rely on general measures." It was with pleasure, therefore, that I hailed Mr. Lawson Tait's remarks on the successful tapping of these collections, a success which I had an opportunity of personally verifying in one instance.

Further experience, however, convinces me that, although successful in some, it is unsuitable to many cases.

Two classes of cervical abscess are met with in children. In one suppuration occurs in the tissues around the lymphatic glands, and its progress, though not rapid, is marked by an activity and vigour not characteristic of the other. In the second form tubercle is usually deposited in the substance of the gland, and a slow and painless enlargement follows. Sooner or later, in general, softening succeeds, and with tortoise-like pace the abscess advances to the surface. The inflammatory symptoms are less intense. Pointing takes place, and instead of the homogeneous liquid usually found in the first variety, the discharged matter consists of cheesy flakes in a thin, turbid, and yellowish serum. Independently of the trouble, pain, and tediousness of the process, the physical difference in the contents of the abscesses would of necessity preclude the universal employment of tapping in these cases. Two cases lately under my care offer a marked illustration of this. In the first, tapping had the happiest effects; in the second, despite repeated and carefully made punctures with Wood's syringe, a solid, though small swelling remained after the evacuation of the fluid contents. A fortnight afterwards inflammation of the gland recurred. It burst, and left a puckered scar. Short notes of a case published by Dr. Murray, of the Middlesex Hospital, in the *British Medical Journal* last February, when he used a silk thread, and afterwards a piece of fine cat gut steeped in carbolic acid induced me to try a similar plan. In my first case I used silk, but found this acted as an irritant, extending the inflammatory process beyond its former limits. Next time I substituted silver wire, and I found this answer its purpose so well that I have not cared about exchanging it for catgut. I have now used it in twenty-eight cases, and in all it has afforded me great satisfaction. In a few weeks—sometimes in a few days—after the introduction of the wire, nothing remains to mark the site of the abscess except perhaps some induration or slight lividity of the skin, which in turn disappears.

Short notes of the two following cases will serve as an illustration of its advantages:—

Case I.—J. S., æt. nine years, of marked strumous appearance, and suffering from chronic affections of the scalp and conjunctiva, was brought to the Dispensary on the 2nd of April. An indurated gland situated beneath the angle of right jaw, after remaining quiescent for five months, had taken on suppurative action, and now formed an indolent abscess of fair size. A piece of fine silver wire was introduced, formed into a loop, and secured in position by means of a strip of adhesive plaster. In forty-eight hours the sac was completely emptied, and in a week all trace of it had disappeared.

Case II.—A. M., æt. three-and-a-half years, convalescing from measles, is suffering from a painful induration in right submaxillary space. Quinine and poultices of fresh hemlock leaves were ordered, the latter of which I have found a very efficient agent in dissipating painful glandular enlargements. In a week the centre of the tumour had softened, and was threatening to burst, while the circumference preserved a firm consistence. A wire was passed through the base of the abscess, and was left there for a week. On removal a little thickening and hardness were still perceptible to the touch; but gentle friction for a short time with camphorated oil dissipated this.

I trust these few remarks will induce my professional brethren to give a fair trial to a painless, unirritating, and in my practice, very efficacious mode of treatment.

It is reported that an epidemic of small-pox has broken out in Wolverhampton, and that between two and three hundred cases are under treatment.

Foreign Medical Literature.

NEW AND VARIOUS APPLICATIONS OF GUERIN'S WADDING-DRESSING. — PRECAUTIONS TO BE TAKEN.

Translated by FRANCIS M. LUTHER, M.D.

(From the *Journal de Médecine et Chirurgie Pratiques*, for October, 1871.)

WADDING-DRESSING so happily modifies the sequelæ of capital operations, that one's attention being caught by this result, may be turned aside from conservative surgery. However, it must be allowed that the wadding has done wonders in fulfilling the indications of this department of surgery, as well as in amputations. The first and the most remarkable case at Hôpital St. Louis, was that of a child nine years old, a great portion of whose hip and abdominal parietes had been torn by a splinter of a shell. The soft parts of the abdominal walls were destroyed to that degree, that one could distinguish the outline of the coils of intestine delineated underneath. However, the next day the patient felt well; calomel was given to it in minimum doses. Then it remained for twenty days without being dressed. At the end of that time, a granulating wound was revealed; in the dressing was the detached iliac crest. Gradually the wound contracted, then as the child was scrofulous, a good deal of cod-liver oil was given to it, and it was sent home to complete its cure.

From this date, the employment of wadding for all sorts of cases, became habitual in the practice of M. Guérin. Among the most remarkable results, let us particularise three wounds of the ankle-joint. We saw the dressing removed on the thirtieth day from one of those patients who had first been treated by cold applications, which by no means agreed with him. It was a large wound with fracture of the bones. At the first re-dressing of the wound, although the pus was abundant it was superb, and his health kept up very well.

Some other cases are interesting to pass in review. A man wounded in a saw-mill, had the first metacarpal bone gouged off. The pain was so acute that it was very difficult to dress it. In the evening he felt so well that he demanded his discharge; though in the morning he had been most anxious to obtain a bed. Next day having workmen to overlook, he passed the day in the workshop with his hand in a sling; thenceforward he continued without losing a day's work. He returns periodically to St. Louis, and we saw his hand nearly cured.

Another extern patient had two metacarpal bones broken by a gun-shot discharge. We saw his wound opened and dressed upon the twenty-third day. It would have been easy to delay this dressing for several days, the result was excellent.

A man, æt. sixty-three, had the right upper extremity crushed between a wall and a scavenger's cart. The hand appeared pounded into jelly, it would have to be a case of amputation, singularly complicated by the fact of a fracture of the upper extremity of the humerus; almost all the hand was in a state of slough. The wadding-dressing was applied; the sloughs are now allowed to become eliminated under the cotton, and as the hand is not disturbed to be dressed, the fracture can be kept in a state of immoveability.

A child had had five of its fingers crushed by a garden-roller, it was dressed in like manner; separation of the mangled parts was allowed to take place uninterfered with, and it has preserved five very useful stumps.

In these cases, the dressing must sometimes be a little modified, since we have not now to do with regular clean cut wounds, like those made in an amputation. A driver stopping a runaway horse and car, had his foot mangled, or rather the sole of the foot stripped bare. The limb was varicose. The first day he lost a good deal of blood; next day it had to be dressed afresh, then two days after the same process repeated; finally it was left on for eight days; at present his state is satisfactory.

In another case might be noticed a little phlegmon which had been opened under the wadding. A youth, of seventeen years of age, had had a cut finger. At the end of some days, acute pains caused the removal of the dressing, there was a little phlegmon on the back of the hand. It was incised; then the dressing was re-applied. It was left on for twenty-six days; when it was undone scarce a trace of the incision could be found. The walls of the abscess had adhered together without secreting any more pus; it had become a linear cicatrix. Except the coachman, who is under treatment, all the patients that we have quoted are well or nearly so. Among the wounded more recently arrived, we must particularise one who had a wound of the elbow-joint. At St. Denis, the stroke of a Prussian sabre, had cleft the olecranon. Brought to St. Denis he was at once put under the wadding treatment. On the sixth day, his temperature was only 32° (Centigrade), he suffered a little, however, because his bandage had got loose. It is a curious and noteworthy fact which has often been pointed out to us in M. Guérin's wards, it is sufficient to put on a new bandage very tightly over the old one, with or without a new layer of wadding, as needs be; the pains cease at once. This last case was complicated with many other sabre cuts among others a scalp wound, which quite explained the *malaise* of the patient.

It is not alone to recent wounds that the wadding is applied at St. Louis. We saw a man suffering from an enormous varicose ulcer with gangrenous edges; he was sent to M. Guérin by one of the hospital physicians to have the leg amputated. M. Guérin had it dressed with wadding; to-day the wound looks healthy and is contracting; the cure may be completed by epidermic grafting according to M. Reverdin's procedure, and the patient will preserve his limb.

Such are the most interesting of the cases that we have observed at St. Louis; we do not repeat the method of applying the dressing which is precisely the same as for amputation.* We only publish these facts to give an idea of the happy manner in which M. Guérin multiplies the application of his dressing. We have carefully examined the dressings, and could not perceive that they gave out any notable bad odour;† they are done with most minute care by M. Guérin, as well as by his pupils. One of the interns, M. Hervey, who occupies himself assiduously in applying this method, has been kind enough to furnish us with the figures, and some of the notes which have served for the compilation of our articles; when showing us the patients in the wards, he pointed out to us how necessary it was to keep up close surveillance, not to let any flow of pus escape our notice, to replace the wadding, tighten the rollers, &c., all of which must be done carefully.

Since our last article, capital operations have been rare. We must say that the figure of nineteen amputation cases cured for the month of June has kept up.

Among the new operation cases is one of a man whose foot was crushed by a machine, and whose thigh was amputated the day after the accident occurred, 15th Aug. The man (aged thirty years) got up on the twenty-sixth day, and walked about with the dressing on.

In many hospitals these experiments are being prosecuted, and with favourable results. However, it may be useful to call attention to the necessity of following to the letter the precepts laid down by M. Guérin, if one wishes to attain the admirable results obtained by that urgeon.

We have on our part already remarked with new ex-

* See MEDICAL PRESS AND CIRCULAR.

† They have done so in other hospitals during the great heat of summer, owing to neglect of M. Guérin's precepts.

perimenters, some infractions of the rules laid down. For example, nowhere is such energetic compression made, as in the wards of St. Louis. At some hospitals the dressing is done in the wards. Lastly, let us point out this source of failure: we have seen in several practices, bales of wadding unrolled in the middle of the ward, remaining there for more or less time before being used. M. A. Guérin protests energetically against this practice. Is it not equivalent to knowingly collecting miasma in the apparatus which is about to be employed?

THE SEWAGE QUESTION.

SPECIAL REPORT.

(Prepared expressly for the MEDICAL PRESS.)

No. XXVIII.

AGRICULTURAL VALUE OF SEWAGE.

BARON LIEBIG, also, is of opinion that sewage is less adapted for grass crops than for any other, because of its containing more ammonia and phosphoric acid, in comparison with potash, than the plant can utilise, and that its full value can only be realised on pasture land. "Suppose," says Liebig, "that we wished to produce yearly 12 tons of grass per acre, or 4 tons of hay—What quantity of sewage would be required to furnish the material? A ton of good, but not super-excellent hay, contains 36 lbs. of nitrogen—equal to 43 lbs. of ammonia, 18 lbs. of phosphoric acid, and 31 lbs. of potash; 4 tons of hay, therefore, will abstract from each acre of land 172 lbs. of ammonia, 72 lbs. of phosphoric acid, and 124 lbs. of potash. Now, as it is a law of husbandry that the effect of all the constituents of a manure is but the effect of that one of them, which, in comparison with the wants of the plant, is present in the smallest quantity, it follows that, to obtain the 124 lbs of potash, which is the smallest proportional constituent of sewage, we must use about 2,400 tons of sewage; and this contains 547.73 lbs. of ammonia and 109·6 of phosphoric acid. There is, therefore, an excess of 375.73 lbs. of ammonia and 37·6 lbs of ammonia, which are left unutilised in the soil. The effect of this, according to Liebig, is not merely wasteful, but is actually injurious, for it clogs the soil, and at last kills the plant. It is manifest, therefore, that if potash and phosphoric acid were added to sewage, so as to bring their proportions up to the requirements of the crop, less sewage would be necessary, and greater fertility secured; and with the view of ascertaining how this may be accomplished, he gives on the one hand the percentage composition of the mineral constituents of plants, from which we can learn their mineral requirements, and, on the other, the proportions of the chief elements of ordinary manures—and thus see the means of supply:—

PERCENTAGE COMPOSITION OF THE ASH OF PLANTS.

	Potash.	Phos. Acid.	Limes, &c.	Potash to Phosphoric Acid.
Wheat	30	45	25	10 to 15·0
Pulse	40	36	24	„ „ 8 5
Potatoes... ...	54	18	28	„ „ 3·3
Cabbages ...	42	20	38	„ „ 4·8
Hay	18	11	71	„ „ 6·1

A similar table, but more comprehensive, is given by Messrs. Lawes and Way in their Third Report on "The Sewage of Towns" (1865, p. 35).

PROPORTION OF PHOSPHORIC ACID AND POTASH TO ONE OF NITROGEN IN VARIOUS PLANTS.

	Phosphoric Acid.			Potash.		
	In Corn, Roots, &c.	In Straw, Leaves, &c.	In Total Produce.	In Corn, Roots, &c.	In Straw, Leaves, &c.	In Total Produce.
Wheat ...	0·48	0·42	0·46	0·28	1·08	0·57
Barley ...	0·40	0·34	0·38	0·34	1·26	0·60
Oats ...	0·28	0·37	0·30	0·25	1·55	0·65
Meadow hay	—	—	0·27	—	—	1·00
Clover hay ...	—	—	0·23	—	—	0·52
Beans ...	0·25	0·46	0·30	0·32	1·23	0·50
Mangolds ...	0·17	—	—	1·00	—	—
Swedes ...	0·27	0·16	0·21	0·82	0·44	0·63
Com. turnip	0·28	0·18	0·26	1·60	0·71	1·17
Potatoes ...	0·42	—	—	1.23	—	—

And with respect to the proportions of ammonia, potash, and phosphoric acid in sewage and other manures, they are as follows:—

PROPORTIONS OF PHOSPHORIC ACID AND AMMONIA TO 10 POTASH IN SEWAGE, GUANO, AND ROTTEN FARMYARD DUNG.

	Potash lbs.	Phos. Acid lbs.	Ammonia lbs.
193 tons of sewage yield ...	10	8·8	44.1
2,023 lbs. of farmyard dung	10	9·0	14·9
1,672 lbs. of Peruvian guano	10	200·5	142·3

So that if 20 tons of rotten farmyard manure be put upon an acre of land (and this is considered a good average dressing) they will yield 330 lbs. of ammonia, 200 lbs of phosphoric acid, and 220 lbs. of potash; but the quantity of sewage (1,446 tons) required to yield the same amount of ammonia would contain only 75 lbs. of potash, and but 66 lbs. of phosphoric acid; and the equivalent of guano (3,877 lbs), according to Liebig's analysis, would contain 465 lbs of phosphoric acid, and only 23 lbs of potash. While, therefore, guano is rich in phosphates and ammonia, and poor in potash, and farmyard manure is the reverse of this, sewage occupies, according to Liebig, an intermediate portion, and represents a mixture of the two—especially if a little phosphoric acid is added to it in the form of soluble superphosphate. This he illustrates in the following manner:

	Ammonia. Tons.	Phos. Acid. Tons.	Potash. Tons.
728,767 tons of sewage conntains ...	75	15	17
275 tons of superphospate	—	75	—
Total ...	75	90	17
2,650 tons of farmyard manure	19·5	11·8	13·1
652 tons of Peruvian guano	55·5	78·2	3·9
Total ...	75·0	90.0	17·0

These are in the proportion of 845¼ lbs. of superphosphate to every 1,000 tons of sewage. The chief value of sewage, therefore, according to Liebig is, that by its use, the effects of phosphates, of guano, and of stable dung are made sure and lasting, and the produce of the land raised to a maximum. On this account it should never, in his opinion, be used alone, but in conjunction with richer manures. Other agricultural chemists are not exactly of this opinion, for, according to Dr. Voelcker, when the soil itself contains the elements of fertility, sewage has no more value than so much water, and will not remunerate the farmer for the expense of its application. In the case of soils naturally poor and barren, the conditions, he says, are altogether different, for then a copious application of town sewage will produce abundant crops of grass, when nothing else will grow of any agricultural value. In commenting on these remarks of Dr. Voelcker, the editor of the *Agricultural Gazette* (Mr. Morton, who is now one of the Rivers' Pollution Commissioners), said "that the lecture of Dr. Voelcker, reported in the *Gazette* for May 31, has probably done more than anything hitherto made public to determine the vexed question of the true value of town sewage, and to dissipate many of the flattering illusions entertained upon the subject; for he appears clearly to show that town sewage is of little value as an application to arable land or for horticultural purposes." Other observers have arrived at the same conclusion, and have reported that its effects were no better than those produced by water, except that when too copiously applied it always killed the tender herbage, and produced a rank description of grass.

Hospital Reports.

METROPOLITAN FREE HOSPITAL.

Syphilitic Liver.

(Under the care of Dr. C. R. Drysdale.)

(Reported by Mr. William Kipling.)

Previous History.—Edward Baldwin, æt. thirty-four. Occupation, a farrier. Five years ago he had a large chancre on his penis which was followed in four weeks by a number of small red spots all over his body, he also had a very severe sore-throat at the same time so that he could scarcely swallow his saliva, and he also lost a considerable quantity of hair from his head. A year after a portion of his left ear turned blue and sloughed off, this year a small portion of his right ear was affected in the same way. Never been in good health since he got the above mentioned sore.

July 1.—*Present Attack.*—Patient complains of an aching pain over his epigastrium and right hypochondrium. When he turns over it is sometimes of a cutting character. Been sick occasionally, never vomited any blood. Has a bitter taste in his mouth in the morning and is often troubled with bilious attacks. There is a good deal of flatus on his stomach; the pain is worse after meals and is easiest at night when warmed. Has lost flesh lately, and has a peculiar sallow yellowish look. Bowels regular and a good colour. There is a patch of rupia over his loins and a shallow scar of a syphilitic character below and a little to the left of his umbilicus.

On percussion and palpation the liver is found to extend from the fifth rib above, to an inch and a half above a line drawn from the level of the umbilicus below.

Ordered Potass. iodide, gr. xx.;
Aqua, ℥j.
Ter die sumendus.

July 4th.—The pain over epigastrium and hypochondrium is nearly gone; patient feels better; appetite good; tongue clean. Pulse, 90.

July 7th.—A little aching pain over the region of the liver; flatulence diminished; appetite greatly improved; has more colour in his lips and the sallowness is not so great. Pulse, 90, full; tongue moist and clean; no headache; not much alteration in size of liver.

July 14th.—The liver is distinctly smaller than at last report. The patient sits up a little every day; the rupial sore on back is drying up; the sclerotics are now quite white. Pulse, 72.

July 19th.—The sore on back is now healed; patient is walking about and is in good spirits. Says he feels in better health than he has been for some time; no pain or symptoms of indigestion; complexion clear.

Discharged cured.

Purpura.

Case II.—*Previous History.*—Thomas Warren, thirteen years of age, no family history of consumption or the hæmorrhagic diathesis. Works at a butcher's. Been in pretty good health all his life with the exception of his eyes which have been bad ever since he was born, he has no eyelashes on any of the lids, and there is an opacity on the cornea of his right eye the result of strumous ophthalmia; he has a very strumous appearance.

August 23rd.—Present attack came on two weeks ago with great weakness, bleeding from the nose and mouth, and an eruption of purpuric patches all over his body.

Lying on his back patient is seen to be covered from head to foot with spots of a dark, dusky hue, especially on legs on the front of the tibia; there are very few on the face; back is covered with them.

There is a soft swelling of a strumous character commencing below the ear and extending down the posterior triangle of the neck. There is a little bleeding from the gums and inside the mouth; feels very weak; tongue pallid, slightly furred. Pulse, 96; Temperature, 102·2.

Ordered Ol. morrhux, ℥ij.;
Tinct. ferri. perch., ♏ xv.
Ter die sumendus.

To have a good diet and plenty of vegetables.

Aug. 29th.—Bleeding from the gums has ceased; spots over body are paler, and patient seems improved since admission. Pulse, 112; temperature, 102.

Sept. 6th.—Swelling in neck been painted with iodine; the purpuric spots are paler, more like flea-bites; skin hot and dry. Temperature, 100·4; Pulse, 120. Appetite good. There are traces of appearance of eyelashes. Is still very pale and pasty.

Sept. 12th.—Spots have all disappeared except a few very pale ones on legs like little specs. Pulse, 96; temperature, 99. Enlargement of neck slightly diminished.

As the purpuric spots for which the patient was taken in are better, he was discharged, as it was thought he would be benefited by out-door exercise on account of his strumous constitution.

Alcohol in Disease.

Prof. N. S. Davis, of Chicago, has made numerous and repeated experiments on himself, and collated those of others, to show the effects of alcohol on the human system. Among those stated are its diminishing the atomic changes in the tissues of the body and the sensibility of the nervous system, and also diminishing the temperature, the strength and the power of endurance. Dr. Davis designates alcoholic drinks as anæsthetic and sedative—anæsthetic to the nervous system, and sedative to the properties of the tissues. As such they are capable of being used to fill a limited number of indications in the treatment of diseases and yet there are other well-known agents in the *materia medica* that will answer the same purpose equally well or even better. So true does he deem this assertion, that for twenty years he has not prescribed for internal use the amount of one pint of alcoholic drinks annually, including both hospital and private practice.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 25, 1871.

SPIRITUALISM.

It would be amusing, if it were not grievous, to observe in this boasted age of progress the lamentable ignorance and superstition that abound. No wonder that the belief in witchcraft was common in earlier times, when something worse still prevails, and the Holy Scriptures are paraphrased by deluded or deluding people, who declare they possess power to "call spirits from the vasty deep," and that the spirits have no power to refuse to come and exhibit themselves in a position beneath that of the Merry Andrew at a fair. When, however, a Fellow of the Royal Society announces the discovery of a "psychic force," and big volumes of Reports issue from the press, and magazines proclaim the new wonder, and heavy quarterlies condescend to review the evidence, it may be thought well for a professional paper to devote a column to the subject.

We have this week received from Messrs. Longman and Co., the publishers, a portly volume containing the Report of the Committee of the Dialectical Society on Spiritualism. Some of our readers may be aware that this Society was established on the broadest possible foundation, its members neither affirming nor denying anything, as members, but each upholding, as he thinks best, whatever views he may entertain on any subject whatever. We are credibly informed, however, that the Council of the Society was very much opposed to appointing this Committee. Some members, it would appear, believe scarcely in anything, others are ready to accept almost anything. It was easy, then, to appoint a Committee that in one sense seemed to be impartial. But it has not been easy to carry out the enquiry, and we find a complaint that the advocates of the new doctrine seemed to carry all before them. The Committee split up into six sub-committees, and the conclusions of each vary. No. 1 after forty meetings, thinks that certain noises proceed from solid substances, and are sometimes directed by intelligence. No. 2 admits the establishment of spiritualistic communications in the mode about which we have heard so much. No. 3 does not go quite so far, but confesses to having seen tables tilted in obedience to a request. No. 4 tells us that nothing occurred worthy of recording. No. 5 attacked the redoubtable Mr. Home, who gave every assistance, but nothing took place "which could be attributed to supernatural causes." No. 6 saw nothing but two children rock about a chess table. After this we are treated to the conclusions of the General Committee, which are as inconclusive as can well be imagined, and to the statement of evidence. We must not forget to add the dissentient statements, some of which convey the charge that the spiritualists got the enquiry too much into their own hands, as we might have expected these enthusiasts would.

The Report very aptly illustrates the heterogeneous character of the Society. What could be expected from such a committee? It is as if a committee of Christians and Atheists were invited to frame a report on the truth of the Scripture. It may be very well for the most opposed tenets to be discussed at a Society, but to ballot afterwards as to on which side the truth lies, is an idle procedure.

As to these spiritualistic *séances*, we think them worse than idle. They are positively mischievous. They go far to discourage sober, scientific enquiry. We have no objection to Mr. Crookes, or any other F.R.S. devising an experiment to put the assertions of a medium to the test. Such a plan may really bring out the truth. But we strongly protest against the notion that if the experiment fail to account for what may take place, the philosophy of the medium is therefore to be accepted. We know too well how human nature can delight in cheating, and being cheated. We have seen too many dodges to take more than a languid interest in mediumistic lore, and we feel so thoroughly with Professor Huxley on the matter, that we append his reply to the invitation sent him to assist in the inquiry.

Sir,—I regret that I am unable to accept the invitation of the Council of the Dialectical Society to co-operate with a committee for the investigation of "Spiritualism;" and for two reasons. In the first place, I have no time for such an inquiry, which would involve much trouble and (unless it were unlike all inquiries of that kind I have known) much annoyance. In the second place, I take no interest in the subject. The only case of "Spiritualism" I have had the opportunity of examining into for myself, was as gross an imposture as ever came under my notice. But supposing the phenomena to be genuine—they do not interest me. If anybody would endow me with the faculty of listening to the clatter of old women and curates in the nearest cathedral town, I should decline the privilege, having better things to do. And if the folk in the spiritual world do not talk more wisely and sensibly than their friends report them to do, I put them in the same category. The only good that I can see in a demonstration of the truth of "Spiritualism" is to furnish an additional argument against suicide. Better live a crossing-sweeper than die and be made to talk twaddle by a "medium" hired at a guinea a *séance*.—I am, Sir, &c.,

T. H. Huxley.

If this does not satisfy any one, we commend a perusal of the capital article on the subject in the current number of the *Quarterly Review*.

CUNDURANGO.

The announcement of a new cure for cancer was sure to excite a great interest, and to raise many expectations on the part of sufferers. We find that the confidence at first expressed seems to be abating rapidly, and that in some quarters it is even already condemned.

Our able contemporary, the *New York Medical Record*,

has not been from the first favourably disposed towards the new therapeutic pretender, and makes now a complaint that seems to us unanswerable.

It seems the State Department is disinclined to let the evidence accumulated be published. We agree with our contemporary that the investigation and the discussion of the virtues of the plant, belong to the Profession, and any concealment is a public scandal. We have nothing favourable to report of any trials in this country.

The *Record* publishes the Report of the Board of Governors of the New York Hospital to the State Department, of which it has secured a copy, and promises to give any further evidence it can procure.

The following is the Report in question :—

"The undersigned, a committee of the physicians and surgeons of the N. Y. Hospital, to whom were addressed certain packages of a remedy known as Cundurango, and claimed to be a cure for cancer, which had been sent from the Department of State in Washington to the Governors of the Hospital, and by them referred to the Medical Officers of the Hospital for trial, report :—

"That they distributed it among medical gentlemen of known capacity, to be administered by them according to directions accompanying the remedy, to patients under their charge suffering from cancer.

"From the written reports of these gentlemen the committee derive the following particulars, which they herewith submit :

"Dr. J. Dole, of Amherst, Mass., writes :—'June 22nd. His patient was a lady, forty-four years of age, mother of two sons. She had a hard, nodulated flattened cancer, involving the entire right mamma, which was adherent to the ribs, and covered a space of between three and four inches in diameter. From the surface there oozed a thin serous discharge. In the right axilla and supraclavicular region there were hard nodules evidently involving the axillary plexus of nerves and causing severe neuralgic pains extending down the arm. In the left mamma, which retained its form, though wasted, a hard, small nodule was felt. The disease had existed about two years and a half, and first developed itself locally in the right mamma soon after a severe blow on the part. For several years prior to the appearance of the cancer her health had been deteriorated by repeated hemorrhages from hemorrhoids. These had been successfully operated on by ligation about three months before commencing the Cundurango treatment.'

"Dr. Dole writes : 'I can say but little concerning the action of cundurango, as most of the effects were negative. It was administered in the form of a decoction (each dose representing what virtue could be thus extracted from exactly eighty grains of the powdered wood and bark), given twice a day, at eight o'clock a.m. and p.m., two hours after food. You will remember Mrs. W.'s condition when she left New York. The following changes took place : 1st. The third day of administration she reported (unasked) entire freedom from pain in the nodule under the nipple of the *left* breast, which, up to that time, had been for weeks the seat of severe and constant lancinating pain. This pain never returned. 2nd. On the fifth day healthy granulations appeared at the edges of the sore, finally springing up in all parts of it, the whole surface presenting from that time a normal appearance : the right arm could be moved with more freedom. 3rd. The constitutional symptoms not modified ; appetite, pulse, respiration, and temperature remaining the same. Bowels somewhat more constipated, but not markedly so. The neuralgic pains continued with unabated severity during the whole time of administration, and were quieted by McMunn's Elixir Opii, given p. r. n. I noticed also the odour of perspiration, which was very marked and peculiar, like the odour emitted from an uncut cadaver ; odour of urine strong, but not unlike that of urine in many acute diseases. After each dose of the medicine (at an interval of from fifteen to thirty minutes) a peculiar restlessness showed itself which continued from two to three hours.

"*Summary.*—Medicine continued seventeen days—a decoction representing 160 grains by weight per day ; total relief of pain in left breast ; improvement in character of sore, and increase in power of right arm, with partial restoration of power of motion without pain. Noticeable change in odour of perspiration, and a peculiar restlessness following the administration of dose. Should say I witnessed this phenomenon fifteen times. Constitutional effect *nil*. The appetite gradually failed, but not more rapidly than could be accounted for by the discontinuance of tonics. In conclusion, Doctor, allow me to say, I am very sceptical concerning the power of this remedy, but there was a curious coincidence between its administration and the modification of local symptoms. I tried to guard against any hasty conclusions in the matter. I have hope enough in its power to try it again in a case where the constitutional power was greater than in the case of Mrs. W. The exhibition was stopped eight days before her death ; but I was absent, and cannot report on the effects of the change. Dr. B. assures me that the sore continued healthy until death.'

"Dr. F. A. Burrall, of New York, reports, 'July 10th, I have been using an infusion of cundurango prepared according to the officinal formula in a case of rodent ulcer, or, as the disease is termed by C. S. Moore, F.R.C.S., rodent cancer. The ulceration occupied the helix and posterior portion of the right external ear, and the adjacent part of the scalp. The patient had previously been using a lotion of a watery solution of carbolic acid, tannin, and glycerine, and the lotion was continued. During the six weeks which were necessary for a trial of the cundurango the ulceration progressed slowly but steadily. No marked general symptoms accompanied the use of the medicine.'

"Dr. H. B. Sands, of New York, writes 'July, 15th, My experience in the treatment of cancer by the cundurango plant is confined to a single case in which the remedy was administered according to the prescribed directions for a fortnight. The patient, a lady residing in this city, suffers from cancer of the rectum, and at the time she began to take the medicine referred to the disease was already far advanced, causing a pretty close stricture of the gut. It was noticed that during the brief period the cundurango was used the cancerous growth increased with greater rapidity than at any previous time, and several large nodules of the morbid deposit appeared in the pelvis, causing a protrusion of the abdominal walls. The patient is still living, and intends to make another trial of the remedy whenever it can be obtained.'

"In conclusion, the committee do not consider the exaggerated pretensions claimed for the cundurango plant as a cure for cancer substantiated by the results of the trials herein reported. They would not, however, discourage more extensive and thorough trials of its virtues, especially if such trials could be prosecuted without enlisting popular sympathy, which has already been prematurely evoked, and that without at all promoting the attainment of truth.

"Gurdon Buck, M.D.,
"T. M. Markoe, M.D., vice
"W. H. Draper, M.D., absent
} Com. of Physicians and Surgeons, N. Y. Hospital.

"New York, July 26th, 1871."

Notes on Current Topics.

The Froth and the Dregs.

Under the above somewhat peculiar title a *brochure* on the Reorganisation of the British Army has recently appeared. The two principal subjects discussed in that

work are the manner in which our army should be officered and the description of soldiers we ought not to trust to for the purposes of an army. In so far as professional interests are concerned, it is of no matter whether our army be officered by the froth, cream, or that substantial part of English society represented by the clear good liquor underneath, yet above the lower stratum or dregs. What is wanted is the simple result of efficiency, nor need we concern ourselves by considering whether the army ought, as a profession, to be a whit more aristocratic or a whit less so than any other profession. But we as representatives of the medical profession are anxious to know what really is to be said in the selection of suitable materials for the ranks of the army, and the effect for good or evil of the system of administration in force to maintain that efficiency. Sir Edward Sullivan, the author of the pamphlet in question, quotes a good deal of what has of late years been adduced by Army Surgeons against the plan of engaging large numbers of young immature lads as recruits, but omits to notice the condemnation of the same system by surgeons and generals long before it became the fashion to pay much attention to questions of public health. He very opportunely reminds his readers that during the late war some 700,000 of the German soldiers were between the ages of 20 and 27, while the 300,000 men of the Landwehr behind them were from 27 to 32—all the men of both classes being carefully selected as to their physical fitness to undergo the fatigues of service. We all know what happened when such men came in collision with the young relatively feeble recruits who had rapidly to be drafted into the ranks of the French army. The latter were little able to bear the fatigues of long harassing marches, and on the field of battle were swept away like flies.

A considerable part of the pamphlet is devoted to the unsuitability of young lads as soldiers for service in the Tropics, and especially in India. It is almost a pity that the author passes by without remark the argument so often made use of by the imperfectly informed, that inasmuch as the rate of mortality among young soldiers is much under that of the elder, therefore the efficiency of the former must be greater than that of the latter; for had he done so he would have doubtless told how fallacious is the argument, inasmuch as in active service it does not need that a man should die to become more effective, for he who is sick or weak, requiring carriage and men to attend him, is for military purposes more non-efficient than if he were dead. In the one case he is a veritable burthen, in the other he is simply buried. No doubt there is one respect in which young men are more suitable for soldiers than their elders, and that is the comparative readiness with which they can be drilled and disciplined. In order, however, that both should be carried out it is necessary that the recruits should be kept as it were in a military nursery until they have passed twenty years of age, a recourse which, under existing conditions, becomes utterly impossible. Another evil which arises from the necessity of enlisting very young lads is that discipline is relaxed. The recruits instead of having as their early *mentors* elderly and experienced non-commissioned officers have only lads a little older than themselves. The result is that acts of thoughtlessness and mere boyish stupidity are magnified into crimes; punishment causes hatred and ill-feeling, a career is marred, the lad is soured, and in a very few years afterwards he returns to civil life with a knowledge of arms and discontented against "the Powers that be." He is ready to take the part played by the National Guards of France should the opportunity arise for so doing.

Next to the *materiel* of the army our author finds fault with the administration. "In the Crimea, in India, everywhere in fact where British troops have been engaged, it was the *civil* administration of the army, not the fighting part that was at fault." "We may be officially informed that we have an army of 60,000 or 100,000 men, or whatever it may be, ready at any moment to go to any part of the world, but every man of sense knows that if this army is short of field guns, or artillery, and transport horses, of a sufficient commissariat, and *medical staff*, it cannot be called an efficient army." With regard to the single item of *medical staff* the history of all wars since that in America, it included, has shown the insufficiency of means to provide for more than a portion of the wounded. Had it not been for the action of philanthropic associations it becomes a matter for very serious consideration by what means the Government of this country may be able to render eleemosynary assistance unnecessary, and fulfil the moral obligation it is under to fully provide for all its soldiers, who, in the performance of their duty, in peace or in war, fall by the stroke of sickness or by their enemies.

Health of Dublin.

In the Dublin Registration District, the births *registered* during the week ending 14th October, amounted to 140. The average number in the corresponding week of the years 1864 to 1870 inclusive, was 152. The deaths *registered* during the week were 183. The average number in the corresponding week of the previous seven years was 150. Seven deaths from small-pox were *registered* during the week, the respective dates of death being August 20, September 12, September 23, October 9, October 10, September 23, and September 26. Ten deaths resulted from fever, viz., 4 from typhus, 3 from typhoid or enteric, and a like number from simple continued fever. Six deaths were caused by whooping-cough, and 3 by scarlet fever. Diarrhœa proved fatal in 13 instances. Fifteen deaths were referred to convulsions. Twenty persons died from bronchitis. Two deaths were ascribed to apoplexy, and 4 to paralysis. Five deaths were caused by heart disease. Nephria or Bright's disease, kidney disease unspecified, and inflammation of the kidneys, caused 1 death each. Nineteen persons fell victims to phthisis or pulmonary consumption, 10 to hydrocephalus or water on the brain, and 4 to mesenteric disease. Cancer killed 3 persons. Four deaths resulted from accidental causes. Fifty-nine of the persons whose deaths were registered during the week were under 5 years of age, and 44 were aged 60 years and upwards, including a woman stated to have attained the age of 98 years.

The Waste of Wine on Mere Paupers.

We recommend the following observations of the *Pall Mall Gazette* to the consideration of the Cork Board of Guardians:

"The West Derby Liverpool guardians have, it is stated, under consideration, the large allowance of stimulants ordered by parish doctors to paupers on the sick list. A girl of about fifteen years of age has, it is alleged, been

consuming stimulants to the extent of 9s. worth in seven days. The doctor who is attending the case, on the other hand, maintains that stimulants were absolutely necessary; and in a letter of explanation adds, 'the guardians will be glad to learn the girl is rapidly recovering.' Supposing that the girl has actually drunk nine shillings' worth of stimulants in seven days, after all it only amounts to the cost of two bottles of adulterated port wine, whereas it is a well-known fact that in some cases of illness a bottle of wine a day is necessary to keep body and soul together. If the doctor is not worthy of confidence, let him be dismissed. But so long as he is entrusted with the care of the sick, surely he and not Poor-law guardians, ought to be the judge of what is necessary for his patients. Rigid economy may have great claims to respect, but it is not the paramount object of importance in life, and it has lately acquired a most objectionable practice of asserting its claims to overrule Christianity, prudence, and common-sense, and to take up a position it has no right whatever to occupy."

Dr. Pascal on the "Medical Times and Gazette" and on Dr. Virchow's reproaches against France.

In the *Mouvement Médical* the able editor, Dr. Pascal, utters a touching and noble remonstrance to Dr. Virchow for some words which that gentleman has thought fit to speak against the medical men of Paris, because, forsooth, they were *supposed* not to have been sufficiently opposed to the recent detestable war. Many of us remember how shocked we all were by the expressions made use of by the editor of the *Medical Times and Gazette* last summer, when that editor spoke with supreme contempt of the leaders of the liberal party on the Continent. M. Pascal, too, has been as much shocked as ourselves at the ill-toned diatribe uttered by that spasmodically violent journal; and, with sorrow and anguish of heart, protests against the insults of medical men who should have been more generous than to speak bitter words againt their brethren of France in the hour of their sorrow and humiliation. Well for us it is that our City of London contained noble hearts who, in the hour of adversity, remembered the divine injunction to "love one another," and thus gave a sublime lesson to medical writers, whose mission it surely should be to appeal to our feelings of common humanity, rather than to side with the bigots and rowdies of Germany or France in inciting to national hatred. We are fully aware of the intense sorrow and chagrin entertained by men of science in Paris, when they hear such unfeeling remarks from men who ought to *be* better and to feel more nobly than these. But, let us assure our respected *confrères* of Paris and M. Pascal among the rest that there is a warm heart beating in the breast of the English medical body for the brethren of Velpeau, Trousseau, Ricord, Louis, Andral, and a hundred worthies of our noble calling; and that *we* at any rate can never forget what Europe owes to France in science, in art and literature. Perchance, these few words of ours may touch the hearts of Dr. Virchow and the other more insolent and less excusable offenders and we may live to hear them both cry for forgiveness, to their brethren of France, Germany, and Britain. Virchow, indeed, from a recent paragraph from his pen seems to have relented. The writer, who belonging to neither nation interposed with calumny and insult, and thereby degraded his calling and misrepresented his profession so far as we know has at present evinced no regret. Still, while there is life there is hope.

Poisoning and Pilfering Wholesale and Retail.

Such is the title of a shilling pamphlet in verse, by the author of "John Jerningham's Journal," and devoted to the exposure and condemnation of the sophistication of food that disgraces our age. Those who have read "John Jerningham" need no recommendation other than the authorship to read this. Those who have not should do so forthwith.

The Medical Society of London.

At the opening of the ninety-ninth session of this, the oldest medical society in London, the President (Dr. Andrew Clark) gave an address to a very large meeting. In the course of his speech Dr. Clark gave some very interesting particulars of the last illness of Dr. Salter. After this a paper was read by Dr. Richardson "On the Possibility of Destroying Animals intended for Human Consumption without the Infliction of Pain." He described two modes of painless death—viz., by electricity, and by the inhalation of narcotic vapours, and explained a plan by which a light narcotic vapour could be rendered immediately effective for the object in view. Mr John Gay then read a paper on "Crural Venosity." The discussion on Mr. Gay's paper was postponed until last Monday evening.

Fever in Liverpool.

Relapsing fever has broken out in some of the impoverished and dirty parts of Liverpool, and we hear that the health of the town is otherwise not satisfactory.

The London Medical Schools.

The number of medical students at the different hospitals and medical schools in the metropolis exceeds 1,450, a larger number than has been known for some years past. About 460 are new entries. Guy's, which last year headed the list with 110 fresh men, has this year fallen to 86. University College now takes the lead with 90 new entries; St. Bartholomew's has 81; St. Thomas's, 58; King's College, 43; and the London Hospital, 29. The entries at the other schools vary from 20 to 10 at each. The great falling off this year at Guy's is thought by some to be caused by the establishment of St. Thomas's in its permanent home.

The Inhalation of Oxygen Gas in Cholera.

Dr. Heywood, of New York, writes to the *Medical Record* to say that several years ago he called attention to the use of this remedy in Asiatic cholera. Letters were addressed to the various Boards of Health, and to many of his friends in the profession, but nothing came of it, except the opinion, pretty unanimously expressed, that it would very likely be found to be a good thing, and that it had been suggested before. At that time there were various difficulties in the way of its application, but now these have been lessened. In the large cities oxygen gas is carried about for every-day consumption, and can be obtained as easily as air. In smaller places the necessary salts and the simple apparatus for their decomposition can be obtained by an express order. The value of the agent for the relief of some of the symptoms of this direful disease cannot, he thinks, be questioned. No one

can doubt that the cold congestive stage will be mitigated, and if care be taken not to heighten the subsequent ebrile reaction, the mortality will assuredly be lessened.

Aconitine.

MM. GREHANT and DUQUESNEL recently presented to the French Academy of Sciences a memoir on aconitine, which M. Duquesnel has succeeded in extracting from *Aconitum Napellus* in the form of rhomb oid or hexagonal plates. M. Duquesnel treated the root of the *Aconitum* with concentrated alcohol, with the addition of 1 per cent. of tartaric acid ; the excess of alcohol was afterwards removed by distillation, and the residue diluted with water in order to precipitate the fatty and resinous matters. The aqueous solution of tartrate of aconitine was treated with an alkaline bicarbonate in order to set the alkaloid at liberty, this latter being very slightly soluble in water. It dissolves in ether, which, on evaporation, leaves it in the crystalline condition. M. Duquesnel assigns to it the formula $C_{54}H_{40}NO_2$. Aconitine is very slightly soluble in water, very soluble in alcohol, ether, benzine, and chloroform. It is not volatile, and commences to decompose about 130° C. Its reaction is feebly alkaline. It combines with acids to form crystallisable salts ; the author cites the acetate as presenting abundant crystals. Phosphoric acid, tannin, potassium, iodide and iodate, and the double mercury and potassium iodate, produce the ordinary reactions on organic alkaloids.

The Origin of Cholera.

DR. JOHN C. PETERS, of New York, in a valuable paper on the "Origin and Travels of Asiatic Cholera" (*New York Medical Journal*), says we are driven back on British India as the only country in the world having the unenviable reputation of being the abode of endemic cholera ; for none can deny the fact that it is endemic in Calcutta, where the lowest number of deaths from it per year, since 1841, was 2,502, the highest 6,417. In Madras the lowest number of deaths in one year was 574, the highest 3,635 ; in Bombay the deaths from cholera, among from 6,000 to 21,000 white troops, have varied from 4 in one year to 1,085, *i. e.*, from 1840 to 1868 ; among 26,000 to 47,000 native troops, from 4 to 190 per year ; among 5,000 to 8,000 prisoners, from 1 to 203 per year.

An Enormous Specimen of Odontolithus.

J. J. VINCENT, D.D.S., of Amherst, Mass., recently exhibited a specimen of tartar, or odontolithus, which measured three-and-a-half inches in length and half an inch in breadth ; the base was nearly half an inch thick. The patient, wife of a clergyman, aged thirty-five years, positively stated that she had always been in the habit of brushing her teeth inside and outside three times daily. The specimen was removed from the coronæ of the teeth of the lower jaw—viz., the incisors, bicuspids, and canines. A species of infusoria, *Denticula hominis*, was found in it.

THE *Boston Medical and Surgical Journal* has brought out a "Students' Number." We are glad to see that in addition to the usual details it contains an Introductory Address, and much other interesting matter.

The Proposed Cholera Hospitals.

AT a meeting of the St. Pancras Guardians last week Mr. Salter called attention to the alarming increase of taxation to be apprehended by the order given by the Local Government Board to the Asylum Board to construct hospitals for the reception of cholera patients. An expenditure of at least £100,000 was expected, and, when it was recollected that the Asylum Board had already involved the metropolis in a debt of £464,000, it was high time that the representatives of the ratepayers should interfere.

Qualifications for Irish County Infirmaries.

THE recent election to the County Kerry Infirmary at Tralee, to which we alluded last week, has been we understand brought by Dr. Lalor under the notice of the Council of the Royal College of Surgeons in Ireland, with a view to obtaining their statement of opinion as to the eligibility of a Fellow elected into the College during the Year of Grace to hold the office.

As we explained last week, Dr. Lalor, as a Licentiate of the College, contemplates contesting the validity of the election in the Queen's Bench, and maintains that the Fellowship conferred during the Year of Grace, is not equivalent in value to the letters testimonial. The clause of the College charter which provides for the election of Fellows by examination, specially provides, as we have pointed out, that the Fellowship thus conferred shall carry with it all the privileges of a Licentiateship ; but the clause which gave power to create Fellows without examination during the Year of Grace, does not contain any such proviso, and the omission may be read as against the possession of such privileges by elected Fellows. The first clause, however, of the Charter, confers upon the "Fellows who shall be elected, or admitted by election, all the rights, privileges, and immunities which might be possessed by Members of the College." The Council has, we believe, decided to take counsel's opinion on the point, but feels itself unable to express any feeling thereon itself.

The questions to be decided are : 1. Do the words "letters testimonial" in the Act of Parliament bar the election of Fellows to county infirmaries, despite the clauses of the Charter which make a Fellowship equivalent to Licentiateship. 2. If not, do the "Year of Grace" Fellows participate in these privileges ?

Cheap Pride.

WE have all heard of the old lady who was proud of her aristocracy because "her aunt was an alderman, and her grandmother a justice of the peace," and we know that Scotchmen are proud of the bagpipes, and their want of "breaks." A new development of pride has been manifested in Londonderry, where we find from a local union report, that "Mr. Alexander was proud to say that the district with with he was connected had a medical officer who would visit for a mere nominal charge."

It is charged that Irishmen are poor and proud, but it appears the Derry people are certainly not the former, for Mr. Alexander recounts the cases of three of his own labourers, who earn over £50 a-year each. He thinks they and their betters are very poor, and ought to be pauper applicants for medical relief. We rather suspect that if an increase of salary to the medical officer were talked of, Mr. Alexander would be the first to pronounce the doctor rich

enough on his £70 a-year. If we are to choose between the medical officer who attends well-to-do people on red tickets without protest, and the medical officer who visits the same class "at a mere nominal charge," we much prefer the former.

Obscene Swindling Tricks.

We noticed last week a threat of legal proceedings by a quack, named Sylvester, resident in Willesden, against the *Irish Builder*, for publishing his name in a quack directory. Anent this virtuously indignant rascal, the following letter appears in the "*Standard*":—

"Sir,—Perhaps you will think it worth while to acquaint the public with an interesting little arrangement which has been carried on in this quiet suburb for some months past. Last May I was appointed curate of this parish, and as I possess a medical qualification which appeared in the announcement of my licence to the curacy, I cannot help connecting that circumstance with the fact that about the same time the following advertisement began to appear in different papers :—

" 'Health a Boon for All—Those suffering from depression of spirits, confusion, headache, blushing, groundless fears, unfitness for business or study, failure of sight and memory, fear of insanity, may hear of means of removing their sufferings by addressing F. Sylvester, Esq., P. C. Curate, Church-end, Willesden, Middlesex, who has cured a great number of his parishioners, by means adopted. Enclose stamped envelope.'

" I only found this out a few days ago, and knowing that there was no such gentleman residing in the neighbourhood, I made inquiries at the post-office with a view to disclaiming for myself the credit of having so generously attended to the bodily ailments of my numerous parishioners.

" Judge of my surprise on learning that a gentleman was in the habit of calling twice a week in a carriage and pair, for a harvest of letters in answer to the above advertisement ; of which letters, I had the satisfaction of counting some twenty-seven, which had accumulated towards the next instalment.

" Leaving your readers to make their own comments on the sagacity of the advertiser, and the astuteness of his confiding correspondents,—I am Sir, &c.

" H. Courtenay Atwool, M.A., M.D."

No communication could bring home to the public comprehension with more force, the success of obscene swindling as a means of livelihood than this letter. Political economy not unusually degenerates into political humbug, and the nonsense that is talked of in the name of liberty of the subject about the right of the free Briton to be made a fool of, if cunning impostors can effect that object, has been carried too far when it permits so scandalous a system to exist.

A branch of the Anti-Compulsory Vaccination League has been formed at Cork.

Dr. Middleton O'Malley Knott has been appointed to the post of Surgeon to the Mayo County Infirmary, lately held by his lamented father, Dr. Knott, of Castlebar.

The Recorder of Newcastle has shown us that strikes cost the country something more than money, trouble, ill-will, and loss of trade. The privations which the artisans have to endure leave their inevitable record in the mortality amongst them, and the last Newcastle strike brought the death-rate up from 26 per 1,000 to 40.

It is said that Nélaton will come to settle in London.

Dr. John William Ogle is the new Inspector of Anatomy for the provinces.

It is probable that a Medical Officer of Health will be appointed for Keighley.

Three medical men are candidates for the coronership of Northumberland, now vacant.

Miss Trafford Southwell is about to build a cottage hospital for Wisbeach.

The Italian Medical Congress in Rome is, we are told by a correspondent, quite a success.

The Hampstead Hospital inquiry is still going on. We do not propose to enter upon any criticisms so long as the matter is *sub judice*.

Yesterday week the Pathological Society of London commenced its sittings for the season with a good attendance, presided over by Mr. T. Holmes, V.P.

Last week there were only four deaths from small-pox and one from cholera in Paris. The improved sanitary arrangements having sensibly reduced the mortality of the city.

We regret to hear that Mr. Holmes Coote, Senior Surgeon to St. Bartholomew's Hospital, has for the present been compelled to relinquish his duties at that institution, on account of failing health.

The French Government is at the present time engaged in a laudable endeavour to ameliorate the hygienic condition of the soldier. The diet, barrack accommodation, and other matters connected with his somewhat monotonous existence, will undergo a strict scrutiny.

The first lecture of the eighth course on Experimental and Practical Medicine will be delivered by Dr. Richardson (of London) at 12 Hinde street, W., on the last day of the present month. The present series will commence with a lecture on "The Science and Art of Embalming the Dead.'

On the 22nd of November next the Senate of the Queen's University will proceed to elect examiners in the following subjects, and at the salaries stated, to hold office between the 31st March, 1872, and 1873 :—Medicine, £100 ; Surgery, £100 ; Midwifery, and the Diseases of Women and Children, £75 ; Materia Medica, £75 ; Medical Jurisprudence, £75.

The next meeting of the Pharmaceutical Society of Great Britain will be held on November 1st, 1871, at eight o'clock. The following papers will be read : "A New Excipient for Pills," by Mr. J. B. Barnes ; "Examination of Small Cinchona Trees grown in India," by Mr. J. E. Howard, F.L.S., &c. ; "Pharmacy in North Germany and Austria," by Mr. T. Greenish, F.C.S. ; "The Substitution of Proportional Numbers for Specified Weights and Measures in the Description of Processes in the Pharmacopœia," by Professor Redwood.

SCOTLAND.

WILLIAM WALKER, ESQ., has been elected President of the Royal College of Surgeons of Edinburgh.

THE question of lady medical students has again been brought before the public, the subject of complaint at present being an interdict issued by the Medical Faculty of the University of Edinburgh, prohibiting females appearing for the preliminary examinations on the 17th and 18th. The females having laid before the Dean of the Medical Faculty the opinion of counsel favourable to their views, the dean under the circumstances, declined to take the responsibility of refusing their admission to the examinations. No female has yet been allowed to matriculate in the University, in consequence of instructions issued by the principal, Sir Alexander Grant, Bart.

DR. GILLESPIE has been appointed one of the consulting surgeons to the Edinburgh Royal Infirmary.

Literature.

SIR J. SIMPSON'S WORKS.

THE late renowned Professor of Midwifery in the University of Edinburgh was a prolific writer. The wonder to many who knew him best is how he found time, amongst multifarious engagements, to prepare for the press as much as he did. Not a few of his papers were of rather a fugitive character. Nevertheless, we should be glad to see every one collected, and annotated by competent editors. Messrs. Adam and Charles Black deserve the thanks of the Profession for bringing out his works in a collected form.* We have the first volume before us, and two others are announced as shortly to appear. This volume contains the substance of the late Professor's Course of Lectures on Midwifery, and is thus, so to say, complete in itself, though it also forms one of the series of the collected works. Dr. Watt Black lived for five years with Sir J. Simpson, as his assistant, and has therefore been requested to edit this volume. We venture to say that the selection is fully justified by the manner in which he has executed the work. Some of the papers in this volume appeared in the two volumes of "Obstetric Memoirs and Contributions," edited in 1856 by Drs. Priestly and Storer.

The "Clinical Lectures," issued in a contemporary three or four years later, and of which we have a most vivid recollection, will appear in a separate volume, under the editorship of Dr. Simpson, who has succeeded to the Chair of his great relative, and will, we doubt not, bestow his best care upon them. The present baronet, Sir Walter Simpson, is to edit the volume on "Anæsthesia and Hospitalism," to which we look forward with lively interest. We see no announcement respecting "Acupressure." It is also well known that Sir J. Simpson was the author of many papers of a non-professional nature, and it would be, in our opinion, a most desirable thing that they also should be republished in the same form, so that all who pleased might possess a handsome library edition like this, of the *complete* works of one of the most remarkable of modern physicians. Such an edition would be a worthy memorial of the illustrious baronet, and we hope to see our suggestion carried out. In the present volume we observe several papers have been omitted, but we cannot but wish that everything that fell from Simpson's pen could be collected under suitable editorship, such as that of this volume.

We have not much to say of the lecture notes which form the first part of the work, but to all of his old pupils they will, we are sure, call up more distinctly than anything the massive-headed, intellectual teacher to whom humanity owes so much. Part II. gives his papers on "Pregnancy; Part III., those on "The Fœtus and its Appendages;" Part IV., those on "Parturition;" Part V., those on "The Puerperal State;" and Part VI., those on "The Non-puerperal Diseases of Women." Of course, all of these papers are more or less known to the Profession. We shall not be expected to criticise them. Suffice it to record our satisfaction at seeing them in this form, and mentioning one or two that we have been particularly pleased to see again. The first three relate much to diagnosis. They are on "The Sound," "The Exploring Needle," and "Artificial Anæsthesia for Facilitating Diagnosis." On treatment there are many papers. Those on "Polypi" and "Carcinoma," and on "Ovarian Disease" perhaps excite the most intense interest, while the las three papers, brief as they are, extending only from page 817 to the end, are both curious and important; they are on "Infra-mammary Pains," "Spurious Pregnancy," and "The Alleged Infecundity of Females born Co-twins with Males.

THE MEDICAL JURISPRUDENCE OF INSANITY.

OUR jurists have not, as a body, neglected the subject of insanity, yet we think there was room for such a work as that produced by Mr. Balfour Browne,* who desired apparently to write for the lawyer and medical man alike a more systematic treatise than any intended. Such a work should assist in reconciling some of the differences between the two professions, and we are free to confess that Mr. Browne, as a barrister, has displayed an impartiality for which he deserves full credit. We are of opinion, however, that to produce a *perfect* guide—and our author will perhaps be the first to admit that he may not have attained perfection—requires a medical as much as a legal author. We should be very glad to see the joint production of an able physician such as Dr. Crichton Browne, to whom our author makes acknowledgment of some assistance, and a barrister of the learning and talent of Mr. Balfour Browne, to whom we are indebted for this work, by far the fairest towards our Profession, and the most complete from one point of view that has yet appeared.

Our readers will, we doubt not, remember some able original communications by Mr. Browne in the columns of the MEDICAL PRESS AND CIRCULAR. These have been re-written, and incorporated in their proper place in the volume before us. We shall, therefore, make no quotations, as our subscribers are acquainted with Mr. Browne's style, but proceed to state what the book contains, remarking that it is fortified by recent cases and decisions, and from a legal point of view is perhaps unassailable.

We could have wished to see the chapter on "Aphasia" more extended, but its brevity is no doubt due to the fact that *legally* aphasia is of less importance than *medically*, while our interest in it is naturally far higher than that of a lawyer. This is a good illustration of what we mean when we speak of a double authority for a work on this subject, though it is but right to add that such a book as we have ventured to suggest could not be compressed into the compass of that before us. The chapters on "Lucid Intervals" and "Feigned Insanity" are full of interest, and that on "The Admissibility of the Evidence of the Insane," bears marks of the author's careful study. The brief chapter on "The Prognosis of Insanity" contains some very smart hits, with which we fully sympathise, but which will, we expect, draw upon the author's devoted head the thunder of a whole regiment of statisticians, mad-doctors, and would-be philosophers, who may feel that his shafts have gone home, and that they cannot reply in kind.

* "Selected Obstetrical and Gynæcological Works of the late Sir J. Y. Simpson, Bart., M.D., D.C.L." Edited by J. Watt Black, M.D., M.A. Edinburgh. A. and C. Black. 1871.

* "The Medical Jurisprudence of Insanity." By J. H. Balfour Browne, Esq., Barrister-at-law. London: A. and J. Churchill.

The concluding chapter is on "The Examination of Persons supposed to be of Unsound Mind," and it contains many shrewd hints put in a forcible manner, which we can advise every one to read before undertaking the important duty to which it refers. Mr. Browne gives a number of illustrations of the carelessness of medical men in filling up certificates. Speaking from several years' special experience, we can say that he has not exaggerated this negligence, and it is one which really reflects some discredit upon the Profession. The distinction between fact and opinion ought to be easy to every medical man, and no one ought to be unable to follow exactly the directions that are printed for his guidance on every form of certificate. We may, however, say in defence that the certificates in question are arranged in a very inconvenient mode, and the trivialities for which they are frequently returned to the writer are most vexatious. It would be far better to have them revised in such a manner as to render them more easy to fill up, and more intelligible when complete. We have had occasion to instruct many medical students as to filling up these certificates in the course of lectures on medical jurisprudence, and have invariably found that they regarded them as very complicated. The fact that hundreds are invalidated by trivial matters substantiates the complaint. Busy general practitioners fill them up in a hurry. We may safely assert that it is a duty they do not wish to fulfil, and the least that could be done would be to simplify it as far as possible.

The responsibility of certifying to a patient's unsoundness of the mind is considerable, but is not so great in the opinion of most people as going into the witness-box to testify the same thing. Of course the facts and the opinions are the same, but the medical man, with the fullest determination to speak merely the truth, may not unfrequently feel strange on account of his position being one that he is not often called upon to occupy.

It is a fact, too, that counsel have on many occasions abused their office by endeavouring to confuse a medical witness in a most unwarrantable manner. This tendency is perhaps passing by, and we are glad to find that our author speaks in a way which shows that he fully appreciates the position of the medical witness. He gives very sound advice upon his conduct, and we doubt not would himself examine and cross-examine alike in a most proper and gentlemanly way. His book closes with good advice to the witness, and our notice we end with the assurance that we fully appreciate it.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, OCT. 13TH, 1851.

DR. W. W. GULL, F.R.S., President, in the Chair.

Some introductory remarks were made by the President on this the first meeting of the Session.

DR. BAUMLER read a paper on

PARTIAL AND GENERAL IDIOPATHIC PERICARDITIS,

in which he endeavoured to prove that the white or milky spot on the surface of the heart frequently met with at post-mortem examinations has a clinical history of very transient acute pericarditis. He adduced in support of this proposition two cases, in which an acute illness, coming on with dyspnœa, with pain behind the sternum, radiating upwards to the larynx, the left shoulder, and towards the left ear, and with slight febrile disturbance, was accompanied by a characteristic pericardial friction sound, lasting, like the other symptoms, only for two or three days. In a third case, where the onset had been more gradual, the friction sound was heard over a larger area; and there was also some distension of the pericardium by fluid; yet the whole attack was mild and lasted only a fortnight. Such intermediate forms link the very slight cases to the more serious ones, which more generally come under observation. Cases of idiopathic pericarditis being of rare occurrence, Dr. Baumler appended the history of three other cases of this kind which had come under his observation. The three patients had been little girls from eight to ten years of age, and the pericarditis had come on in so insidious a manner that they had walked about with the pericardium full of effusion. One of them died; the two others recovered, one entirely, the other with valvular disease remaining. With regard to treatment, Dr. Baumler particularly recommended the application of ice to the cardiac region, especially for its influence in reducing the number of the heart's contractions and in relieving pain.

The PRESIDENT remarked that, among other points of interest in connection with this subject, it has been a matter of doubt as to whether genuine pericarditis, *per se*, ever causes pain, and that some so-called cases of the disease had proved to be cases of pleurisy, the friction sound being due to a pleuritic rubbing immediately over the pericardium.

DR. DOUGLAS POWELL asked Dr. Baumler how the treatment of ice-bags could be reconciled with the intermittent application of linseed and mustard poultices.

DR. C. T. WILLIAMS asked for particulars as to the influence of ice-bags on the pulse and heart.

DR. BAUMLER replied that, according to his knowledge and belief, the application of ice-bags acts antiphlogistically, reducing both pulse and temperature, and that the poultices were used, in the absence of other remedial agents, because in an empirical way they relieved pain.

MR. NUNN read a paper on

LUPUS ERYTHEMATOSUS.

This disease, known also as superficial lupus, was believed by Mr. Nunn to be essentially an inflammatory atrophy of the cutis, limiting itself to that structure, and thus distinguished from lupus exedens, which was capable apparently of destroying indiscriminately every structure. Two cases of lupus erythematosus were reported, in which the family history afforded no clue to the nature of the disease; and, in contrast, one case of lupus exedens, in which an hereditary syphilitic taint was, with almost complete certainty, to be traced. The first two cases had been treated for years before coming under Mr. Nunn's care with mercury, iodine, arsenic, &c. The first patient, a male, aged thirty-four, had (October, 1870) suffered during thirty-two years, the second during twenty-one years, with lupus erythematosus of the cheek. The bromo-iodine waters of the Woodhall Spa, in doses of a wineglassful three times a day, were given, and a tablespoonful of lemon-juice in a tumblerful of milk every morning. In the first case, the gums being spongy, a solution of chloride of zinc (one grain to the ounce of water) was ordered to be applied to them. This case was, to all appearances, cured at the end of six months. The second patient was still continuing the treatment with advantage, having only commenced it in May last. The case of lupus exedens had been in the Middlesex Hospital under the care of the late Mr. Moore, and was now an inmate of the Hospital for Incurables, at Putney.

DR. ALTHAUS thought the plan of giving large doses of these salts was too commonly practised, and that smaller quantities would, when used therapeutically, be quite as beneficial; and Dr. Gull remarked that this disease was so much an opprobrium to the physician that all hints as to its treatment were welcome and valuable.

MR. G. LAWSON related the particulars of a

CASE OF LARGE MELANOTIC TUMOUR OF THE EYE,

which had burst through the sclerotic and had extended into the orbit. He first excised the globe and then freely applied the chloride of zinc paste for the purpose of destroying all the tissues within the orbital cavity, and thus effectually to get rid of all the cancer germs with which those structures are in such cases generally infiltrated. The operation was performed in July of this year, and the patient was now progressing favourably towards recovery. All the tissues within the orbit sloughed, and large portions of the bony cavity have exfoliated. Mr. Lawson remarked, that when the diagnosis of melanotic tumour within the eye is made at a very early stage of the disease, the simple removal of the eye is frequently sufficient. He quoted the case of a patient in whom he had been able to recognise the tumour by the ophthalmoscope when it was scarcely the size of a pea. He removed the eye, and now nearly three years have lapsed and there has been no recurrence of the disease in the orbit.

Mr. Campbell de Morgan, after referring to the case under discussion, said that the occurrence of epileptiform seizures after operations in which these caustics were applied was not uncommon. The fits usually come on a few hours after the operation, and recur every twenty minutes, with marked diminution in the power of the pulse. The most severe case of the kind that had come under his care eventually did well; and in reply to Dr. Buzzard it was elicited that no recurrence of the epilepsy took place after convalescence from the operation.

The President believed cancer to be a local disease, but thought the question ripe for discussion.

Mr. Lawson said that the tumour, when growing within the eye, is black, but becomes colourless after it has burst through the sclerotic coat.

Mr. Nunn was disposed to question the trustworthiness of statistics of operation in affording positive evidence as to prolongation of life.

Mr. Henry Lee did not operate to cure, but to remove a hideous deformity.

Mr. De Morgan, Mr. Arnott and Mr. Lawson contended that cancer was a local malady.

SOCIAL SCIENCE CONGRESS AT LEEDS.

October 8th.

THE HABITS OF THE LABOURING CLASSES IN THE RURAL DISTRICTS.

Dr. Acland (Oxford) read a paper on "The Sanitary Care of Villages and Cottages." He said that in well-ordered modern towns the poor had the cleansing and scavenging of the surroundings of their homes done for them. In a village or an isolated cottage, the labourer, often ill-fed, always hard-worked, must either perform this duty himself or it was left undone. The condition of the closet accommodation in some villages and cottages was virtually inconsistent with a sense of domestic order, and was often productive of most injurious effects on the health of the family. The water was poisoned. Fevers are originated, and permanent ill-health was engendered through recurring bowel attacks. A generally untidy and miserable state of the surroundings became the habit of the family. The children grew up with these associations, having no other home-standard of decency. Many facts to show the extreme gravity of this matter in our rural districts—grave from its effects on the health of individuals—more grave, from the effect on the moral nature by engendering indifference, and on the intellectual powers by breeding ignorance and consequent false opinions on common matters. The remedy seemed to be, that, *mutatis mutandis*, the same sanitary care should be bestowed on a cottage in the country as on a house in a town. In the case of a well-ordered town the community provided water for its members, and removed their refuse for them. Not so in a village, probably, in many districts, every cottage, or every other cottage, has its well, and there being, of course, no sewers, its own cesspool. The expense and risk from want of organisation were both multiplied. It might be said that our scattered populations were not worth the care, or that, if worth the care, then the supervision would in practice be too costly; so that the care of hamlets and villages was either impracticable or visionary. Issue might be joined on both these objections. The rural populations cast into the towns either a strong, decent, manly, people, or an enfeebled progeny, brought up unwisely. The immigration of the rural into the urban population was noticed on the Continent also, and was, in fact, a necessary law of modern civilisation, depending on varying causes. The case of the villages was, therefore, apart from special humanity towards the individuals, truly a national question. The great measure of last session, which undertook to harmonise into one whole all existing powers bearing on the public health, and which assigned to one minister the duty of consolidating and improving the law, wherever improvement and consolidation are needed, virtually decided the question as to what executive is to guide. With respect to the purely rural districts, the great powers of the Public Health Acts resided with vestries and guardians. In many cases, therefore, they were indirectly in the hands of the very class of persons who required guidance and help. Herein lay a great part of the strength of the Local Government Board. It enlisted in the cause of public health, understood in the widest sense every ratepayer who voted on matters of parish organisation, and the medical men of the poor. The cottages in rural districts should be scavengered by the community, and not by the occupier. There were two ways in which this could be done: one, in villages where regular sewers and water-supply can be provided and maintained; another, in isolated cottages, where, from expense, these methods were practically inapplicable. In Broad Clyst the former has been lately tried. In Stanton Harcourt, in Oxfordshire, the latter plan had been put in operation on the dry earth system, by Colonel Harcourt, the son and successor to the venerable and scientific Canon Harcourt, owner of Nuneham. An inspector, paid by Colonel Harcourt, went weekly to the cottages on the estate to examine and report on the condition of the closets, and if they were in a bad state he removed the manure as a fine, because then the owners lost it from their gardens. The first of these methods could not pay interest on the outlay, and could only be done by persons who had capital at their command. Neither the parish nor the union could be called on to contribute to a purely local improvement, except on the principle that a great landowner must have good houses for those who till his land, the outlay being calculated as for the whole of his property; or on that principle which made the whole country pay some apparently metropolitan charges because they are part of the imperial expenditure. On the whole, there was no doubt that an arrangement could be made in every rural district, whereby the poor labourer might have the necessary surroundings of his home kept in order for him, like his fellow-artisan in town. It would conduce to his health and energy, and it would be both just and politic, since all who believe in the existence of national health and national morality feel that the agricultural labourers deserve the utmost care of the nation.

October 7th.

SANITARY QUESTIONS.

Mr. E. Chadwick, C.B., read a paper on the "Sanitary Influences of Town Pavement." Amongst the evils arising from bad pavement, he named the escape of gases, the baneful effects of vibration on the system, caused by unevenness; the loosening of the joints of the pipes, and the affording of direct means for the propagation of disease. In places where self-cleansing house-drains and sewers had been brought into good action, and where the death-rates had been reduced, but where some amount of typhoid and foul-air diseases yet lurked, these had been very much confined to those streets where the surface was unpaved and badly cleansed, and the sub-soil sodden with foul matter. The Val de Travers pavement had realised more than was expected in the amendment of town pavements. It was to be wished, however, that the material were more abundant, that it might be obtained cheaper.

Dr. Bischoff, of Glasgow, read a paper on the "Purification of Water and Sewage by Sponge Iron." The powers of metallic iron to purify impure water had been known for a long time. By sponge iron, he meant iron which had been produced in reverberatory furnaces by reducing an oxide without fusion. The surface was naturally greater than that of iron in any other form, and it was to be expected that its purifying action must be proportionately increased. Sponge iron could be made at a moderate cost in almost unlimited quantities from burnt ores after the copper had been extracted by the so-called chloralisation process. Water which was not thoroughly bad, but of doubtful character, might be thoroughly purified by filtering through sponge iron.

Mr. T. J. Dyke sent a paper "On the modes of dealing with Outbreaks of Pestilent Fevers, sanctioned by the Health Authorities of Merthyr Tydvil."

Dr. Fergus (Glasgow) read a paper on the "Production of Disease by Excremental Pollution." The appearance of diphtheria as a disease in this country, was probably owing to our carelessness in the disposal of excreta. Typhoid fever, also (killing annually from 15,000 to 18,000), was produced by either contaminated air or water, the results of excremental pollution. He exhibited soil pipes from water-closets which were corroded by sewer gas, and which had caused typhoid fever. The principal grounds for believing that this state of the pipes arose from sewer gas, he

said, were that the perforations were generally in the upper surface of the pipes, and from within; also, that in ventilated pipes, the corrosive action was much slower than in pipes where the gas was not allowed to escape at the top. This state of pipes was not easily detected, as plumbers looked for liquid leakage, which would not take place, as the perforations were on the upper surface.

Mr. W. H. Michael said the difficulty was not how to get rid of the solid human excreta, nor even of the fluid excreta; but the great difficulty was the large amount of house-refuse which was sent into the drains. This house-refuse was acknowledged to be the difficulty, and that which, if putrescent, caused the whole of the mischief. This fluid must be dealt with; it must be taken away; it must get into the drains; and, if not dealt with, it would inevitably become mischievous and propagate disease.

October 9th.

THE HEALTH OF OPERATIVES IN FACTORIES AND WORKSHOPS.

In the absence of Mr. Godwin, the chair was taken by Mr. Rawlinson, C.E. The special question for discussion was, "What are the best means of promoting the Health of Operatives in Factories and Workshops?"

The first paper was read by Dr. J. H. Stallard, who said the question for discussion was narrowed down to what took place in the workshop. He maintained that the death-rate and the kind of disease existing proved that the air in many cases was impure. A sufficient supply of air was capable of reducing the deaths resulting from pulmonary disease; and this fact he illustrated by a reference to improvements in barracks to secure ventilation. Having contrasted the conditions under which the town artisan and the agricultural labourer pursued their callings, he contended that man was made to live in the open air, and not in a box. People who were employed in towns were obliged to be fed more expensively than they would be if isolated in cottages in the country districts. There was no doubt that a more healthy race could be produced by a less amount of expensive food than could be produced by the very best food, in large aggregations in towns and large establishments. The real stamina of the country came from the agricultural element, and that was due principally to the fact that the labourers worked wholly in the open air. Factories and workshops should be so constructed as to assimilate the condition, as near as possible, to that of the open air, with provision only for protection against rain and violent draughts. This was all that was really required. All ventilation proceeded from the supposition that a certain amount of air was sufficient, whereas the true supply required was only to be obtained by living in the air. He exhibited a diagram of an improved method of ventilating hospitals, public buildings and dwelling-houses; and said that if it were wanted to place workshops in free contact with the open air, the principle of numerous small openings must be adopted, and the laws of diffusion and connection must be relied on for a sufficient and complete interchange. That was, apartments must be protected from the direct pressure of the wind and yet a large surface must be provided with which the communication with the outer air should be free. The laws of diffusion and connection were sufficient to ensure interchange even in the stillest atmosphere, if only they had sufficient opportunity for acting; and the problem was thus reduced to the question as to the largest surface of room-sides, which might be perforated by innumerable small openings so placed as to be free from any sidesie pressure of the wind. It would be expensive and difficult, and useless, to perforate the floor; but if the ceiling were perforated and protected from rain, and exposed nowhere the direct pressure of the wind, the workroom would be placed in free, complete, and immediate contact with the outer air, and the principle of slow diffusion would have full play. No great volume of cold air could possibly be driven down on any side of the apartment, whilst the freest exit was provided for the exhalations from the lungs and body, and for the unwholesome products of the manufacture. There was disturbance in the atmosphere of the room sufficient to interfere with the natural rising of the vitiated products to the ceiling; and in the plan he had proposed, there was nothing to prevent the escape of those products into the air-chamber, from which they were at once carried away by the horizontal current passing through. The arrangement was simple. Every room should be provided with a double ceiling, the space between being in free communication with the outer air on all sides. The top ceiling was either the floor of the room above, or the roof; the lower ceiling was made of finely-perforated zinc or oiled paper. The air-chamber should be large enough to admit of being swept out from time to time, and the sides might be made of perforated bricks of various colours and shapes. This plan did not interfere with the employment of opposite windows and ordinary means of warming rooms. The sole object was to maintain the principle of living in the open air, under all conditions, whether in winter or summer, day or night. The principle, in his judgment, was as necessary in a bed-room as in a drawing-room, and as necessary in a factory as in a hospital. It had been ignored by architects since the Roman era; but he would observe that the courts of the Pompeian house were but a more open arrangement than the one proposed. He believed that the best means of improving the health of operatives in factories and workshops would be to place them in direct communication with the open air by the plan proposed.

The Rev. B. Lamport (London) said the principle and theory put forward by Dr. Stallard were correct, but he argued that the variations of temperature, especially at night, were such that the plan would be attended with danger in some cases.

Mr. P. H. Holland held that all the benefits sought by Dr. Stallard could be got without the sacrifices proposed. As the best means of ventilating, he recommended warming the air with the waste heat before it is given off.

Mr. Rawlinson, C.E., said there was no artificial remedy, there was no fine-drawn remedy of flues or valves, or other means of that class that would give fresh air in the abundance that would appear to be necessary for health. He had been sent out by the Government to the army in the Crimea, where there was certainly room for an experiment upon the grandest scale. Our troops in the Crimea had suffered in the three months during the dreadful winter of 1854-5 at the rate of 700 per 1,000, or 70 per cent. There was starvation of various kinds—from want of necessary provisions, and from actual exposure to the elements. In the first instance, a number of huts were sent out from England, at very great cost, in lieu of tents; but these wooden houses had no sooner been inhabited than they became fever-dens and pests of the very worst kind. No instructions were given to provide isolation of each hut from the sub-soil, and to provide ventilation. The side walls were eight feet high, and the roof was covered with patent felt, which was waterproof; but unfortunately, it was air-proof too; and there being no arrangement for any ventilation at the floor, and the huts being arranged for twenty-five men, one-half of the occupants had fever. A most striking condition of affairs was found out in comparing the position of the 79th with that of the 42nd Regiment. Lord Clyde had gone with him for the first inspection, and he asked to be told the difference between the two regiments, there being very little fever amongst the 42nd, and much in the 79th. Upon investigation, he found that the encampment was on a steep mountain side, the greater part being oolitic limestone and dry, but there was a broad band of clay underneath. The 79th Regiment was on this band of clay, and the persons erecting the huts had excavated a level place into the bank of the hill-side, and consequently at the back it was three to five feet in height, sloping down at the sides: and, no provision being made to keep the earth from the sides of the huts, they were like inverted bell-receivers, with the men inside and the damp soaking in under the floor. The 42nd, on the other hand, were on the rock, and they had been compelled to raise a false floor for the huts. He advised the shifting of the regiment, and, from the time that it was shifted, the new type of disease ceased, and only the men had to recover who were originally down. The huts, however, on this band of clay were not taken down. The quarter-master forgot that they were empty. The 32nd Regiment came from India and was quartered in them, and when they had been there fourteen days there were thirty-two cases of cholera. The huts were still kept there, and a brigade of artillery having been sent into them, within thirteen or fourteen days there were thirty or forty dead with cholera. As to day and night atmosphere, people in this country were not so much afraid of ventilation as those on the Continent. On the Continent—in France, in Germany, in Italy—there was nothing of which people were so much afraid as open windows; and the common remark if an open window were seen at night was, "There is some fool of an Englishman living in that house." There was something of a bugbear in what was said of the difference of temperature between night and day. If patients

could be kept out of a direct draught, and well clothed with the bed-clothes, no harm need be apprehended. As Miss Nightingale said, what could we have but night air; and how could we injure patients by night air? There was either the atmosphere around, or an artificial atmosphere of a most abominable character. Travellers out in the East had a scorching sun on the sandy plains of Arabia, and the largest rivers were frozen over at midnight; but it was never heard that travellers there suffered from the variation of temperature; and he himself had been in a country where, during the day, the temperature in the sun exceeded 120 degrees. He had to march, with his coat off, and was perspiring from every pore. He had no shelter at night but a thin piece of cotton, and yet he saw one inch of ice on the river at night. He had always been considered a very delicate man; and although he did not say that patients could be submitted to a difference of temperature such as that, yet the human constitution would wonderfully adapt itself to circumstances if it had fresh air. Pure, uncontaminated air must be let in and out in profusion, or we could not have that health which was necessary.

Mr. G. H. L. Rickards read a paper on the "Advantages of the Factory Legislation that has taken place from time to time." The benefits of the Factory Acts to the working classes he cited as follows:—1. Improved physical education; 2. Entire freedom from some forms of disease; 3. Increased protection from accidents; 4. Protection from excessive work; 5. Improved sanitary condition of factories; and 6. The education of all children under thirteen years of age. By the Act passed two months ago, the whole of the workshops of the country had been placed under the jurisdiction of the factory inspectors. In 1867, when it was necessary to add a large number of various trades to those already under the provisions of the Factory Acts, an Act was also passed placing all the workshops under the supervision of the factory inspectors. Their chief duties would be to prevent overwork, to see to the sanitary condition of the workpeople, and to attend to the education of all children under thirteen years of age. In this way, the whole industrial classes obtained the advantage of the supervision provided by the Legislature through the exertions of the factory inspectors.

THE WASTE OF WATER.

Mr. P. H. Holland read a paper on "A Cheap mode of preventing Waste of Water when continuously supplied."

Correspondence.

PERSONAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—On coming back to town my attention has been drawn to a paragraph in the Press, which insinuates two or three things, viz., as to my making personal attacks upon brother professionals, not writing sense, and heaping abuse on the proprietor because it was deemed advisable to refuse insertion to communications. I beg to deny that this latter was the real cause of my remonstrance with the editor; that it is totally untrue that I have ever made an attack on a brother professional, that I did not sign my name to it in fair debate; and as to this, and not writing sense, I am quite willing to leave it to the Profession to judge, rather than the warped imagination of the Press sub-editors.

I am, &c.,

Sackville street, Oct. 6. Charles Kidd, M.D.

[We publish this letter lest occasion might be given to its author to say we feared to do so. Dr. Kidd is good enough to construe our remarks for us. We have only to say that his translation of our meaning is literal, and we adhere to our original statements.—Ed. Med. Press & Circ.]

Two young English ladies residing in Paris (says *Galignani*), the Misses Isabella and Mélanie Winch, have just received from Count de Flavigny, President of the International Society for affording Relief to the Sick and Wounded in the late war, the bronze cross of merit, accompanied by a diploma setting forth the useful services rendered by them during the siege, principally at Montrouge, both in the ambulances and on the field of battle.

Medical News.

Royal College of Physicians of London.—At an extraordinary meeting of the College on Monday last, Edward John Waring, M.D., St. And., 49 Clifton gardens, Maida vale, was admitted Fellow; and the following gentlemen having conformed to the bye-laws and regulations, and passed the required examinations, were granted Licenses to practise physic including therein the practice of medicine, surgery and midwifery:—Cornelius Biddle, M.R.C.S., 26 Queen's road, Dalston; Henry Davies, M.R.C.S., Pentrepoth, Morriston, Swansea; Wilson Eager, M.R.C.S., Bethlehem Hospital, S.E.; Frederic H. Edmonds, M.R.C.S., University College Hospital; Simon Halford Hobley, M.R.C.S., 20 Queen's crescent, Haverstock Hill, N.W.; Frank E. Newington, M.R.C.S., 1 Evering Villas, Amhurst road, Hackney; John Scully, M.R.C.S., Middlesex Hospital; William Stamford, M.R.C.S., Tunbridge; John Howell Thomas, London Hospital; William Barrow Wall, University College Hospital; John G. U. West, M.R.C.S., University College Hospital; John Burdett Wilby, M.R.C.S., Leicester. The following candidatss having passed in medicine and midwifery will receive the College Licence on their obtaining qualifications in Surgery recognised by the College:—George Bland, St. Bartholomew's Hospital; and Thomas Davies Harries, Guy's Hospital.

Apothecaries' Hall of London.—At a Court of Examiners on the 19th instant, the following gentlemen were admitted Licentiates of the Society of Apothecaries — viz., Messrs. Richard John Carey, of Northampton; Joseph Hindon, of Croydon; Edmund Robinson, of Leeds; and William Barrow Wall, of Wedmore, Somersetshire.

Cholera in the East.—Recent advices state that cholera is slightly on the increase. Isolated cases have occurred in several parts of the city of Constantinople. In the week ending September 26th there had been thirty cases, nineteen of which terminated fatally. Quarantine is now enforced at all the Ottoman ports. Cholera, however, is reported to have ceased in Brussa.

West Kent Medico-Chirurgical Society.—At a meeting on the 13th inst., Dr. Purvis in the chair, the following gentlemen were elected officers for the ensuing session:—President: Mr. J. M. Burton. Vice-presidents: Dr. Edward Clapton and Mr. A. Roper. Council: Dr. John Anderson, Dr. W. Carr, Dr. Samuel Giles, Dr. R. Gooding, Mr. W. Lockhart, Mr. Charles Nind, and Dr. John C. Thorowgood. Treasurer: Dr. Prior Purvis. Secretary: Mr. John Prior Purvis. Librarian: Mr. G. G. Bothwell. The newly elected president, Mr. J. M. Burton, delivered an inaugural address.

The Academy of Medicine of Turin has announced a new prize, under the name of the Premio Bianco, which will be given in the beginning of 1873. The value is 1,000 lire; the subject is "Matrimonial Hygiene." All manuscripts to be sent in before December 31st, 1872.

Royal College of Surgeons of England.—At a meeting of the Council on the 19th inst., the following gentleman was admitted a Fellow of the College: Robert B. Travers, M.R.C.S., (1841), Rostellan, Co. Cork.

The Leeds Sanitary Exhibition.—In our notice last week, we omitted to mention an improved elastic infant's belt, exhibited by Mrs. Baines, a lady well known for her laudable and philanthropic efforts to promote by simple sanitary appliances and suggestions the well-being of her poorer fellow creatures. This elastic belt, we are informed, is the only article of clothing exhibited this year, and if it but suggests some improvements in dress on hygienic principles to those who have the manufacture of those articles, a very desirable reform will have been attained.

Newly-built Houses.—A vast deal of ill-health, to say nothing worse, results from the too early occupation of newly-built houses. In the suburban districts of London, and of many of our large towns, small houses by the thousand are planted on the ground, often on heaps of unwholesome deposits placed there to fill up hollows whence brick, earth, or sand may have been removed, are finished with ruthless rapidity, and, all reeking as they are, receive a family often before the workmen have left. The danger involved was recognised long ago. An ancient foreign proverb says, as to a

new house, "The first year for my enemy, the second for my friend, the third for myself." The speculative builder of to-day too often cares for neither friend nor enemy. The houses, like certain historic razors, are made to sell. To turn a penny is his sole object, and the buyer must look out for himself. Alas! for such a state of feeling. It unfortunately prevails in modern society to a much greater extent than is consistent with the right condition of public health, giving that word its full meaning.—*Builder.*

A New Light.—A French chemist has discovered a light as superior to gas as gas was superior to its predecessor, oil. An opportunity will soon be afforded of beholding this beautiful, clear, and healthy light, as the officials of the Crystal Palace Company have laid pipes, placed gasometers in position, and in a few days will illuminate their crystal fountains and rare works of art with the new Oxyhydric light; and in order that the public may have ocular demonstration of its vast superiority over gas, the lights will alternate, and then the dull yellow haze of the flickering gas lamp will become doubly so in the steady, bright light, emanating from the other, which is so intense that it causes the flame of gas to cast a shadow itself on the wall it is intended to illuminate. This new light can be obtained at a much lower rate than gas; and it is not only briliant and clear, but healthy. Above the issue aperture in the ordinary gas lamp, when lighted, there is a dark space, surrounded by the flame, with sparkling atoms floating upwards, many of which escape unconsumed, and pollute the surrounding air, much to the injury of eyes and lungs, while others that enter the flame, in passing through it are only partially consumed, and in the shape of smoke or dust escape into the surrounding atmosphere, to the detriment of pictures, ceilings, or gilt frames, &c. Nothing of all this occurs with the new light.—*Mechanics' Magazine.*

Gleanings.

Statistics of the Medical Profession in the United States.

Dr. J. M. Toner, of Washington, D. C. says in the *Boston Medical and Surgical Journal*:—I have completed a synopsis of the list of all the physicians of the United States who have paid the special internal revenue tax of ten dollars on their profession for the year ending April 30, 1871. The list, as it is at present, may be considered a complete "Medical Register of the United State." It is arranged by States and Territories, and has the post-office address, with a prefix to each physician's name showing the theory or system of medicine which he practices. The profession is divided and classified under the following heads: regular physicians, homœopathic, hydropathic, eclectic, and miscellaneous and unknown. The latter includes all those irregulars who could not be placed in either of the classes named, as well as many supposed to be regular, but of whom we have not sufficient facts to warrant placing their names in that class.

Whole number of	physicians of all classes,		49,793
" "	regular physicians,	39,070	
" "	homœopathic physicians,	2,961	
" "	hydropathic, "	133	
" "	eclectic, "	2,860	
Miscellaneous and unknown,		4,774	

This gives a ratio of 16·8 physicians to one homœopath in the whole number, and 13·1 regular physicians to one homœopath. Estimating the population of the United States in round numbers at 39,000,000, we have one regular physician to every one thousand of the population. The proportion of homœopathic physicians to the whole population would be about one in every 13,000. This is certainly less than we had supposed.

Case of Chronic Nasal Catarrh.

Dr. Norton Folsom, Physician to the New York Dispensary, writes to the *Medical Gazette*:—

The following case is reported mainly for the purpose of calling attention to the convenience of the apparatus employed in treatment.

Mr. B——, æt. thirty-five, a fine singer, free, so far as known from any constitutional taint, had suffered for over a year from an offensive purulent discharge from the nose, which frequently formed crusts as large as the thumb, so hard and so closely adherent as to be disengaged with considerable difficulty. The voice was so much affected that singing had been almost entirely relinquished, and the fœtor of the discharge interfered with his social relations.

Rhinoscopic and anterior nasal examination showed the mucous membrane generally engorged, eroded in patches, covered with viscid muco-purulent secretion, and the lower and posterior part of the vomer entirely gone.

The nasal douche had previously been tried without benefit, but its use was resumed with a solution of permanganate of potassa, together with the application of spray of alum and of tanno-glycerine. After a few weeks, the only material improvement being the diminution of fœtor, the following line of treatment (mainly that lately recommended by Drs. Sass and Lincoln at the Med. Lib. and Jour. Asso.) was adopted. The whole nasal cavity being strongly illuminated with the concave mirror, with the use of the rhinoscopic mirror behind, and with a nasal speculum, contrived for the purpose, in front, the cavity was entirely freed from crusts and secretion by forceps and probes, and by the patient's own efforts with a basin of water. A solution of nitrate of silver (gr. 40-60 ad unc.) was then applied in the form of spray, from front and rear, to every part of the cavity, and the thoroughness of its action verified by examination. This was repeated at intervals of a few days for about ten weeks, the improvement being constant, and after an interval of a month, during which he grew worse, it was resumed for six weeks, when it was entirely abandoned, after about twenty applications in all, there being no offensive discharge, no formation of crusts, and the mucous membrane presenting a healthy pink appearance throughout. The voice was entirely restored. There has been no relapse during the year which has ensued.

The spray was applied with the ordinary hand-ball apparatus, the fluid being contained in a test-tube held in the hand, and the issue of the spray being instantly and completely controlled by the thumb compressing the rubber tube where it joins the atomizer. For the posterior nares the upward-jet atomizer was used, a small piece of hard rubber being fitted to the tube just in front of the orifice, projecting upward about ⅜ inch, forming a palate hook.

The addition of a few drops of *eau de Cologne* to the spray solution rendered it less disagreeable, and the after-taste was sensibly diminished by gargling with salt and water. The nostrils and upper lip were protected with an unguent.

The nasal speculum contrived for the exigences of this case is made by coiling a piece of German silver wire at its middle, (as in an ordinary eyelid retractor), so that the ends tend to spring apart; the extremities being then bent nearly at a right angle, are curled up into blades about 1¼ inches long and ⅜ inch wide, which *flare apart* a little at the tips, which are to be introduced into the nostril. The degree of expansion is limited by a screw. The whole instrument is gilded. It is made by Messrs. Tiemann and Co. A useful addition is a piece of flexible wire attached to the ring of the instrument, which can be made to rest on the lip or cheek of the patient, and tilt or prop the nostril up horizontally. This leaves both hands free for manipulation, while the light is thrown in from the mirror on the forehead. In this way nearly every part of the naso-pharyngeal cavity can be reached, and accumulations, even upon the posterior wall of the pharynx be detached through the anterior nares.

On the Significance of the Liver-fat, and of the Fatty Liver for the Healthy and Diseased Body. By Dr. O. Naumann, Leipzig.

The *Glasgow Medical Journal* thus notices this paper in *Reichert and Du Bois-Reymond's Archiv.* The author of this paper has already pointed out in another place that the fat obtained from the liver is much more readily absorbed by the skin than other fat; it is as much as from four to seven times more readily absorbed. The liver-fat is further much more easily assimilated by the intestines, and also very much more oxidisable. These facts are intimately connected with the long established therapeutic value of liver oil. In the present paper he lays down as a fundamental proposition, that in all the cases which he has examined, the fat from the liver was much easier oxidised than that from the other parts of the body, as the heart, the kidney, and the subcutaneous adipose tissue; and with this view he has examined the liver of fishes, pigs, ducks, the fatty liver after phosphorus poisoning, the fatty liver in tuberculosis, and the pathological fatty liver in ducks. His method of testing the degree of oxidisability was by shaking the oil obtained in a test-tube, with a dilute solu-

tion of permanganate of potash, the degree of the decolorisation of the fluid indicating the degree of oxidation. From the universality of this fact, the author deduces that one great function of the liver is to prepare for the organism an easily assimilable—that is to say, an easily oxidisable fat; and that it does this chiefly by producing some unknown alteration of ordinary fat, but may also in part produce fat from albuminous principles. Taking another view of the question, the deduction is confirmed by the fact that, as a general rule, in the various classes of animals, the size and activity of the liver, but especially its proportions of fat, is in inverse proportion to the perfection of the function of respiration. Thus, in fishes the liver is unusually large; in birds proportionally very small. Then, again, the liver is formed very early in the embryo, and all through fœtal life, the greater part of the blood passing into the fœtus passes through the liver before entering the general circulation, whereas, after birth, when the respiratory organs come into action, the absorbed fat passes in the form of chyle through the ductus thoracicus into the circulation without being first sent through the liver. The liver in fishes and amphibiæ, as well as in the embryo of higher animals, is therefore to be looked on as to some extent an accessory organ to the organs of respiration. And now in respect to the pathological fatty liver. It has been already stated that in it the fat presents the same peculiarity as in the normal liver, and the author regards the change as rather a physiological than a pathological one. The object of the increase in size and in the production of fat in the liver is to supply to the diseased organism readily assimilable fat, so that the large fatty liver has for the patient a similar significance as the normal liver has for the sound person. In the case of phthisis pulmonalis, which gives us the most frequent examples of fatty liver, it is easy to understand how the large fatty liver should act as in fishes, and the fœtus as an accessory organ to the partially disabled lungs. But in the other class of cases where the lungs are not affected but where, as in chronic emaciating diseases, the activity of the functions in general is diminished, it is easy to understand how a supply of easily oxidisable matter would be a great desideratum to the weakened organism. The fact is thus explained how it happens that in the case of fatty liver the subcutaneous adipose tissue is generally deficient, the cause being that the fat is absorbed, but cannot be used till modified by the liver, which organ at a given time contains a large amount undergoing this process of modification. There is only one exception to this view, that, namely, of the fatty liver of the drunkard, where the fat is stored up in the liver, its place being in great part taken up by the easily oxidisable alcohols. In all the other cases the fatty liver is not a depôt for the fat of the body, as it has been generally considered, but an active agent modifying the fat which it contains.

Opium Growing in Trinidad.

A GENTLEMAN near Nashville, it is stated, has for the last three years been engaged in raising the poppy for the manufacture of opium. Owing to the lateness of the planting, the inferior nature of the soil, the crop of 1870 failed, and to obviate this difficulty seed was obtained from Calcutta and Smyrna at a cost in gold of 4·50 dols. an ounce. The crop of this year, it is announced, will yield from fifty to seventy-five pounds of opium per acre. Another gentleman in Tennessee, also extensively engaged in the cultivation of the poppy, reports a similar success. The best opium poppy-seeds were obtained from Smyrna, planted in good land, and cultivated like cotton. When the capsules of the poppy are ready to scarify, an incision is made on one side and in twenty-four hours the juice, which has the appearance and consistency of thick cream, is scraped off. The opposite sides of the capsules are then scarified and the operation is repeated. The juice of the poppy, a few hours after it is gathered, turns a dark purple colour, which grows gradually darker until the peculiar opium colour is reached.

Pertussis Curable by Local Treatment.

DR. W. F. MCNUTT, M.D., M.R.C.S.E., says in the *Boston Medical and Surgical Journal*:—

It had not occurred to me that the local treatment of pertussis was not in more general use until I observed, in the *Boston Medical and Surgical Journal* for April 20, 1871, an article by Dr. Caldwell, of Brooklyn, N. Y., headed, "A New and Successful Treatment of Pertussis." He says: "Believing Niemeyer's view of the pathology of this disease, 'that whooping-cough is a catarrh of the respiratory mucous membrane, combined with intense hyperæsthesia of the air passages,' I made my medication directly to the parts affected." His medications were made by the spray atomizer.

My own experience, as well as that of Dr. R. T. Maxwell, my partner, is that most cases of whooping-cough can be cured by local treatment, and that one need only try the treatment to be convinced of the fact. But why attribute the above pathology of this disease to Niemeyer, or call the local treatment of this disease new? While local treatment for whooping-cough is by no means new, local treatment by means of the spray atomizer may be comparatively new.

As early as 1849, Dr. E. Watson, of Glasgow, recommended a strong solution of nitrate of silver to the interior of the larynx as a very successful method of treating pertussis. (*Edin. Monthly Journal and Retrospect*, December 1849, p. 1290.) Twenty-five years ago, Prof. J. B. Wood refers to inhalations as being in use for the treatment of whooping cough. He says: "The substances used in this way among others, have been cherry-laurel-water, camphor, tar, benzoin, galbanum, nitrous acid, vapours, &c. It has been many years since it was noticed that children suffering with whooping cough who lived in the neighbourhood of gas-works were rapidly cured. The inhalations in these cases must consist of ammonia, vapour of tar, with the vapour of several volatile oils."

The formula used and recommended by Dr. Caldwell in the article referredto abo ve is as follows:—

℞ Ext. belladon. fld., gtt. v. to x.,
Potass. bromid., ℈j.;
Ammon. bromid., ℈ij.;
Aquæ destil., ℥ij.
M. Ft. solutio.

Of this we use a tablespoonful at each application.

We—Dr. R. T. Maxwell and myself—have always used a solution of nitrate of silver, gr. xv. to the ounce, applied by the spray atomizer; we have found the treatment so satisfactory that we have had no occasion to make any change of formula. The first case that we treated with the spray atomizer was that of Harry S., aged six years (January 1871), a very severe case; the little fellow expectorated blood after every paroxysm. We tried the spray atomizer as an experiment, instead of making the application by means of the brush or probang, which Dr. Maxwell has relied on entirely for about ten years. The child improved after the second sitting, and on the fifth he was nearly well. A few days ago, as I was using a spray atomizer with two children of Mrs. M., she remarked that about six years ago, when four of the older children had the whooping-cough, Dr. Maxwell cured them entirely by brushing their throats four or five times. There is no doubt in my mind that local applications are all that is necessary for the treatment and cure of whooping cough. And there is very little doubt that there is a variety of substances that can be used for the purpose. The solution of nitrate of silver, however, will seldom fail to effect a cure.

A Contribution on the Structure and Development of the Psammoma, by Professor Julius Arnold, M.D., Heidelberg.

IN this paper three cases of the psammoma, or sand tumour of the brain, are very fully detailed. These tumours are generally very soft, but one of those described was of firmer consistence than usual, and therefore more fitted for examination by sections. It was first placed in dilute solution of chromic acid, by which the lime salts were extracted, and afterwards in alcohol, in order to prepare it for making sections. From his examination, especially of this tumour, the author concludes that the spheres and rods impregnated with lime, which are commonly found in these growths, often have their seat and take their origin in the blood-vessels. They may arise from these in various ways—first, by calcification of the contents of the vessels as of a fibrinous coagulum; second, by calcification of the walls of the vessels; third, by a combination of these two methods; and lastly, by a local growth of the adventitia taking place, and calcification occurring in it. But this is no the only origin of those inorganic gritty deposits which give their name to this class of tumour. It was found that the bundles and fibres of connective tissue sometimes became calcified, also groups of cells, and spheres formed of cells, and finally, that concretions having no organic origin may be deposited. Looking to the facts brought out in his examination of these tumours, the author considers that in their earlier stages they are probably very soft, connective-tissues tumours,

perhaps partly myxomatous, and very rich in blood-vessels. At a certain period the tissues present a very great tendency to calcareous degeneration, and this may attack all the constituents of the tumour equally. But sometimes one particular tissue may be more specially attacked, or the disease may be more advanced in it, so that, for instance, the blood-vessels may present a higher degree of calcification than the other constituents of the tumour.—Dr. Joseph Coats in *Glasgow Medical*, from *Virchow's Archiv.*

Inventions.

Everyone knows that the pressure of the old bunion-spring fell upon the joint through the lever being fixed to a ring that encircled the joint. The consequence of this arrangement frequently was inflammation and suppuration, and the unfortunate patients lost all faith in the method of cure, by separating the toes. Still, that principle was the right one. We only wanted a mode of applying it without aggravating the suffering. For this purpose, Mr. Miller, of Leicester square, has devised a bunion-spring, which acts by means of two pads between the toes, and two springs on the instep. All pressure is, therefore, between the toes where it can do no harm. In fact, Mr. Miller's bunion-spring pushes the great toe out, instead of pulling it out by a lever whose fulcrum was on the tender joint. The following engraving explains the

mode of applying it. It has the additional merit of being one third of the price of the old-fashioned spring.

NOTICES TO CORRESPONDENTS.

The Editor of the "Irish Medical Directory" earnestly requests that all those persons who have received the Circular of the "Directory" for correction of the entry therein, will have the kindness to return it to him without avoidable delay. The Editor also appeals to the profession to enable him to issue the "Directory" free from the imperfections which other similar publications contain. Wherever the residence of a medical practitioner cannot be ascertained, the name will be omitted altogether, and it is needless to say that, unless the necessary information is afforded him by medical men themselves his publication must be spoiled by many inaccuracies. Lastly, the Editor appeals to the profession in Irelaud for a hearty financial support for his venture. It will not be denied that a reliable Directory of the profession in Ireland is much wanted, that there is much worth collecting for daily reference which no publication intended for the three Kingdoms could fill its pages with, and the Editor believes and hopes it will be worth the while of the profession in Ireland to go a little out of its way to sustain a yearly publication of the sort. The expenses, especially of the first year, will be very heavy. A five shilling contribution for a good book is not a great acknowledgment on the part of each well-to-do medical man, for the great labour involved in the publication. The Editor hopes his venture may meet with such a reception as to encourage him to continue the publication of the "Roll of Irish Medical Men," which he now issues for the first time.

Mr. Stead, Manchester.—In our next.

The Chicago Fire.—The report which has gained currency, that Dr. Frear, a distinguished American physician, had perished in the flames, happily turns out to be incorrect. The latest telegram states, "Dr. Frear was not suffocated, as is supposed."

VACANCIES.

North Devon Infirmary. House-Surgeon. Salary £100, with board.

Nottingham General Hospital. Resident House-Surgeon. Salary £150, with board. Assistant House-Surgeon. Salary £60, with board.

Great Ouseburn Union. Medical Officer. Salary £50 with extra fees.

Westminster Hospital. House-Surgeon. Board and residence, without Salary.

Great Northern Hospital, London. House-Surgeon. (See advt.)

London Fever Hospital. Physician. Honorary.

Central London Ophthalmic Hospital. Assistant-Surgeon.

Preston Infirmary. Two House-Surgeons. Senior, at a Salary of £120. Junior, at £80. Each with board and residence.

Fulham Union, Middlesex. Medical Officer. Salary £50, with fees extra.

Royal Hospital for Diseases of the Chest. Surgeon. (See advt.)

St. George's Dispensary, Hanover square, W. Physician Accoucheur. (See advt.)

Metropolitan Dispensary. Surgeon. Election, 7th ult. (See advt.)

BOOKS, PAMPHLETS, and MEDICAL JOURNALS RECEIVED.

St. Bartholomew's Hospital Reports, Vol. VII. London: Longmans.

Neuralgia and its Counterfeits. By F. E. Anstie, M.D. London: Macmillans.

Intermittent Malaise. By Dr. Henry Adams. London: Lewis.

Report on Spiritualism. London: Longmans, Green, and Co.

Revelations of Quacks and Quackery. Third Edition, enlarged. By F. B. Courtenay, M.R.C.S. London: Baillière, Tindall, and Cox.

Fecundity, Fertility and Sterility, and Allied Topics, 2nd Edition. By J. Mathews Duncan, A.M., M.D. Edinburgh: A. & C. Black.

MEETINGS OF THE LONDON SOCIETIES.

Friday, Oct. 27th.—Quekett Microscopical Club.—8 p.m. Mr. T. Charters White, "On the Microscopical Structure of the so-called 'Nerve' of a Tooth."

Clinical Society.—8½ p.m. Dr. C. T. Williams: "Cases Illustrating the Contraction of Cavities in Phthisis."—Dr. John Murray, "On a Case of Paracentesis Thoracis."—And other papers.

Monday, Oct. 23rd.—Medical Society at 8 p.m. Ordinary.

APPOINTMENTS.

Armstrong, J., M.B., L.R.C.S.Ed., Hon. Assistant Medical Officer to the Liverpool Infirmary for Children.

Carter, S. H., A.B., M.B., Assistant Resident Medical Superintendent of the Bristol Lunatic Asylum, Stapleton.

Fagge, Dr. C. Hilton, Physician to the London and Westminster Bank, in the place of the late Mr. Solly.

Births.

Clarke.—On October 18th, at Duke street, South Molton, Devon, the wife of Francis Edward Clarke, B.A., M.B., Oughterard, Galway, of a son.

Marriages.

Gay—Thimbleby.—On the 12th inst., at the Parish Church, Spilsby, by the Rev. W. Smith, John Henry Gay, M.R.C.S., Spilsby, to Alice, elder daughter of Dr. Thimbleby, of Spilsby.

Powis—Stewart.—On the 12th inst., at St. Giles's, Camberwell, H. S. Powis, M.D., of Maidenhead, to Mary, second daughter of Ramsay Stewart, Esq., of Edinburgh.

Taylor—Hinchcliff.—On the 19th inst., at St. Mark's Church, St. John's wood, Gabriel, third son of John Taylor, M.D., of Girvan, to Lucy, daughter of A. Hinchcliff, Esq., of Sydney, N. S. W.

Walsh—Scholfield.—On the 11th inst., at St. Bartholomew's, Whitworth, Rochdale, Alex. Walsh, M.D., of Glasgow, to Jane, fourth daughter of the late Jas. Scholfield, Esq., of Tongend, Whitworth.

Wright—Toller.—On the 12th inst., at Kettering, J. Brampton Wright, M.D., of Wellinborough, to Caroline Addison, second daughter of W. Toller, Esq., of Rockingham road, Kettering.

Deaths.

Cameron.—On the 30th ult., Dr. Evan Cameron, of New Abbey, late of Bradford, Yorkshire, aged 2[illegible].

Christian.—On the 17th inst., James S. Christian, M.D., of Thurloe place, South Kensington.

Faithorn.—On the 12th inst., George Faithorn, M.R.C.S.E., of Chesham, Bucks, aged 64.

Fawcus.—On the 11th inst., at North Shields, J. Fawcus, M.D., aged 38.

Smith.—On the 10th inst., at Darvel, R. M. H. Smith, M.D., aged 27.

Thomson.—On the 10th inst., at Perth, Frazer Thompson, M.D.

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"To Country and Colonial Practitioners, invaluable."—Extract from the report of the London Hospital, by Jonathan Hutchinson, Esq., Senior Surgeon, Sep. 29, 1871.

"A great boon to medical men in the country. In town and hospital practice invaluable. Its perosity is one of its greatest advantages."—Extract from report of St. Thomas's Hospital, by John Croft, Esq., Oct. 6, 1871.

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By Order of the Committee,
FREDERICK STILES, Secretary.
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Letters on application, addressed to the Council, with testimonials, to be sent to the Hospital, directed to the undersigned, before the time above-mentioned.

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City road, Oct. 10, 1871.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 1, 1871.

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ACCOUNT OF A CASE OF OBSTRUCTION OF THE SMALL INTESTINE.

By John C. Thorowgood, M.D.,

Assistant-Physician to the Hospital for Diseases of the Chest, Victoria Park.

Mr. G., æt. about fifty years, had generally enjoyed tolerable health, and had only been in the doctor's hands for occasional attacks of dyspepsia, which yielded to treatment. He could not recollect ever having had any inflammatory attack in the bowels.

On Sunday, October 8th, he had a good deal of abdominal pain, believed by him to be due to indigestible food, and this pain continued with varying degree of severity during the week. The bowels acted somewhat imperfectly, till Friday, when there was great increase of pain, and neither by purgatives nor by enemata could any further action of the bowels be obtained.

I saw Mr. G. in consultation with Dr. Dixey, of Finchley, at ten o'clock on Sunday night, Oct. 15th. He was then found lying on his back with knees drawn up, a small thready pulse of 140°, short respiration, frequent vomiting of matter having a stercoraceous odour, and clammy sweat over his face.

The abdomen was uniformly enlarged, no special bulging anywhere, either in front or in flanks. Below and to right of umbilicus it was especially sore and tender, and from this spot the soreness extended all over the surface of the belly. The abdomen was moderately tympanitic, no movement of intestines could be seen, felt, or heard, even on listening with stethoscope. Dr. Dixey had already carefully sought for any rupture, and had also examined the rectum. I repeated the same examination, and we were satisfied as to the absence of any rupture; the rectum I found empty, and with ease I introduced nearly the whole length of a No. 12 catheter.

Under these circumstances, coupled with the fact of the enemata having passed freely into the bowel, I suspected the seat of stricture to be near the ileo-colic valve. Opium having been already given in accordance with the best rules in these cases, we now tried belladonna, applying the ointment externally, and giving the extract in pills, though it was clear enough to both Dr. Dixey and myself that the poor man had not long to live.

He died next morning, and Dr. Dixey having obtained leave to open the abdomen, found the obstruction to be due to a band of lymph, not thicker than a piece of twine, which had its ends attached to the mesentery, and encircled the ileum just before it joined the cæcum. The small intestines above this point were enormously distended, and for ten inches above the strictnre, were of a deep claret colour. There was a good deal of effusion into the peritoneal cavity.

The sudden way in which the more urgent symptoms in this case came on, seemed to coincide with the nature of the obstruction which must have rather suddenly caused complete occlusion of the bowel, presuming that the bowel slipped into the loop of mesentery.

Peritonitis rapidly supervened, and there were not observed any of those writhing and twisting movements of the large intestine seen and felt, when some obstruction exists low down in this bowel.

The free use of opium by mouth and by injection, as employed by Dr. Dixey was clearly the best treatment to employ under the circumstances of the case. The early employment of gastrotomy might have succeeded in liberating the bowel; but it is with this operation, much as it is with tracheotomy in croup and paracentesis of the chest, one hesitates to resort to such severe and hazardous operative procedures early in a case, while there seems reasonable hope of milder means effecting the desired results.

HINTS ON METHOD.

BY W. H. PEARSE, M.D. EDIN.

THE emigrant ship, *Alumbagh*, left Plymouth for Melbourne in July, 1870, having on board 136 men, 190 women, 82 children between one and twelve years, and 4 infants under one year. The voyage lasted 90 days.

An epidemic of measles prevailed. In this instance, as in most other experiences of isolated communities on shipboard, phenomena presented themselves with much variation from what is commonly seen on shore; and as the varieties, or "exceptional instances" which are presented to our view in the course or history of phenomena, are those, more than the common rates,, which have great suggestive import to our minds, I have thought that a short account of the voyage might be worthy of record and thought.

Twenty-four cases of measles occurred: the first seven days after sailing, the last after being at sea eighty days.

The weekly order was:—

Wks.	1	2	3	4	5	6	7	8	9	10	11	12	13
Cases.		1		1	2	1	8		5		3	1	2
Place.	50° NL.					Lne				Cpe			40° S.L.

I append a statement of the temperatures of all the cases except the two first; these two were not taken; their symptoms were of the mildest type. Besides the morning and evening temperature, I have noted the days of ailing "A," the days of eruption "S," the pulse, and in some instances the breathing.

Days.			1	2	3	4	5	6	7	8	9	
F 1½	Spots.		A	S	S	S						
	Pulse				140	123	120					
	Tmp.	M					99·6	98·4				
		E			101·4	99·2						
			A	S	S	S						
M 2	Pulse			136	126	126	108					
	Tmp.	M			99·5	99·4	98·4					
		E			101·4	99·5						
			A	A	S	S	S	S	S	S	S	
F 1	Pulse	M			154	168	150	150	136		150	
		E			156	168		150	168	150		
	Tmp.	M			99 2	101·3	102·6	101	99·4		99·4	
		E			102	101 9	102·6	101·2	101·2	99·8		
	Resp.				42		60	50	58			
			A	S						S	S	Relapse.
M 2	Pulse				106					144	150	
	Tmp.				99·2					100·5	100·6	
					99·8							Died.
			A	A	S	S	S	S				
M 4	Pulse	M			138		122	118	100			
		E			144	118	111	111				
	Tmp.	M			100·8		99·3	98	98·4			
		E			101·2	101	99	100				
			A	A	S	S	S					
M 10	Pulse			100	122	108						
					105	98						
	Tmp.	M			100·2	99·2	98·4					
		E		101·9	101	99·2						
			A	A	S	S	S					
M 2	Pulse				145	112	118					
	Tmp.	M			100·8	99·2	98·8					
		E				100·1	98·2					
			A	A	S	S	S					
F 1	Pulse				148		122					Old Diarrhœa case.
							120					
	Tmp.						98					
					100·3	100	97·7					
			A	S	S	S	S	S	S			
M 3	Pulse	M			138	150	156	140	126		108	Very Copious eruption - Bronchitis.
		E		154	150	154	148	134	120	136		
	Tmp.	M			100·4	102	101·9	101·6	98·6		98·4	
		E		102·5	102·4	103·6	102·4	100.4	99·4	99		
	Resp.	M				50	66	90		40	58	
		E		56		66	72					
			A	S	S	S						
M 2	Pulse	M			130	125	120					
		E			120	111						
	Tmp.	M			100·2	99·6	98·8					
		E			100·4	98·6						

Table—Continued.

Days.			1	2	3	4	5	6	7	8	9	
F 9	Spots.	M	A	A	S	S	S					
	Pulse	E			126	120	100	90				Full eruption —Croupy cough.
	Tmp.	M				118	100					
		E			102·6	102·1	98·8	98.4				
			A	A	S	S	99·8					
F 5	Pulse				120	102	90					Full eruption.
	Tmp.	M				97·8	96·3					
		E			102·6	99·4	97·5					
			A	A	S	S						
M 1	Pulse	M				150	132	118				Old diarrhœa.
		E			150							
	Tmp.	M			103·6	103·3	101·1	98 6				
		E										
	Resp.				34							
			A	S	S							
F 5	Pulse			150	120							
	Tmp.			101	98·4							
			A	A	A	S	S	S				
F 4	Pulse					150	145	126				
								126				
	Tmp.	M					101·2	98·7				
		E				101·3		96·7				
			A	S								
	Tmp.	M			98·6							Sore throat.
M 11		E		101·4								
	Pulse	E		120	99							
			A	S	S							
F 7	Pulse			135								
	Tmp.	M			98							
		E		102·2								
			A	A	S	S	S					
M 4	Pulse					130	104					
	Tmp.					99·5	98·1					
								97·6				
			A	A	S	S	S	S				
F 5	Pulse					144	132					
	Tmp.	M				144						
		E			98·3	99·5	100·3	98·8	98·4			
						100						
M 4	Tmp.		A	S	S							
				100·3		97·4						
			A	S	S	S						
F 5	Tmp.	M		101·5	99·5	98·2	97·6					
		E	102·3	102·3	102·3	98·8						
			A	A	S	S	S					
M 4	Tmp.	M			101·8	101	97·8					Bronchitis.
		E			102·2	101·7						

Here was an epidemic of eruptive febrile cases: from their occurrence in an isolated community, from the general resemblance of the symptoms in the different cases, their general history and duration, they must be viewed as allied cases; or, to use the common phraseology, as an epidemic of a so-called "specific disease."

Among the facts observable are the short duration of each case; the low range of "febrile" temperature, no case having reached 104°, and most not showing a temperature above 102°; a very rapid pulse coexistent with a low febrile temperature, and the very rapid breathing. Case nine, in which acute general bronchitis showed, gives on successive days.

Temp.	103·6	102·4	101·6
Pulse	154	148	150
Breathing	66	72	90

The eruption was in most cases full, and like measles. I have not been able in observing many measloid epidemics, to distinguish the lines which systematic writers and nosologists draw, as distinguishing measles, rubeola, and scarlet fever: the phenomena at the later periods of some such epidemics have assumed no other symptoms than sore throat, or bronchitis, or diarrhœa. In the absence, however, at present, of a sound basis for a wider generalisation, the epidemic of the ship *Alumbagh*, must be called measles.

The most prominent idea which evolves in the mind, in the observation of diseased phenomena, under the circumstances of the changed physical and other relations of

voyages at sea and in other climates, is the great danger of error of method which is involved in the giving distinctive names and definitions to phenomena, even to the degree of the frequent assertion of the dicta of "specific diseases." However important and unavoidable it may be to give distinctive names to groups of similar phenomena; yet it must not be forgotten that such assertions of the existence of "specific diseases," is a proof of the present very early stage of our knowledge; to rest the mind in the assertion of "specific diseases," to view such allied phenomena as typhus and typhoid fever, measles, scarlet fever, yellow fever, &c., as each the result of the action of "specifically distinct poisons," is to remain in medical philosophy without the reflected light which other knowledge might give; it is to borrow no light of method from those wider generalities, which E. J. F. Schlegel taught us in Languages, Grove on Forces, &c., and which, indeed, lights up the method of all knowledge, more than that of medical art.

We should feel ashamed, on this day, not to recognise the "great periods," "slow rates," the "value of phenomena," and the "value of difference," in the evolution of races, faiths, languages, philosophies,—we know by an almost *à priori* method, that the varied languages, animal and vegetable forms, forces (so-called), faiths, &c., are more allied than different—are parts of evolving series; we recognise now no "monsters;" diseased structures are now perceived to be but naturally contained deviations from more prevalent normal types, and yet in viewing any group of allied febrile or other symptoms, we rest in the method of asserting the dicta of "specific diseases," and "specific causes."

The so much viewing diseases as specifically distinct, and as the result of specific causes—"germs" is the fashion of the hour—has very much led to two grand errors of method; the one is, that now so prevalent by which we expect to get rid of fevers, cholera, &c., by what are known as hygienic measures, as directed against certain assumed miasmas, poisons, &c.; the other error, which, at any rate, goes along with the former, is our practice of treating symptoms; and, indeed, one may say, the appalling state of our therapeutics.

It is with a species of agony that one finds, in the East and West Indies, in America and Europe, the forms or gradations in the phenomena of human bodily deviation (diseases), looked on as "specific existences." It is strange that the same men whose ideas range in the most advanced light or method in all other sciences, remain in medical art in the dark method of the treatment of symptoms.

For many years past, seeing disease in many climates and countries, and aiming to keep the mind in a state apt to receive truth, I have felt that such deviations from normal rate, as are measles, scarlet fever, typhoid, remittent, typhus, cholera, yellow fever, ague, &c., are not only not "specifically distinct," but that they are part or degrees of one series. Their comparative differences are not greater than we all recognise in variations of animals, plants, languages, &c., now felt to be of one series. Such views have always appeared to me as truths, even on an *à priori* method.

If we, for a moment, remember the past history and present state of the medical treatments of cholera, fevers, and constitutional diseases, &c., we may well reconsider our method; and in the present hour our search after specific "causes," specific germs, &c., as producing cholera, yellow fever, &c., is but a most partial and narrow one.

We must rather view these deviations or diseases as natural, and contained and evolved rates of the human body, in its present state of composition and relation; it is the *capacity for* these changes of rate (diseases), which is the great fact. Our search for remedies must be the prophylactic one, of supplying the material body with a state of relation or composition, such that the deviation of rate into the, *e.g.*, febrile series, &c., cannot happen.

One recent and painful instance of bad medical philosophy and method is, the proposal of the "eliminative" treatment in cholera. It is *d priori* obvious that to treat symptoms in cholera is worse than useless. Symptoms are ulterior events; the potential paralysis, the changed relation in composition within the body, the chill (or whatever it may be), is anterior to the symptoms; it is to remove the capacity for such first potential change which should be our aim. Cholera occurs in India, just as sore throat does here; the terrible difference in danger of the different cases, should have no weight to the philosophical student, to close his view to the wider analogies and oneness of phenomena which, to the vulgar, appear so different.

As indications of true prophylaxis, are the facts of natives of India remaining free from cholera when changed to the climate of the West Indies—also when, after the first few weeks of the voyage from Calcutta are passed—here some change has happened in his system coincident with changed climates. Such change may be infinitely slight, yet it is all potential; again we see instances where small quantities of material substance are added to the system, such as quinine, vaccine lymph, iodine, arsenic, the elements (forms) of mineral waters, &c., having the effect of removing the capacity for ague, small-pox, various skin and other constitutional diseases; again, that the negro or the acclimatized European, does not—cannot—take on the rate or state of yellow fever, is the result of some infinitesimal and co-ordinated state of composition of their bodies.

Our hope for further light and exacter knowledge is less by the vast accumulation of experiment and statistics, than by the perception of analysis and alliances.

Should material miasmas, cell germs, &c., be proved to be true parts in the *rôle* of fevers, cholera, &c., yet the greater fact will remain, that our hope of treatment and management will be that of sustaining the system's natural composition and relation; the rust in wheat, the fungi in certain skin affections and in cholera, &c., occur of necessity, when certain previous conditions having evolved in the grain or system, gives the capacity for their development.

That stage of intelligence which was for ever seeking "causes" (so called), still lingers too much in medical method, its fruit may be seen in the long but hopeless search after miasmas, poisons, germs, &c., but perhaps its worst fruit has been the method of treatment of symptoms.

Many most suggestive illustrations for the search of true remedies might be cited, *e.g.*, we see cancer as native to the robust in adult age. Tubercle as native to certain most evolved or feeble at earlier ages; one may say that both these diseases are the very nearest to normal, of changes which could happen, they are amongst the first deflections of the normal rate or composition, and one cannot doubt but that the supply of a small amount of some mineral element, some "form" now wanting, would be potential to retain the balance of normal cell-growth. The same method of hope for prophylaxis against the febrile series, extending from infancy to age, and against the series of the constitutional diseases of adult life, suggests itself. Neither chemical analysis or microscope can be expected to reach the form of what the changes really are, nor indeed is such knowledge necessary, but analogy and the interpretation by a right method of phenomena very open to us, may lead us to potential remedies.

The habits and instincts of East Indian races when not spoiled by Western civilisation, are sometimes most suggestive and far more valuable than the dicta of the newly evolved Western science, in its present stage. I have been obliged on different occasions to treat the chronic diarrhœa of India variously with lemons, baked grain (a kind of bean), onions, raw or fried, garlic, &c. The patients reduced by months of illness, loathed rice, arrowroot, milk, meat, &c. Rapid recovery often occurred. Children of two years, as well as adults, have a passion for such articles of food, and under their use recover. Similar patients will sometimes commence

to eat and recover, on getting black salt. On one occasion, at the end of a hot Australian summer, I found a large number of children down with the severe semi-chronic diarrhœa, common at the end of the hot season; they loathed milk, fresh meat, arrowroot, &c., but craved for salt meat, onions, vinegar, pickles, &c. I hold that these cravings are profound indications to us for our plan of treatment, and on the other hand, I believe children are largely sacrificed to the arrowroots and orthodox treatments of our civilisation. But beyond these, there are other most suggestive facts toward prophylaxis. I have known patients long ill of phthisis pulmonalis crave for various forms of shell-fish (lobster, &c), onions, other cases of phthisis regain almost strength when living in the smell of sea-weed. The smell of the sea-weed seemed a passion, and surely must indicate that in the sea and some of its parts or vegetation, &c., and close at hand, are the mineral elements or "form" which, added to the system's composition, would sustain the normal rate of cell-growth, and thus healthy lung tissue. The early forms of fish have a most persistent vitality of tissue; we do not look for the failure of cell-growth, and the increase of tubercle in the shark, or albatross, or eagle.

The perception of the alliances of phenomena, which to vulgar view appear specifically distinct, the ceasing, the bad habit of assertion, the submission of the mind in charity (Bacon), and recognition of the great periods and "slow rates" of the evolution of existences, are essential to give us a hope even of seeing and knowing truth. That which Coleridge called the "illuminating idea," is but little existent, in our present method of search after "causes" or in our method of treatment of symptoms, must be most painfully felt by every earnest student of medicine.

THREE CASES OF NEURALGIA
CURED BY THE USE OF THE CONSTANT GALVANIC CURRENT.

By Joseph Stead, M.R.C.S.E., Manchester.

I. The first occurred to a well-known merchant in Manchester. He was forty years old, and came to me on the 5th of June last, with intense frontal neuralgia, which had lasted a fortnight. It was most severe in the supra-orbital branches of the frontal nerve. Five minutes' gentle application of the Continuous current by means of small wet sponges attached to small conical conductors sufficed to cure him of his torment on the spot, and it never returned. "I wish," he said the next day to me, "I had known you a fortnight ago. I should have had a very different Whitweek to what I have had!"

II. The second case I shall mention occurred in a young lady, a governess with a leading merchant's family in this neighbourhood. She had intense neuralgia of the left side of the face, which she attributed to the partial extraction of a tooth ten days before. I applied the current as in the last case, but with slender hopes of relieving her. One application, however, completely freed her from pain for a fortnight; and then she returned with it again, when a similar application effectually removed it, and there has been no return.

III. My third case occurred on the 4th of this present October, to a valued female servant of an old patient of mine. She was a girl of about twenty-four years of age, and had been suffering from facial neuralgia of both sides for three months. For two nights previously to coming to me, she had been compelled to get up from bed and come down stairs and spend the night awake, and in great agony. Five minutes' application cured one side of the face, and a second five minutes' application cured the other, and then, to my surprise, "tired Nature's sweet restorer" overwhelmed the poor girl, and she fell fast asleep in her chair at my house. And here, again, there has been not the slightest attempt at return of pain.

These three cases have been selected from the records of my practice in the use of electrics during the last two years in the cure of disease to illustrate the truly marvellous power which the constant galvanic current has over pain The battery used in all three was Weiss's, sometimes known as Foveaux's. I used about eight cells of this splendid battery, with very small sponges (about as large as would fill the end of a thimble) soaked in warm water, and fixed, as I have just said, to those small conical electrodes which are used for the localisation of the current in paralysis of the interossei and lumbricales muscles. I applied them to the part where the pain was, keeping them about one inch apart from each other. I moved them about, but did not *remove* them, or either of them, from the skin for about two minutes. I then rested for one minute, and applied them again for two minutes more. If the pain had not been removed I should have gone on for another five minutes. But as soon as the pain ceases in a case of neuralgia I make it a rule immediately to discontinue the application. In each of these cases I directed the patient to come daily for a repetition of the operation. But, happily, there was no need for this.

DIARRHŒA AND CHOLERA:
THEIR SUCCESSFUL TREATMENT BY MEANS OF THE SPINAL ICE-BAG.
A SUMMARY RECORD OF CASES AND RESULTS.

By John Chapman, M.D., M.R.C.P.,
Physician to the Farringdon Dispensary.

(*Continued from page* 274.)

In a paper entitled, "The Treatment of Epilepsy: Principles and Practice," read by me at a meeting of the London Medical Society, March 18th, 1867, I gave evidence of *the marvellous power of the Spinal Ice-bag in stopping convulsions and especially convulsions in children.* During the debate on that paper, two of the members stated that their own experience confirmed my statement. Dr. Routh, "who had tested the principle [of treatment] in several cases of infantile convulsions," said, "In one case the child had twelve convulsions in one day, and, of course, under ordinary circumstances, could not be expected to recover: the convulsions ceased as soon as the Spine-bag was applied, have never recurred, and the child is now quite well." Dr. Rogers said—"One of his children had convulsions during thirty-six hours: ice applied to the spine completely stopped the fits. And quite recently, in two cases under his care, of whooping-cough followed by convulsions, the convulsions ceased to recur after the Spinal Ice-bag was applied."* Of the cases of diarrhœa given above, there are only two—viz., Cases VII. and XVII., in which convulsions occurred, but in both these cases they were quickly and permanently arrested by the Spinal Ice-bag. Moreover, "the spasmodic pains" in Case IV., the tonic spasms, convulsive twitches, and abdominal cramps in Case VI., the "convulsive starts" in Case XXI., which had lasted twelve months, the "violent jerks or starts" in Case XXIII., the pain (probably due to cramps) in Case XXV., and the cramps in Cases XXVI. and XXIX., were rapidly and completely stopped by the ice.

The vomiting, which was a distinctive feature in Cases VI., XVIII., XXII., XXVI., XXVIII., and XXIX., *subsided scarcely less swiftly than the cramps just mentioned.*

The rapid restoration of heat throughout the body by means of the Spinal Ice-bag, in those cases of summer diarrhœa in which a notable fall of bodily temperature shows their affinity with cases of cholera, will, I presume, be held to be a decisive proof of the power of the remedy to effect a beneficent and thoroughly constitutional change of the kind

* See summary of the paper and of the debate published in the Medical Press and Circular of April 3, 1867.

most urgently needed in these cases, and one which no known drugs can be relied on to achieve. That the Spinal Ice-bag can do this is strikingly attested by the experience reported in several of the foregoing cases. In Case I. the patient, who but a short time before complained of being cold, and whose upper extremities were covered with cold sweat, reported "a glow of heat" all over her. In Case III. the patient "felt the effect of the ice very strikingly during the first application, especially in making the lower extremities along their whole course 'quite hot.'" In Case IV., at 9 a.m., the skin of the child was of "a light purple hue," its face and arms were "remarkably cool," and its legs and feet were "cold": at 3 p.m. of the same day, after three bags of ice had been applied, "he was generally warmer, and much more lively." In Case VI. the whole body was cold, and the head was particularly cold, yet during the first morning of treatment the circulation and normal amount of animal heat was fully re-established throughout the body. In Case X. the patient said to his wife—"The ice makes me warm." In Case XIII. the patient, who "became *very* cold each night during the attack," said he "became very warm after the application of the ice," and that he had not been cold at all during the two subsequent nights. In Case XIV. the patient, who, before using the Spinal Ice-bag broke out in cold sweat, which was followed by shivering, had neither "the cold sweat," nor the "cold feeling" after the treatment began. In Case XX. the patient became "notably warmer" during treatment. In Case XXII. the patient "became quite warm while she had the ice on the first time." In Case XXV., "while the ice was on the child it became quite warm." In the case of a "summer cholera," No. XXVI., the Spinal Ice-bag was first applied July 31st, and the next day the medical attendant found the "skin warm." In Case XXVIII. the patient reported "a warm glow over the limbs" within an hour after the ice was first applied.

The sleep-inducing power of the Spinal Ice-bag is also signally demonstrated in many of the above cases. In Case I. the diarrhœa recurred at 8 p.m. At 9.30 p.m., having applied the bag to the spine by lying upon it, she fell asleep, and, excepting a few minutes, slept continuously till 6 o'clock the next morning. In Case IV. the child fell asleep "in two or three minutes" after the ice was applied, and slept a full hour; and in this case the like fact was observed on almost every occasion when the ice was re-applied. In Case VI. the patient became very sleepy within five minutes after the ice was applied, and within half an hour she was in a sound refreshing sleep as she lay upon it. In Case VIII. the child's mother was greatly astonished by the fact she attested that *on every occasion* when the Spinal Ice-bag was applied the child slept on it. In Case IX. the child "was well contented with the ice, and each time it was applied slept on it." In Case X. the man "dropped asleep at once, slept during the whole time the ice was applied, and a long time afterwards." In Case XVII. it is reported that "the child sleeps much." In Case XVIII., "every time the ice was applied, the child went to sleep upon it." In Case XXI. the mother of the child says—"He generally sleeps on the Spinal Ice-bag each evening." In Case XXIV. the patient, who had been awake all night with diarrhœa, fell asleep in a few minutes after he was placed on the ice, and slept five hours. In Case XXV., within fifteen minutes after the Spinal Ice-beg was applied, says Dr. Williams, "the child was asleep, whereas it was crying bitterly before the application;" and again he says—"July 29th, 10 a.m., after the ice was applied last night, the child fell into a comfortable sleep, which continued till 7 o'clock this morning."

The rapid renewal of strength by the Spinal Ice-bag is a fact noted in some of the preceding reports, and very often observable in cases of diarrhœa. This result of the treatment in question is scarcely less remarkable than the others just noticed. In Case IV., the child, which on July 28th was utterly prostrate, incapable of standing, in fact partially collapsed, was running about the room and amusing himself, July 29th. In Case VI. the lady, who at 7 A.M. reeled and needed support when she attempted to stand or walk, "found, when she got up the first time after lying on the ice, that not only had the suffocative oppression and sense of faintness ceased, but that she had suddenly recovered her strength, so that she could again walk with her usual elastic step."

The application of the Spinal Ice-bag is generally felt to be peculiarly comfortable, and in many cases positively pleasant. In Case IV. the child's mother says, "He seemed to like the Ice-bag; he holds his head down to let the bag be put on directly I tell him the bag is coming, so I think it must be a comfort to him." In Case IX. the child's mother says, "She (the child) is well contented with the Ice-bag." In Case XXI., the child, who usually slept on the Spinal Ice-bag each evening, "would not go to sleep till he had had it; he insisted on having it." And Dr. Moorhead, relating his own experience, Case XXVII., says, "The Ice-bag proved most grateful." The Director of the Hydropathic Establishment at Melrose, who reported Case XXVIII., writes—"One thing has much struck me, viz.—the liking that sensitive chilly patients have for the cold bag to the spine, although frightened to think of it before they make trial." Dr. Druitt on one occasion saw some of my patients with me in order to inform himself of the results of my treatment of paralysis and epilepsy. After confessing that he was agreeably surprised by those results, and stating that "there was no mistaking the testimony of the patients that those results have been most beneficial," he adds, "I learned from all the patients that the treatment had made them more comfortable; I mean as regards their general feelings of health and animal sensations, without reference to the relief of particular symptoms." In several cases of sea-sickness—a malady having, as I affirm, an essential affinity with diarrhœa and cholera—the patients have reported their sensations induced by the Spinal Ice-bag to have been peculiarly agreeable. In fact, a remedy which steadily subdues and finally abolishes every symptom constituting or associated with the malady against which it is directed, can scarcely fail to operate pleasantly.

The mode of action of the Spinal Ice-bag in producing the several special effects just reviewed claims a moment's reflection, for in my opinion due consideration of it may throw "a flood of light" on the nature of not only diarrhœa, but of cholera also. The action of prolonged cold on living organisms is that of a sedative on the part to which it is applied; and the most manifest and characteristic result of the sedative influence of ice is diminution of the amount of blood and retardation of its movement *in the part which is immediately acted on.* The Spinal Ice-bag is applied over the spinal cord and collateral ganglia of the sympathetic nerve; and, as shown above, when thus applied it stops convulsions, it stops cramps, and the pains associated with them; it re-establishes the peripheral circulation, and makes warm the patients who were previously cold; it renews their strength with remarkable rapidity—sometimes with astonishing suddenness; it stops the vomiting and purging; it soothes the excited, and gives the restless sleep; and, withal, it substitutes for that deadly feeling of sinking and utter prostration peculiarly characteristic of severe diarrhœa, as well as of sea-sickness and cholera, a sensation of refreshment and of returning life and energy—a sensation which, under the circumstances, is the most agreeable of any which could be bestowed. Now if the application of the Spinal Ice-bag produces these several results, and produces them, as explained, by lessening the circulation in, and consequently the energy of the nervous centres acted upon, the conclusion that the immediate or proximate cause of summer diarrhœa and its frequent concomitants—vomiting, cramps, infantile convulsions, coldness, frequent restlessness and sleeplessness, and great prostration, physical and mental—consists in hyperæmia of those nervous centres, is, in my opinion, inevitable. But if with respect to summer diarrhœa and its frequent concomitants the doctrine which I have propounded be thus

verified and established by actual experience, this experience almost necessarily suggests the idea that inasmuch as several of the cases reported above which were especially severe, presented, though in a relatively mild form, all the leading characteristic symptoms of cholera, and inasmuch as all these symptoms were abolished by the Spinal Ice-bag, cholera itself, even of the severest type, is in respect to its nature and mode of origination, essentially identical with summer diarrhœa—is, in fact, but a great and terrific development of that disease, and is capable of being treated most successfully by practically recognising the fundamental principles which have dictated the treatment exemplified in the preceding cases.

THE CASTOR OIL TREATMENT IN CHOLERA.

By R. Hanslip Sers, M.R.C.S.

[Three letters containing a plain refutation of the theory of treatment in cholera by castor oil and its advocacy by the Professor of Medicine at King's College Hospital, London, in 1854 and in 1871.]

I—The subject that I beg to offer for consideration is the theory of treatment in cholera by castor oil; and I will endeavour to follow briefly and closely Dr. Johnson's representative opinions as expressed in certain letters, one of which is headed, "The Treatment of Cholera," published in the *Medical Times and Gazette* (Nos. 219, 221, and 224, in the year 1854). Therein this distinguished physician makes a dead set against opium, indeed, practically excludes it as an internal medicine from the "Pharmacopœia." Who could undertake to affirm of the sick that the blood was free from deleterious matter? Not even a neuro-humoral pathologist enlightened by what has been oddly termed "physiological pathology." Several years ago a practitioner roughly said of cholera, "If you stop the purging the vomiting will increase; if you stop the vomiting the purging will increase; and if you stop both the patient will burst out into a sweat for *it will out.*" Opium, among numerous virtues, is a sudorific. It is stated to have "the peculiar property of arresting all the other secretions save that of the skin," a dogma which doubtless admits of amendments. Fortunately, we are able to modify the action of this drug with suitable adjuncts—thus, aperients, alteratives, antiphlogistics, &c.

Without pretence to the dignity of a therapeutical teacher, I should suggest that opium, duly administered, may produce the following effects :—

	Characteristics of epidemic diarrhœa, tending to Asiatic cholera :—
Opium—a nerve tonic.	1. Depression of nervous energy.
—Gives tone to the heart and vessels, corrects irregular action, raises the pulse and temperature, and improves respiration.	2. Disordered circulatory system with extremely low temperature and impeded respiration.
—Stays the copious dejections, hence aids in restoring the blood to a due consistency.	3. Loss of normal fluidity of blood.
—Markedly relieves muscular cramps and spasms, alleviates pain, and subdues irritability.	4. Spasms and pain.

That the theory of treatment in cholera by castor oil (the greatest of all purges—Dr. G. Johnson), is objectionable can, to my mind, be enunciated from the subjoined premises :—

1. It is antagonistic to Physiology—contrary to her ordinary markings—the work curative is thrown upon the already overtaxed alimentary canal. Instead of endeavouring to restore the blood to a healthy condition by regulated action through organs designed to relieve these parts, to wit, the kidneys and the skin, &c., sickness is added to sickness and vomiting to vomiting. Also the natural function of the stomach and bowels is reversed; in fact, rendered abnormal.

Surely this cannot be designated favouring the *vis medicatrix naturæ.*

2. It is contradicted by the pathology of the disease. There is sometimes severe gastro-intestinal irritation. Although differences may be noticed elsewhere in cholera through the influence of climate or prior conditions of health, the effect upon the intestines themselves are pretty uniformly stated to be these—mucous membrane swollen and more or less congested in patches, general congestion, sub-mucous tissue, œdematous, and the glands of the intestine large and prominent. After all castor oil is essentially non-eliminative; gradual capillary percolation is what is required, not a mere rush of fluids. The blood is well-known to be stagnant, dark in colour, and of a pitchy consistency. A further pumping of fluid from the intestines aggravates the evil, thereby the tributaries are rendered increasingly stagnant, and how can waste matter be excreted from the system. Moreover, if the principle of treatment be correct a hydragogue cathartic is indicated.
3. It is opposed to the teachings of medicine. The castor oil theorists apparently ignore varieties of diarrhœa (autumn, spring, bilious, mucous, sympathetic, &c.); take no note of state of tongue, pulse, power of system, and former habits. All these plain indicators of treatment are sacrificed to the eliminative idea. Again, it is the undue stress laid on a special organ, or part, that usually gives to disease its *locale.*

II.—Venesection would prove a cardinal curative in morbid states of the blood, could we ensure the expulsion of poisonous products alone, minus the nutritive elements necessary alike to the patient's stamina, to an uninterrupted convalescence, and in several cases to life itself. Excessive watery secretion from the bowels is the reverse of elimination. The removal of accumulated fæces or irritative matter is quite another affair. In diarrhœa we have to discover the origin of the disease in the liver, or spleen, or pancreas, or stomach, or nerves, or blood, or skin, or in the mucous membrane of the bowel, and to act accordingly. Hence judgment is required in treatment. Indiscriminate purgation frequently renders the abdominal viscera tender, and liable to inflammation, &c., during life. When the intestine has extra work to perform, the "repressives" hold with increased rest, not action, to enable it to retain its functions unimpaired. In the management of diarrhœa the purging has sometimes been stayed for two or three days, notwithstanding which the patient has failed to regain health and appetite. There then occurs a natural accession of moderate purging (the crisis), leading to a rapid cure and consequent return of appetite, and toleration of tonic. These two or three days repose have restored tone to the parts, and afforded the bowels power to effect the cure. This is true elimination, because the physiological law of rest has been obeyed. According to their own showing the "eliminatives" are not consistent with their creed, thus their plan is affirmed to be more effectual to stay the diarrhœa, and to do so in a speedier manner. Our system is to give opium about the commencement, their's at the termination. Our mode is to gradually withdraw foul secretions, and thus prevent unduly persistent action of the affected part. Their's is quite the contrary. There is a kind of diarrhœa which may be genuinely called a

natural eliminative process. I have such a case under my charge at the present time, and even in this case I am obliged, unwillingly, it is true, to give astringents. I refer to serous or watery diarrhœa occurring spontaneously in a case of ascites, with enlarged liver.

At the onset of sickness and purgation, the administration of an efficient emetic often proves beneficial, albeit when excessive they should be restrained. In urgent cases of vomiting a free action of the bowels will afford great relief. In dysenteric diarrhœa where the secretions are in themselves a source of direct irritation, castor-oil is pre-eminently useful, but it needs to be backed by a host of scientific accessories, medical and hygienic. I am led to these every-day observations by our physician's remark relative to the superintendence of epidemic diarrhœa. "It is a matter of comparative indifference whether the patient is dosed with sulphuric acid, or with carbonate of soda, except that the sulphuric acid in large doses must irritate the mucous membrane, and then act as an aperient."

Castor oil, notwithstanding its disgusting smell and flavour, is a popular remedy; however, patients add opium or brandy, perhaps the two, and habitually conceal home remedies from the attendant. Objections have been urged against this oil on account of its bulk and nauseousnesss, to these I would join its uncertain action and the subsequent anorexia produced thereby. Dr. Johnson calls it "the quickest of all purges," by which one understands the mild aperients. I question if this oil does act more promptly than saline medicines, when the latter are given so as to ensure their speedy effects, *e.g.*, Epsom salts with small doses of quinine, taken early in the morning on an empty stomach, or an ordinary seidlitz powder, or certain of the natural mineral waters. Castor oil would have more signally failed. I cannot help thinking, were it not that after he first few doses, if retained at all, its resultant is constipation. ["In some cases we have considerable difficulty in obtaining the purgative action of the oil."—Dr. G. J.]

Under peculiar condition of the system purgatives become astringents, and astringents purgatives. It is these secondary effects of remedies that frequently bring discredit in the popular estimation on the faculty.

III.—I would fain add a few words about vomiting. The recumbent position of the patient gives it a peculiar danger—viz., suffocation. Further, there is generally no time to ascertain necessary particulars regarding the constitution. Retching may be emphatically forbidden. Perhaps actual hernia exists or an imminent tendency thereto. Atheromatous degeneration or aneurism may be present. The following case should serve as a caution:—"A child died in the Cholera Hospital, Bethnal Green; the intestines were intercepted in thirteen different places, the whole of the fæces having been voided. There was a shrivelled corrugated appearance of the canal at these places and throughout different portions of its length."

One of the motives offered by the Professor for giving an emetic when patients are first brought into hospital is this, "to cast out such narcotic drugs as may have been previously given." I would in this place respectfully assume that the opiates must have altogether passed out of the stomach far beyond recall by any such means as this. In the Dreadnought Hospital ship only seven recovered out of nineteen treated by castor oil. Our authority accounts for this dire mortality by these assumptions, viz.:—

"1. The average quantity of oil taken by these patients was much greater than we have ventured to give to ours."

(What more than a pint in forty-eight hours?—R.H.S.)

"2. Vomiting was of much less frequent occurrence than it has been in our cases."

(Attributed to an abundant supply of iced water instead of emetics.)

These are followed by two remarkable statements—"If every dose, or nearly every dose, of the oil is retained, it will usually be found as appears to have happened with the cases of the *Dreadnought*, either that there is little or no purging, or that the purging is great and excessive." Again, "When, in consequence of all, or nearly all, the oil being retained and passing on into the intestines, the purgative effects threaten to become excessive, the medicine can safely be continued only in smaller doses or at longer intervals." It will be readily gathered from these observations that the physician should remain at the bedside of the patient during the administration of each dose of the oil.

Verily trustworthy trained nurses might, alarmed at the success of the eliminative process, stop short of the requisite curative dose. It cannot be too steadily borne in mind that the sensation of vomiting and purging is unfavourable only when it betokens a fatally depressed nervous system, a condition in which opium is not given, but at an earlier period it is beneficial. In old people and children the excellent results of arresting fluid alvine evacuations are marvellous. A diarrhœa that abates fever, &c., cleanses the tongue, can be regulated by simple care in diet. The pulse guides in these cases whether or not to pursue the ["hazardous and unreasonable practice"—Dr. G. J.] of giving astringents and brandy. Dr. Johnson writes—"In one case the addition of two drachms of oil of turpentine to one dose of castor oil appeared to act as a wholesome stimulant during the stage of icy coldness." But this was in September, 1854.

When we have arrived at an universal registration of disease, we shall then know how many thousand cases annually of looseness of the bowels stayed at the right time, have been prevented from passing into cholera, English, or Asiatic.

Foreign Medical Literature.

DR. KLEINWACHTER'S CONTRIBUTIONS TO THE HISTORY OF SPONTANEOUS EVOLUTION.

Translated from the Annales et Bulletin de la Société de Méd. de Gand, for the *Boston Medical Journal*, by F. W. Draper, M.D.

It is generally conceded that presentations of the shoulder, left to themselves, terminate but rarely by the spontaneous efforts of Nature, and are invariably attended with great risk. The author has, until recently, coincided with this opinion, but after a service of several years in a large lying-in hospital, he adopts another view, and regards the spontaneous termination of labours in which the trunk presents as less rare than the majority of accoucheurs are inclined to admit.

The statistics of various authorities take a wide range, although they all serve to show that the cases under consideration are sufficiently exceptional at the best. Thus, Ricker found, out of 220,000 labours, ten cases of spontaneous version, or ·004 per cent. Busch, in 6,180 labours, gives two spontaneous versions, or ·03 per cent. Spaeth, in 12,525 labours, has fifteen spontaneous versions, or ·03 per cent. Kuhn, in 17,375 labours, reports nine spontaneous versions, or ·05 per cent. The author's results are higher; in 3,345 labours he has seen five cases of spontaneous version, or 0·116 per cent. He thinks the greater frequency of spontaneous termination in such cases under his observation is to be attributed in part to the practice of the school to which he is attached; to the rarity of surgical interference, the labours being left as far as may be to the efforts of nature. Thus, he has observed cases of shoulder presentation terminate spontaneously, where, version being out of the question, other accoucheurs would have resorted to embryotomy.

During the two years in which Dr. Kleinwachter was assistant at the obstetrical clinic at Prague, he saw thirty-two presentations of the shoulder and side, of which six terminated spontaneously—one by spontaneous version, five by spontaneous evolution—in all 18·75 per cent.

Except in the case of spontaneous version, in which the side-presentation became a presentation of the breech, the labour terminated by spontaneous evolution properly so-called (spontaneous version being accomplished at the outlet), and sometimes by expulsion of the body of the fœtus doubled on itself; the first process occurred three times, the expulsion of the body doubled, twice. Of these last instances, one merits special notice. The child presented the side of the thorax, the left arm being outside the vulva. Spontaneous evolution was accomplished, though the child weighed 4lbs. 4oz. (4 livres), and the pelvis of the mother was contracted antero-posteriorly. The labour was rapid (ten hours); the mother died on the thirteenth day after confinement, from peritonitis.

After having reported this case in detail, the author makes the following comments. The mechanism of the labour resembled, in its general features, that of expulsion with the fœtus doubled. although the two extremities of the body did not escape simultaneously. The process was like that which one observes at the beginning of spontaneous evolution before the pelvis becomes engaged; but the second stage, the rotation of the child on its transverse axis, did not occur. The expulsion of the child in any other way was impossible, the body of the fœtus undergoing a forced flexion; the flexion was greatest at the base of the neck and the upper part of the dorsal portion of the spine, where it was so marked that the two parts lay parallel; the head was, as it were, driven into the chest, and the face bore the imprint of the bodies of the vertebræ. The arm, which was within the uterus, was extended in a groove formed by the head and coccyx. One favourable condition, which Birnbaum also indicates, was that the back of the child was, at the beginning of the labour, directed anteriorly, from which it resulted that the lower extremities were forced against the body by the pressure produced by the promontory of the sacrum and the lumbar vertebræ; a pressure increased in the present instance on account of the diminution of the conjugate diameter. The rotation of the fœtus on its longitudinal axis, which changed the relation of the back so that, from being directed forward, it looked to the left, then backward, was determined by the projection of the promontory of the sacrum; the child being forced by the strong uterine contractions to occupy the part of the pelvis best adapted to it. This revolution, however, was practicable only because the antero-posterior contraction was slight; a greater diminution, the size of the child remaining the same, would very probably have prevented this, and the subsequent expulsion of the fœtus, doubled, could not have occurred.

The mechanism of such a labour as the one described depends very much on the deformity of the pelvis; with a normal pelvis, we should look for a case of spontaneous version by the breech. The rotation of the fœtus on its transverse axis was prevented by the promontory of the sacrum, the contraction of the conjugate diameter rendering the engagement of the body in the direction of the oblique diameter impossible; flexion of the spinal column could alone permit the termination of the labour.

The other conditions which favoured this labour were the following:—The fœtus lacked two weeks at least of its term, and consequently offered less resistance to the uterine contractions, and was, moreover, sufficiently yielding and flexible to adapt itself well to the shape necessary for its expulsion. These conditions were still farther assisted by the death of the child at the beginning of the labour and by the partial maceration consequent. Again, the position of the child was favourable; the chest, after the prolapse of the left arm, being contracted anteriorly and thus enabled to engage itself more easily in the superior strait. Moreover, the well-marked and decisive pains contributed not a little to the progress of the labour; with feeble pains, other things being equal, embryotomy would have been the only resort. The violence of the contractions was favoured by an early escape of the *liquor amnii*, by pressure on the abdomen and by ergotine. Finally, the woman was a multipara, and the soft parts were very yielding.

The author has been unable to find in the literature of obstetrics any case like the present; that is, spontaneous evolution in a contracted pelvis. He draws the inference that a moderate degree of contraction in the conjugate diameter offers no obstacle to such a labour if the other conditions favour; the mechanism of the labour is, however, considerably modified thereby.

To the objection that the life of the mother might have been saved by embryotomy, the author replies that the labour was ended in about thirty minutes; it would not have been shortened by instrumental interference, or, at all events, by only a few minutes.

In glancing at the three cases reported by Dr. Kleinwachter, it will be seen that spontaneous evolution is not so rare as is generally believed. The propriety of early interference is likewise questioned, and the teachings of Naegle are not accepted. In his work on "Obstetrics" Naegle says:—

"This intervention of Nature is rare, and occurs under conditions which can be neither anticipated nor looked on with favour by the accoucheur; it is always fatal to the child, and generally presents the gravest risks as regards the mother; the practitioner would be inexcusable who, relying on the problematical powers of Nature, refused to interfere at the proper moment and with the proper means."

In presentations of the shoulder or side, when the waters have escaped at an early stage, one need have no doubt whether the child be alive. The violent compression to which the fœtus is subjected by the uterine walls renders turning impossible; so, if the pelvis be normal, the child small or premature, the pains strong and continuous, the condition of the mother good, ought not the operator to await the natural progress and termination of the labour? At least the mother would not be exposed to the risk of death by injury to the uterus through the use of instruments. The case is a different one, however, when the child is large; embryotomy would, in that instance, be imperative, the disproportion between the size of the child and the capacity of the pelvis rendering spontaneous evolution impossible, for the mother would probably die before the labour terminated.

Hospital Reports.

ST. GEORGE'S HOSPITAL.

Small-pox.

(Cases reported by Dr. Jones in the "Annual Report.")

Case I.—Sarah M., æt. twenty-five, admitted into Holland Ward on September 28th, for syphilitic laryngitis. She took ten-grain doses of iodide of potassium from the 3rd of October to the 25th of November. After feverishness, headache, and sickness of two or three days' duration, small-pox eruption appeared on the 25th of November. This at first was thought to be due to the iodide of potassium that she was taking. On the following day, as soon as it was decided that she was suffering from small-pox, she was removed to a separate room downstairs, in the basement of the south wing, whence she was removed into the workhouse on the 1st of December. From the time the eruption was noticed, every care was taken to disinfect her bed-linen, bedding, &c.

Case II.—Sarah C., æt. twenty-five, admitted into Drummond Ward on July 29th, suffering from diseased knee. Eruption of small-pox appeared on the 14th of December. The eruption was semi-confluent. Has made a good recovery. Was vaccinated in infancy; vaccine marks of indifferent quality.

Case III.—Elizabeth H., æt. twenty-three, was admitted Oct. 15th, for strumous ophthalmia, into the Cholmondeley

Ward. Was attacked on November 16th with scarlet fever, followed by albuminuria. Was brought down to the *Holland* Ward, and placed within two beds of Case I. Whilst still suffering from slight albuminuria she was attacked with small-pox, the eruption of which appeared on December 14th. This and Case II were immediately isolated in the above-mentioned room downstairs. The eruption was distinct. The attack for the first few days threatened to be severe. It suddenly abated. She made a rapid and good recovery. Was vaccinated in infancy; vaccine cicatrices of good quality.

CASE IV.—T. H., æt. forty-two, admitted November 30th, into Fuller Ward, for pneumonia. Was discharged, recovered, on 28th December; re-admitted for slight attack of bronchitis on December 4th. Eruption of small-pox appeared on the next day. The attack was very modified and mild. Was discharged convalescent on 29th January. Was vaccinated in infancy; vaccine marks of bad quality.

CASE V.—J. J., æt. thirty-seven, admitted on December 7th, into Cambridge Ward, for paraplegia of three year's duration. Small-pox eruption appeared on January 5th. This was accompanied with a roseolar rash, which at first was attributed to somewhat large doses of belladonna he was taking. The rash became petechial; and in spite of wine, which was freely administered, he sank on Jan. 8th.

Post-mortem examination.—The kidneys were found congested, and weighing fifteen ounces. The tubes were full of epithelium, points of ecchymosis on the peritoneum covering the whole intestines. Outside the theca vertebralis in the dorsal and lumbar regions of the spinal cord there was a thick layer of fat. There was a small, but very distinct to the touch, patch of softening at the termination of cervical portion of the cord.

CASE VI.—J. J., æt. sixteen, admitted 24th November, into Harris Ward, suffering from inflamed ankle. Eruption of small-pox appeared January 7th, semi.confluent. Although a severe attack, he made a good and rapid recovery. Said to have been vaccinated; no vaccine marks can be seen.

CASE VII.—Arthur R., æt. seventeen, admitted November 30th, into York Ward, for enteric fever. Eruption of small-pox appeared on the 7th January, about nine days after he was convalescent from the fever. The attack was very modified. Made a good recovery. Discharged January 26th. Was vaccinated in infancy; vaccine cicatrices of bad quality.

CASE VIII.—Walter H., æt. sixteen, admitted December 7th, into York Ward, for subacute rheumatism. After a course of alkaline and iodide of potassium treatment, purpura appeared on the legs. Small-pox eruption, which scarcely became pustular, appeared on January 7th. Was discharged well on 24th January. Was vaccinated in infancy; cicatrices of bad quality.

CASE IX.—W. F., æt. sixteen, admitted November 23rd, into King's Ward, for chorea. Small-pox eruption appeared on 9th January. Vaccinated in infancy; no vaccine marks visible. The attack was moderately severe. Has made a good recovery. Discharged February 8th.

CASE X.—H. K., æt. thirty-four, admitted November 30th, into King's Ward, suffering from osteo-arthritis. Small-pox eruption appeared on 9th January. The attack was moderately modified. Has made a good recovery. Vaccinated in infancy; cicatrices of bad quality.

CASE XI.—James D., æt. seventeen, admitted November 23rd, Winchester Ward. Chronic disease of ankle. Small-pox eruption on January 9th; modified attack. Has made a good recovery. Vaccinated in infancy; vaccine cicatrices of bad quality.

CASE XII.—William C., æt. twenty, admitted December 21st, Fitzwilliam Ward. Chronic inflammation of knee. Small-pox eruption appeared on January 9th; very slight attack. Vaccinated in infancy; vaccine marks of very good quality.

CASE XIII.—Christiana S., æt. twenty-three, probationer nurse. Small-pox eruption, which became confluent, appeared on January 9th. Died on the eighth day. Vaccinated in infancy; had three vaccine marks of moderately good quality.

CASE XIV.—Ellen C., æt. nineteen, admitted November 2nd, Queen's Ward. Extensive mitral disease with dropsy. Small-pox eruption, which was very modified and distinct, appeared on January 9th. Died, chiefly of the heart disease, on January 31st. Vaccinated in infancy; vaccine cicatrices of excellent quality.

CASE XV.—Mary H., æt. twelve, admitted December 12th, Drummond Ward. Suffering from knocked-knees. Small-pox eruption, very modified, appeared on January 9th. Discharged convalescent, January 31st. Vaccinated in infancy; vaccine cicatrices of excellent quality.

CASE XVI.—Mary G., æt. twenty-nine, admitted December 15th, Burton Ward. Phlegmasia dolens. Eruption very modified, distinct, on January 11th. Discharged February 6th.

CASE XVII.—Amos W., æt. forty, one of the carpenters of the hospital. Small-pox eruption appeared on January 13th, attack very modified. Has made a good recovery. Was vaccinated in infancy; two vaccine marks of good quality. Said to have had small-pox twenty years ago.

CASE XVIII.—Mathew B., æt. fifty-two, admitted November 17th, Oxford Ward. Fractured arm. Small-pox eruption, very modified, appeared on January 14th. Discharged well, January 29th. Vaccinated once; vaccine marks very good.

CASE XIX.—Florence B., æt. nineteen, admitted Dec. 14th, Crayle Ward. Eczema. Small-pox eruption, which was distinct, appeared on January 14th. Was re-vaccinated on the same day. The attack was rather severe. There was no trace of the re-vaccination on the seventh day. Was vaccinated in infancy; one vaccine mark of bad quality. Has made a good recovery

CASE XX.—Frank D., æt. eighteen, admitted December 30th, Oxford Ward. Fractured leg. Eruption appeared on January 15th; attack slight. Was vaccinated in infancy; vaccine marks of bad quality.

CASE XXI.—Elizabeth S., æt. twenty-four, admitted January 12th, suffering from febrile symptoms. Small-pox eruption, distinct, appeared in a few hours after admission; attack slight. Vaccinated in infancy; one vaccine cicatrix of bad quality. Was vaccinated six years ago, but did not take.

CASE XXII.—Ellen H., æt. fifteen, admitted Feb. 4th in a comatosed state, and suffering from congestion of both lungs. The eruption appeared on the same evening as she was admitted. There was suppression of urine for two days. As soon as the eruption was well out, the head symptoms began to improve. The attack abated about the sixth day. Has made a good recovery. She was vaccinated in infancy; one vaccine cicatrix of good quality.

CASE XXIII.—David E., æt. twenty-five, admitted February 8th. A week ago was thrown off his horse, and in the fall he came down on his back; suffered considerably from pain in his back, which he attributed to the fall, until he was admitted. On admission, besides the pain in the back, for which he came from Worthing to the Hospital, he coughed bloody sputa, and had other evidences of congestion of lungs. Small-pox eruption appeared the day after admission, accompanied with roseolar rash, which became petechial. He became very delirious and tremulous, and sank on February 13th. On *post-mortem*, the upper lobe of right lung was intensely congested, while the whole of lower lobe was in a state of red hepatisation; the lower half of left lung was intensely congested. The heart was semi-contracted, and contained a decolorised clot. The kidneys weighed sixteen ounces, and were very congested. The cortices on section were of extremely coarse appearance, and many tubes were blocked with epithelium.

CASE XXIV.—George K., æt. forty, admitted October 16th into Oxford Ward, for fracture of leg. Was sent to the Wimbledon Convalescent Hospital on December 7th. Small-pox eruption, which was confluent, appeared on

ecember 17th. He is said to have had a slight mark of vaccination on each arm.

CASE XXV.—Michael S., æt. forty-eight, admitted October 26th into Harris Ward, and afterwards removed into Hope, for pyelitis. Discharged December 28th. Slept that night at Vauxhall-bridge road; went home to Fellday, near Dorking, on the 29th. Eruption appeared on either the 6th or 7th of January. He died of confluent small-pox on the 12th. It is said that he was vaccinated when young, but no notice was taken of the marks. I am indebted to Mr. Jardine, of Dorking, for some of the particulars of this case.

CASE XXVI.—Sarah F., æt. nineteen, admitted October 12th, Cholmondeley Ward. Discharged December 19th, 1870. Small-pox eruption appeared December 29th. Although the attack was said to have been very severe, she has made a good recovery. She was vaccinated when she was two years old.

CASE XXVII.—John T., æt. three, admitted November 2nd, Princess Ward. Stone in the bladder. Lithotomy performed on November 15th. Some erysipelatous swelling of prepuce appeared after the operation. On January 3rd, was seized with sore throat, which was supposed to be due to hospital air. Mother was advised to take him home. Small-pox eruption appeared on January 4th or 5th. Died January 11th. *Was never vaccinated.*

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

OCTOBER 16, 1871.

DR. ANDREW CLARK, F.R.C.P., President.

AFTER a few words of cordial welcome to the Fellows, the President said that he was happy in being able to congratulate them on the prosperity of the Society which had never been better off. The Fellows numbered 400; of these 180 were non-subscribers. The Honorary Treasurer, Mr. John Gay, had a balance of £211 in his hands; while the Fothergillian Fund has risen from £500 to nearly £1,000. The Society's Freehold, No. 3 Bolt court, which was bequeathed by Dr. Lettsom, was let for £50 a year, but as the present lease would expire in another year it was estimated the Society would derive at least £100 a year from this source. How was this property to be kept up? By maintaining and, if possible, in improving the work. By trying our communication by this test. Do they add to, correct, or confirm what is already known? By aiming in all our work at precision, by making it compendious and practical, and in recording results of therapeutical experiments—to cultivate the spirit of good fellowship, and to find out in one and other what is worthiest and best, and so working with singleness of heart and purpose it cannot be but that our work will be fruitful in all measures of good. In speaking of the character of our work, he would refer—1st. To the early history of disease, say of phthisis, it was by the co-operation of Fellows of such a society as this that a perfect knowledge of such a disease could be had. 2nd. *Therapeutics*, then, was a want of faith, and a want of precision in the use of drugs a great want of reliable knowledge. Such important investigations as these might well be made by committees from time to time, and means might be furnished from the surplus Fothergillian Fund. The second way to increase the prosperity of the Society was for each Fellow to endeavour to induce another to join. It is in such a society as this that we get fresh knowledge, our errors corrected, our doubts resolved. It is here that a man is delivered from his own crotchets, follies, and ignorance, secured from one-sided views and brought face to face with every side of the problems which he studies. A man does not know what he knows or what he does not know till he has taken an active part in the debates of such a society. The President then alluded to the great loss the Society had suffered in the death of the late Dr. Hyde Salter, who had been three years Secretary to the Society, and had discharged the duties attached to the office in a most exemplary manner. He had accepted the Lettsomian Professorship, but finding his health failing he resigned the appointment early in the year. Dr. Clark then gave a description of his (Dr. Salter's) case which will appear hereafter.

DR. RICHARDSON then read a paper on

THE POSSIBILITY OF DESTROYING ANIMALS INTENDED FOR HUMAN CONSUMPTION WITHOUT THE INFLICTION OF PAIN.

After reviewing the various means employed in the execution of this humane project with partial success, he recommended the following vapours:—

1. Hydramyle and bichloride of methyline.
2. Carbon disulphide and methyline bichloride.
3. Chloroform or methyline and coal gas. In sleep all sensibility is destroyed in 50 or 100 seconds. ℥j. is poured into demette in a conical inhaler—the animal does not struggle—the butcher kills in the usual way—bleeding follows.

1. Primary syncopal convulsion (after loss of 40 ozs. of blood).
2. Fatal convulsive paroxysms (after the loss of 10 ozs. more).

The heart ceases to play. During narcotism the primary convulsion is suspended or much reduced in force. The second convulsion (an entirely reflex and painless phenomenon), insensibility, is quickly produced: no odour or taste is left. An ingenious apparatus was shown to contain the narcotic vapour and to allow coal-gas to fall through. For oxen a number of chambers could be devised with swinging doors, through which oxen could be drawn on trucks by means of an endless chain. The chambers to be filled with the narcotising vapour. Animals could pass through the lethal river of vapour and be made oblivious of death at the rate of 60 per hour.

MR. JOHN GAY, F.R.C.S., then read a paper on

HYPO-VENOSITY OF THE LOWER LIMB,

of which the following is an abstract.

The term *hypo*-venosity is used to express a condition of the limb in which there is a deficiency in the veins belonging to the saphenous system: as *hypo*-venosity might be used to express the opposite condition, or that in which there is an excess in the development of these veins, even to varicosity.

The characteristic features of a *hypo*-venosity limb are the reverse of those which obtain in a limb affected with *hyper*-venosity; for, whereas in the *latter*, especially with varicosity, the limb is usually lean, and the outlines of bone, muscle and tendon, are, as a rule, sharp and well defined; in the former, these outlines become gradually effaced, the skin becomes of a dusky colour, the whole limb dense or brawny, and muscular action difficult and painful. With the exception of sometimes, it may be, a few dilated or varicose venous twigs below the ankles, or on the dorsum of the foot, there is scarcely a vein to be seen, except as it may be, here and there as a thin blue line, which exercise or heat fails equally in filling.

The disease is advanced by rest and elastic stockings, the remedies usually employed; and, with its advance, the subdermoid fat layer becomes denser and loses its elasticity; whilst its *remote* causes are any disease of those vessels of an active or passive character, such as phlebitis, especially in its gouty or rheumatic forms, insufficient muscular exercise, systemic asthenia, &c. Degeneration and consequent incompetence of the saphenous veins and their branches is its direct or exciting cause; secondarily, it is presumed, the deep trunk veins become dilated, their valves partly inert, and fatty deposit and degeneration take place in the muscles and their connective tissues.

The grounds for this interference are; (*a*) that functional deterioration of the saphenous system, though thickening, atrophy, retrecissement, or thrombus, is an occasional pathological fact; (*b*) and that saphenous inefficiency as shown by a varicose condition of the venous radicles,—tegumentary or figurative varicosity—as well as by a dusky colour of the skin, otherwise than from melasma or skeleroderma, are habitually associated with and indicate dilatation of the deep trunk veins. (These facts I observed in the course of dissections made some years since, with a view of elucidating the subject of varicosity.)

Throughout the systems of organic and muscular life the venous system is double—the *superficial* and *deep*, or the main and *complementary*; the former playing to the latter the part of a waste-pipe, or compensating system, ready to relieve it when its vessels are unduly filled. The deep veins, i.e., those which are radically interwoven with the organs of vegetative and animal life, constitute the *real* venous system, therefore,

the current through his veins, in the healthy performance of the double circulation, is maintained by a combination of forces, of which voluntary muscular action is not a necessary co-efficient, since it would go on with the limb at perfect and continued rest. The current through the complementary veins, on the other hand, derives its chief importance from the fact of its receiving, in the limbs more especially, its principal impulse from voluntary muscular action. In case its vessels become inefficient, the surplus quantity of blood, due to muscular exercise, is poured into the deep veins with a force that, as the result of this abnormal diversion, is expended on their coats, and results in dilatation, valvular incapacity, muscular deterioration and other changes yet to be noticed. The forces which determine the returning current of the blood are complex: the principal of which are the heart's action, arterial elasticity, and the influence of the nervous system. These are factors, each to a certain extent only; whilst experiments show that each may separately be cut off, and yet the blood will find its way back to the heart. Moreover, the blood will pass from the arteries into the veins without the aid of any of these forces. The blood passes into the femoral vein if the corresponding artery is tied, its flow being only retarded; and, according to the experiments of Dr. J. Reid, as relates to the nervous system and muscular tissue, it is clear that the only ascertained final causes of all endowments bestowed on nerves in relation to muscles is not to make muscles irritable but to subject their irritability in different ways to the domain of the acts and feelings of the mind, and I might add to the exigencies of the organism. To complete the sum of the required forces, another has been hypothecated the "capillary" force. Can such a force be shown to exist? I made the following experiment on dogs some few years since in the presence of many members of our profession. The whole of a dog's thigh was enveloped in ligature with the exception of the femoral artery, so as to permit of the free ingress of blood into it, but completely to prevent its exit. The result was that the whole of the saphenous system to its minutest capillary vessels, and the deep trunk veins were filled to their utmost point of indurance, but there was no corresponding sanguineous repletion of muscular tissue. It showed no signs even of congestion. This, with another ascertained fact, viz.:—that after death the temperature of the body may rise and muscular contraction occur, giving rise to its well-known "hum" (Drs. Haughton and Collongues), and the disposition of the minute capillaries in relation to muscular tissue (which through the kindness of Dr. Dempsey I hope to be able to demonstrate at the next meeting), together go far to prove the existence of such a force in a condition of perpetual activity; that it exists in connection with muscular tissue or sarcode—that organic molecular action, perhaps, which exists in all sarcode, from that of the amœba to the higher organisms—and that to it the venous current is mainly due; that in fact, as an agent in the circulating system, it is to the capillary, very analogous in some respect to what the heart is to the arterial system. As this department of the venous system belongs to vegetative life, so embarrassment to the current of blood through it, results in defective elimination of the hydro-carbons and their allies from the tissues implicated; and hence solid œdema, super-facially, fatty deposit and degeneration, sub-fascially and ultimately elephantiasis or a disease closely akin to it.

As the *deep* or *main* system of veins is thus associated with the nutritive processes, so the *superficial* or *complementary* is essentially eliminatory, for it is from those veins in the lower limb that dropsical effusion takes places. Œdematous fluid is chiefly and usually solely superfascial, and it is not improbable that in other dropsies as of the pericardium, pleura, or peritoneum, the fluid escapes from veins of the same class, viz., from those of the complementary system.

The disorder described is due then to inefficiency in the saphenous system of veins, followed by deep vein dilatation and embarrassment.

The treatment is the reverse of that ordinarily employed, viz.: an entire freedom of the limb from all compresses, enforced walking exercise, begun in moderation and periodically increased, hot applications, especially hot sea-water to the limb, and it may be the internal administration of the liquor potassæ:—in short, by the use of all those measures, hygienic and therapeutical, which can, on the one hand, restore the circulation of the limb upon the principal that its right use is its stimulus to health and perfection; and on the other, relieve it of its superabundant fat.

OBSTETRICAL SOCIETY OF LONDON.

OCTOBER 4TH, 1871.

DR. BRIXTON HICKS, F.R.S., President, in the Chair.

JOHN M. TAYLOR, M.D. (Scarborough), was elected a Fellow of the Society.

DR. BARNES presented to the Society, on behalf of Dr. Boddaert, of Brussels, the lever employed by Dr. Boddaert, also a memoir on the rational use of forceps and lever by the same gentleman. Dr. Barnes then drew attention to the form of the lever, which was a solid bar, nearly straight, and without fenestra. Such a bar could only be a lever, and in no sense a tractor.

DR. BARNES also exhibited a specimen of an

ILIAC ARTERY OBSTRUCTED BY A CLOT.

The case was described by Mr. Williams, of Truro. The subject was seized during an abortion with prostration, coldness, failure of pulsation, and gangrene of the leg of the side on which the artery was plugged.

MR. SPAULL exhibited

A FŒTUS THE SUBJECT OF HYDROCEPHALUS.

The child presented by the breech, and the head had to be perforated.

MR. MITCHELL said he had met with several cases of the kind in his practice. In every case he had perforated the head and delivered the child by the forceps.

DR. MURRAY thought that in such a case as that related to the Society much diagnostic information could be obtained by placing the hand on the lower part of the abdomen and feeling the unusually large size of the uterus after the birth of the extremities and body of the child. The possibility of the existence of twins should be remembered.

The PRESIDENT read a paper on the

INTERMITTENT CONTRACTIONS OF THE UTERUS DURING PREGNANCY; THEIR PHYSIOLOGICAL VALUE AND ASSISTANCE IN DIAGNOSIS."

He showed, as the result of eight years' constant observation, that the habit of the uterus was to contract at intervals of from five to twenty minutes, and then to relax. These contractions, he said, lasted about three or five minutes, although under circumstances of irritation they might continue longer, and even, in diseased states of the ovum, were almost continuous. Only one apparent exception had been noticed—namely, in a case of paraplegia, in which the contractions were not noticed. They were observable as early as the third month of pregnancy; indeed, as soon as the consistence of the uterus permitted. They were not owing to the irritation of examination, for as frequently as not the uterus would be found hard on first handling it, and then shortly to relax. After describing the physical state of the uterus and its contents during these conditions, Dr. Hicks alluded to the value of these contractions physiologically. He thought at least two advantages were derived from them: the one to supplement the heart's impulse in a part remote from its influence; the other to assist the ultimate disposition of the fœtus. He then proceeded to discuss at length the assistance these contractions gave the practitioner in the diagnosis of extra-uterine from uterine tumours, of uterine tumours from pregnancy, and of extra- from intra-uterine pregnancy.

DR. BARNES called attention to the work of Dr. Tyler Smith, in which the peristaltic movements of the pregnant uterus were well described, not only as forming the basis of the expelling force during labour, but also as diagnostic of pregnancy.

DR. HICKS said the extract quoted from Dr. Tyler Smith's work had escaped his notice. But Dr. Tyler Smith had referred to the peristaltic movements as the result of external excitation, while those which had been just described occurred without any such.

DR. COPEMAN, of Norwich, related three cases which he had met with in practice; the first being one of induction of premature labour on account of excessive vomiting, the second a case of large fibrous polypus of the fundus uteri, and the third a case of procidentia uteri in a maiden lady.

DR. BARNES agreed with Dr. Copeman that the introduction of a bougie or catheter into the uterus was the best mode of provoking labour: but, like all simply provocative means, it could not be depended upon to complete labour. Accelerative means were often necessary. The best of these were rupture of the membranes, dilatation of the cervix by the water-bags, turning, and the forceps.

Dr. Protheroe Smith referred to an instrument shown him by Dr. Tarnier, of Paris. It consists of a metal grooved director about eight inches long, carrying a tube of india-rubber, thin at its distal extremity. This is introduced into the uterus, towards the fundus, separating the membranes. It is then distended with water, so as to form a bulb-shaped bladder, when the metal director is withdrawn. Uterine action usually sets in within a few hours.

Dr. Playfair generally used a simple catheter, which he passed between the membranes and the uterine wall; but on more than one occasion he had seen it fail. The uterus was occasionally roused into activity with great difficulty, and this probably depended on some peculiarity in the individual case.

Dr. Brunton had induced premature labour successfully nine or ten times by injecting warm water into the uterus. He had, however, now given up that method, both on account of the danger said to attend its use, and because in one case it proved a total failure. He now used a bougie (No. 12) in which no eye had been cut.

Dr. Murray expressed his belief in the value of the plan recommended by Professor Lazarewitch, of injecting water into the uterus. He had nothing to say against the use of the catheter, except that it had occasionally failed to bring on labour.

The President said that the safety of the child depended on two conditions—viz., the rapidity with which the uterus came into action, and the freedom with which the child passed through the os uteri. Dilatation of the cervix certainly answered the latter requirement excellently.

Dr. Wiltshire suggested the desirability of inducing premature labour at a period in pregnancy which in respect of time corresponded to a menstrual epoch.

Dr. Rogers had, early in his career, been accustomed to puncture the membranes high up, so as to save some of the liquor amnii, having first dilated the cervix with sponge tents. Of late years he had used a long catheter with an opening at its rounded extremity. This had been successful in all except in two cases, and in these he found it necessary to inject some water through the catheter to excite uterine action.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 1, 1871.

THE MEDICAL ASPECT OF THE FRANCO-GERMAN WAR.—No. I.

When, early in the autumn of 1870, the armies of France and Prussia were respectively put in motion, all on this side the Channel knew and felt that great military events were about to take place, events from which valuable lessons could be drawn by insular England. It is said, however, that the two great powers in question received coldly the proposals of the British Government to send to their Head Quarters military officers to study and note, for the benefit of John Bull, such improvements in their systems as could be adopted with advantage, or such defects as should be avoided in the plan of *reorganisation* of his own small force which, for the twentieth time within the present generation was then being discussed. But no similar objection was urged against the proposal to send Medical men, either as commissioners, or as delegates of the societies established under the Convention of Geneva, to follow the armies, and minister to the necessities of the sick and wounded. Accordingly, some military Medical officers, acting under the authority of the War Office, were attached to the French and Prussian armies in the former capacity; others joined a number of civil practitioners, who, under the auspices of the National Society in London, were sent with the *ambulances* provided by British charity.

Of the experience gained by the former the public may be said to be virtually in ignorance, for beyond a brief allusion in papers read before a society here and there, or casually noticed in a periodical, the fruits of their several missions may be said to still incubate, or addle, as the case may be, in the pigeon holes of the War Office. The Society for Aid to the Sick and Wounded in War,* true to its professed object, has, for the benefit of future sick and wounded published the results of its notes, as well as reports of the surgeons employed under its auspices, and it may be at once observed that, if here and there a few defects and indications of *friction* are apparent, the volume is, perhaps, one of the most remarkable monuments furnished in this, or any other age, of true charity exerted upon a large scale. Not only did the agents of the society minister to the professional requirements of the sick and wounded in hospital but they distributed food and money in ways best calculated to be of benefit. Thus, at some places, as Forbach near Metz, they established restaurants for the distribution of food and stimulants to those being transported by railways, and the donations made in money by the hands of Colonel Lloyd-Lindsay to both Prussians and French, need only be alluded to and the question asked:—when on any former occasion was such a sum as £40,000 bestowed upon more needy subjects? Look, also, at the maps which illustrate the report, and let us ask when before has ever the continent of Europe been apportioned as on the present occasion, the work done by the society having been thus divided (p. 21), 1. Aid in Germany; 2. Work in North Eastern District of France; 3. in the Northern district; and 4, in the Western district.

The British National Society for aid to the Sick and Wounded, and the French *Societé des Secours aux Blessés*, constitute together the most extensive organisations which have yet been formed under the Convention of Geneva. To *M. Henri Dunant* is due the honor of being the founder of this convention, and it is due to him that, in an article such as this is intended to be, the fact should be stated and acknowledged. It was he who drew the attention of all Europe to the inadequacy of purely Medical organisation to meet the requirements of war. What he so frequently urged, with more especial reference to *Solferino*, has received ample confirmation in this report, and not only so, but the necessity is further shown of having, under

* See the "Report of the Operations of the British National Society for Aid to the Sick and Wounded." London, 1871.

the convention itself, an organisation ever ready to take the field whenever an emergency, similar to that presented by the late war, may arise; for the time has not yet arrived when we are justified in believing that wars shall cease. As matters formerly were, the condition of the wounded would have been deplorable, indeed, had it not been for the societies under the "Red Cross." The army of the Loire, for example. is stated, (p. 17), to have been "destitute of the barest necessaries for preserving life." "The French surgeons had neither chloroform, nor medicines, nor surgical instruments, and many of the amputations had to be performed with butchers' knives, and common saws." "There had been no time to organise a proper Medical staff, and the impractibility of obtaining supplies from Paris, and the interruption of communication," rendered it impossible to obtain the necessary establishment. Many more examples of the same kind might be related.

It could hardly have been expected that any organisation however good and philanthropic its objects, could have been got together, as the National Society was, hurriedly, and in the face of a great emergency, without a few blemishes appearing. Those blemishes were inseparable from it under the circumstances, but may in a great measure be avoided in future occasions, or at any rate, reduced to their minimum. For example, the *brassard* and red cross were, in some instances, assumed by persons who had no right to them, in others houses were nominally given over as ambulances, and distinguished by the *Red Cross* flag, not merely for the purpose of receiving sick and wounded, but for the protection of the property of the owner; nor are the *employées* of the societies altogether free from the suspicion of having conveyed information between the belligerents.

But if some abuses crept in to the working of these societies, complaints have been made against one at least of the armies concerned of having refused that protection to establishments under them which had been agreed to by the Convention of Geneva. It is asserted that the French Government several times supplied the Anglo-American ambulance with military infirmiers, but as soon as they got to work, the Prussian authorities would send up a file of soldiers and march them off as prisoners of war. This happened several times. On one occasion they marched off forty-seven infirmiers (p. 104), and yet in the German army soldiers fully armed and equipped for ordinary military duty wore upon their arms a very large and conspicuous *brassard*, with the red cross. On the 1st of September the Prussians took possession of the building occupied by the English ambulance, but decamped the same evening, on a formal protest being made by the surgeons. At Artenay, on 10th October, a similarly unwelcome visit was made. "In the evening some Prussian officers came to inspect the ambulance, and after eating the dinner intended for ourselves, took up their quarters in the rooms prepared for our use, and refused to consider they were breaking the Convention of Geneva." Those very free and easy visitors were not to be easily got rid of. They took their comfort while they could get it cheap, and on their departure the following morning, carried away with them some of the provisions of the ambulance intended to succour their own wounded, as well as those of *the enemy* (p. 168). Whether the circumstances were ever reported to the higher military authorities does not appear. Let us believe that had a report been made the offenders would have received their merited reward.

Having made these preliminary remarks, let us now see what are some of the points in which valuable information is to be found in the Report.

Hospital Buildings.—The unsuitability of many of the buildings selected as hospitals is dwelt upon, as, indeed, the subject has been by the greater number of army surgeons, from the days of Sir John Pringle, downwards. "The most spacious palaces," so we read at page 22, "are less suited for the care of badly wounded, even than the temporary buildings erected of wood or canvas." Although every practicable care was bestowed upon the selection of suitable *bulidngs*, yet the great want seems to have been in regard to means of ventilation. "The great defect is, that there is no ventilation, except from the windows, which are almost invariably closed" (p. 58). Both Germans and French, in fact, have ideas on the subject of fresh air very different from those entertained by the medical profession in England. In French houses the form of the window frames renders them unsuitable for purposes of ventilation ; thus they open longitudinally, like ordinary ones, instead of transversely, as do ours in England. Capt. Galton especially dwells upon the deficient means of venti lation being provided in some of the buildings seen by him. Nor were the surgeons in all instances opposed to the ad mission of fresh air. One in a hospital at Mannheim said that he would rather keep his wounded in the open air till December, than place them in such buildings, and, indeed, so partial to pure air was he that he caused "many of his wounded to be carried in their beds by day into the adjoining meadow" (p. 58). He had doubtless seen or read of the benefits from fresh air derived by the wounded in the American war. With regard to the suitability of particular buildings for hospital purposes, it is very properly stated that no "more disastrous idea can take possession of men's minds than that sick and maimed people ought, on grounds of humanity, to be packed into churches, barracks, and other unprepared buildings with as little delay as pos sible. This error has slain its tens of thousands in all wars ;" and, it is added, "even in specially constructed and well-managed civil surgical hospitals, every surgeon knows how difficult it is with all his care to prevent the invasion of hospital diseases. In extemporised war hospitals they have been too often invited to enter" (p. 172).

Huts as hospitals were very extensively used in Germany as they were in France. When due attention is paid to their construction, they are doubtless well suited for wounded men, but they may be so faulty in construction as to have all the drawbacks of imperfectly-ventilated stone buildings, as indeed seems to have been the case at Mannheim.

Tents were used in Paris to a considerable extent for the accommodation of the wounded. Different descriptions were employed, but by far the most appropriate were those of the American Ambulance. Dr. Marion Sims states that a number of tents were put up in connection with the Ambulance of the Caseine d'Asfeld at Sedan, because "the Prussians wanted the College Ambulance in the town, and so they sent its 156 sick and wounded up to our hospital, putting some of them in the hospital, but most of them in the tents" (p. 103). Perhaps in this case the object with which tents were erected was selfish, but at any rate the process did not take long time to complete. Dr. Sims had asked for half a dozen tents to be put up. He was amazed to see with what alacrity it was done. "But they did not stop with the

six ; they went on, and covered over two or three acres with tents to the number of thirty-six in spite of our remonstrances." It was, however, fortunate for the wounded themselves they were treated in tents. Their chances of recovery under such circumstances were always better than of those treated in huts, and infinitely greater than of those treated in the more pretentious permanent buildings.

INNOCENT ADULTERATIONS AND THEIR RESPONSIBILITIES.

It is a satisfaction to observe that Dr. Letheby's view that adulteration is not a fraud or to be tolerated as long as the adulteration is not noxious to health, is repudiated by a body of traders amongst whom it has been the general impression that adulteration is rife. We have heard a good deal about effervescing citrate of magnesia made up with tartaric acid and washing soda, and such practices have been defended in high pharmaceutical places as innocent and unavoidable. Our view has always been that the buyer ought, in common honesty, to have what he pays for. Let him pay for and have a mixture of mustard, bath-brick and turmeric instead of real mustard ; or of sugar, potato, starch and cocoa instead of real cocoa. He will, in so doing, have of course an advantage on the score of economy, and he may very rationally think that a cheap mixture will do as well (as tea-dealers say) for schools, hotels and charitable institutions as the genuine article. If he holds that opinion he ought certainly to have liberty to gratify it ; but if he has a predilection for the unsophisticated article he surely ought to be allowed an equal liberty. Mr. John Bright considers that it is the buyer's business to look sharp, and if the trader can outsail him by putting starch into his cocoa, or turmeric in his mustard, he is quite right in doing so ; but Mr. Bright must imagine that all housewives are analytical chemists, or he would not talk such bad sense and worse morality.

Reverting to our text, we notice that Mr. Davies, the President of the Liverpool Chemists' Association, in his Inaugural Address last week, spoke for his own trade in denunciation of Mr. Bright's policy. With reference to adulteration, he said nothing would put it down until the seller was made responsible for what he sold, whether the adulteration was of an injurious character or not. If the seller was innocent of the knowledge that the article was adulterated, let him have a remedy against the manufacturer. It was a disgrace that buyers should be compelled to question a dealer as to the purity of his goods. From experience he was of opinion that in pharmacy actual adulteration was not much practiced, although in some districts inferior qualities of goods were sold. We wish Mr. Davies could say as much for the pharmaceutical supply of Irish Unions, where flour of sulphur means three parts gypsum, and tincture of cardamoms has for its menstruum methylated spirit. He is quite right, however, in his policy, for it will be hopeless to attempt to check trade frauds until some Government is sufficiently independent of the small shopkeeper vote to make him responsible to the customer, and the manufacturer responsible to him, and to take the onus of prosecuting the delinquent off the shoulders of the person cheated, and put it in the hands of a paid Government officer.

Notes on Current Topics.

The Female Medical Students.

On Saturday a meeting of the Senatus Academicus of the University of Edinburgh was held for the purpose of considering what steps should be taken in regard to the admission of the female medical students to the examinations. A memorial was laid on the table from the Lord Provost of Edinburgh and others, the Executive Committee for Securing a Complete Medical Education to Women in Edinburgh, along with the opinion on the subject by the Lord Advocate and Sheriff Fraser. The opinion was to the effect that, according to the regulations, women should be "allowed not merely to qualify themselves for the ordinary professional examinations with the view to obtain a medical degree in the University, but also, when so qualified, to be admitted to these examinations." A letter was also read from the lady students, in which they say, "The medical faculty must all along have been perfectly aware that in the ordinary course of study our first professional examination would become due at the end of two years after our first matriculation, and yet no official notice has ever been given to us that objections would be made to our admission to this examination ; and that, had any such objection been officially intimated to us, we should many months ago have made application to the Senatus to direct our admission to such examination. That in the absence of all notice to the contrary, we have, for some months past devoted ourselves to diligent preparation for this special examination, and that we shall be, placed at the greatest disadvantage if we are not now allowed admission to it. That we have already paid our fees for the examination, and that the ordinary tickets of admission have been granted to us as a matter of course. We therefore beg thus to lay before the Senatus our claim to admission to the ensuing examination, in respect of the considerations we have enumerated, and request that, as a matter of good faith towards us, matriculated students of the University, they will accordingly direct the Medical Faculty to admit us in the ordinary manner." After a long discussion the Senatus adopted a resolution to the effect that no further difficulties were to be placed in the way of the ladies as regarded either matriculation or preliminary examination.

The Spiritualists Exposed.

Spiritualism has received (says the *Globe*) another blow by the searching investigation it has undergone in the *Quarterly Review* just issued. No more crushing answer to all the "revelations" made by the London Dialectical Society could be desired. The general inference from the writer's arguments seems to be that in course of time the whole theory will have so exploded that it will be classed among such "epidemic delusions" as the orgies of witches, which two centuries ago enlisted the most steadfast belief. This is no hasty conclusion formed from a simple incredibility in the existence of any supernatural agency. The investigations and asseverations of the best authors—of Dr. R. Hare, the American Professor; of the Rev. R. W. Dibdin, of Robert Houdin, and others—have been examined, and their theories tested by argument, analogy, and exposure. By way of illustrating the argument that movements which have become mechanical

by habit may be performed involuntarily and unconsciously, it is related on the authority of an intimate friend of the late Albert Smith that he frequently went through his performance of "Mont Blanc" so mechanically as to be quite unconscious of what he was doing, his mind being otherwise occupied throughout. The prestidigitateur Robert Houdin also states that he trained himself to read a book attentively whilst keeping four balls in the air. On similar grounds, it is assumed that the tilting of a table in response to questions put to it is due to the downward pressure of the hands laid upon it. Opposed to this supposition, the writer observes:—"We have, indeed, been gravely assured by a lady of unimpeachable veracity that a table in her own house, with no person near it, on being asked her age, 'lifted up its leg and struck forty-two,' the correct number of years—a result that so appalled her that she sold the table forthwith. But on our hinting a doubt as to whether she had quite correctly remembered the circumstances of the case, which had happened some years previously, she promised to consult some notes she had made at the time; and a few days afterwards she honestly told us that there was one trifling mistake in her previous account; for that she and her friends, instead of being, as she had thought, on the other side of the room, had their hands on the table. The fact that the table had rapped out her age, and that she had parted with a piece of furniture which could not be trusted to keep so important a secret, remained on record."

Hospital Certificates.

Some time ago we called attention to the impropriety of hospital committees imposing on medical men the trouble of filling up elaborate forms. We instanced the National Hospital at Ventnor as an offender in this matter. We do not know if they have made any reform; but we now proceed to enter a protest against the form sent out by the Brompton Consumption Hospital. It is really most inconsiderate to ask men to spend their time in filling up lengthy certificates that are quite useless, as the patient has afterwards to be examined by the hospital physicians. It is becoming quite a nuisance, and we call the attention of the staff to the practice as one they should discountenance. During the last few weeks we have been pestered by shoals of forms, and we say that any medical man who would return one filled up merely with a general certificate of fitness, would probably lead to a consideration of the subject, and thereby confer a benefit on his brethren.

We append the letter and inclosure sent to a patient by the Brompton Secretary as a proof of what we say:—

Hospital for Consumption and Diseases of the Chest, Brompton, London, S.W.

1871.

Reg. No.,

Not to be used for Begging Purposes.

To

I have to inform you that a Letter of Recommendation having been this day received by me, your name has been duly placed on the books for admission as an In-patient in your turn, if your case be found by the Medical Board to be a suitable one for this Hospital. You must now request the Medical Gentleman who is attending you to fill up the enclosed Certificate, and return it *direct* to me. If the same be satisfactory I shall not fail to send you, as *early* as possible, notice of the day and hour when you must present yourself for examination, and admission, if approved. It may however be about eleven to fourteen weeks before you are summoned, owing to the number of applicants already on the List.

Henry Dobbin, *Secretary.*

Notice.

Patients must bring with them a change of linen, a towel, a pair of slippers, and a knife, fork, and spoon.

They will also have to provide for the washing of their personal linen; and for their journey expenses to and from the Hospital.

☞ The Committee earnestly request that the Medical Attendant will furnish an *accurate statement* of the case, which will be regarded as strictly confidential.

MEDICAL CERTIFICATE.

Hospital for Consumption and Diseases of the Chest, Brompton.

Name of patient?.....
Address?.....
Occupation?.....
Age?.....
Nature of disease, &c*.....
How long disease has existed?.....
If Consumption, mention the stage of the disease, and whether the case is likely to derive *permanent* benefit from treatment in Hospital.....
If the patient has been prevented from following his or her occupation, state for how long?.....
If the patient has been confined to bed, state for how long, and whether wholly or partially?.....
Whether equal relief could be afforded by medical treatment as an Out-patient?.....
Signature of Medical Attendant.....
Date.....
Address.....

* State here whether Disease of Heart, Bronchitis, Pneumonia, Pleurisy, or Consumption, &c.

N.B.—The Medical Attendant signing this Certificate is particularly requested to forward it direct to the Secretary at the Hospital immediately after it is filled up.

Public School Reforms.

A writer, well-known in sanitary circles, under the signature "M. A. B.," has issued a pamphlet on this subject, which is well worth the attention of all who have boys or girls to educate. Some portions of the pamphlet have previously appeared in various periodicals, but are none the less worthy of reproduction, for they touch upon points of the deepest interest. Of this we may be sure, that sanitation at most of our schools is at a low ebb, and all who endeavour to stir the authorities to do their duty in such matters, deserve the hearty support of our Profession.

The question of university athletics is touched by "M. A. B." with a discriminating pen.

Homœopathy at Southampton.

Globulism is triumphant for the present at Southampton, there being no legal reason for annulling the election of a homœopath by the guardians (?) of the poor. So we suppose paupers must put up with the will of their guardians, who impose their own follies on those for whom they are responsible. *Fiat experimentum in corpore vili* is, perhaps, the motto of the guardians. We should wish to see them carry it out by keeping the globules for themselves.

Dr. Prosser James.

THE Academy of Medicine of Lyons, at its October meeting, elected this gentleman a corresponding member. As he has spent several years on the Continent, he has probably often visited the second city of France, and will no doubt the more appreciate the honour.

Meat Preservation.

THE *Monitéur Scientifique* publishes an article from M. Baudet, in which he narrates the result of his experiments on the preservation of meat by phenic acid.

In October last year, he took four wide-mouthed stoppered bottles, and placed in each 250 grms. of raw horse-flesh, slightly moistened with phenicated water in the following proportions :—No. 1, solution at 4-1000 ; No. 2, solution at 3-1000; No. 3, solution at 2-1000 ; No. 4, solution at 1-1000. To the contents of every bottle he added a few small pieces of well-burnt charcoal, with the view to absorb any gaseous matter which might be evolved from the meat; after having hermetically closed the bottles, he kept them for thirteen weeks in a room constantly heated at from 15° to 20° C. The state of the meat, on examining it, was as follows :—No. 1. The meat had become somewhat blackish-coloured, but was not spoiled at all. No. 2. Meat very well preserved, colour light rose-red. No. 3. Meat perfectly well kept, with the natural colour of fresh meat. No. 4. Meat has quite well kept ; its colour has greatly improved, considering that raw horse-flesh is naturally deep-coloured. A few days after having inspected and noted down, as described, the contents of each bottle, he had taken a portion of the meat of No. 3 bottle, and, without having it washed or drained, fried it, and dressed as a beefsteak ; on partaking of it, in company with several other parties, they found the meat excellent, having only acquired a slight taste similar to that of cured ham and bacon, but by no means disagreeable.

Consumption in Melbourne.

OUR readers are aware that much discussion has taken place respecting phthisis at Melbourne. The *Argus*, that comes to hand just as we go to press, gives the list of the deaths (exclusive of natives) that have taken place in the Melbourne Hospital since August, specifying, as far as is known, the names of the deceased persons, their ages, places of birth, date of arrival in the colony, the names of the vessels in which they arrived, and the causes of death :—

Askew, John, miner, aged thirty-eight, native of Suffolk ; arrived in 1855 by the "You Yangs ;" died August 7, *of bronchitis*. Ah Tun, hawker, aged thirty-three, native of Canton ; arrived in 1855, ship unknown ; died August 17, of abscess of liver. Ah Sin, gardener, aged twenty-four, native of Hong Kong ; arrived in 1871 by the "Duke of Argyle ;" died Augut 18, of dysentery.

Brown, Harriet, domestic, aged thirty-six, native of London, arrived in 1862 by the "Boanerges ;" died August 11, of fracture of the skull. Brennan, Catherine, domestic, aged twenty-seven, native of Liverpool ; arrived in 1866 by the "Chariot of Fame ;" died August 30, *of phthisis*.

Crowmack, Amelia, domestic, aged twenty-four, native of Manchester ; arrived in 1863 by the "Forest Rights ;" died August 13, of disease of the liver and kidneys. Cape, Joseph, sawyer, aged forty, native of Durham ; ship and date of arrival unknown ; died August 13, of dysentery. Cluff, Edwin S., clerk, aged thirty-three, native of London ; arrived in 1863, by the "Hastings ;" died August 17, *of phthisis*.

Danielson, Chas., seamen, aged eighteen, native of Sweden ; arrived in 1871 by the "Merovian ;" died August 18, *of phthisis*.

Grant, Patrick, labourer, aged thirty-nine, native of Ireland ; arrived in 1858 by the "Alert ;" died August 17, of epilepsy. Greek, Jacob G., miner, aged fifty, native of New York ; arrived in 1866 by the "Montreal," of Boston ; died August 25, *of pleurism*. Green, John, wheelwright, aged thirty-one, native of Lambeth ; arrived in 1854 by the "Tongataboo ;" died August 27, *of bronchial pneumonia*.

Hamilton, Patrick, labourer, aged fifty-six, native of Ireland ; arrived in 1848 by the "William Stewart ;" died Aug. 11, *of pneumonia*.

Jarvis, George, blacksmith, aged fifty-five, native of Northampton ; arrived in 1853 by the "Great Britain ;" died Aug. 12, of rheumatism. Johnson, Oliver, seaman, aged twenty-five, native of Norway ; arrived in 1871 by the "Carnarvonshire ;" died Aug. 22, *of phthisis*.

Lynch, William, cook, aged forty-four, native of Barbadoes; arrived in 1860 by the "Meander ;" died Aug. 9, *of phthisis*. Lomann, Daniel, super-master Theatre Royal, aged forty-two, native of Germany ; arrived in 1866, ship unknown ; died Aug. 31, *of phthisis*.

Myers, Chas., stevedore, aged fifty, native of Nova Scotia ; arrived in 1846, ship unknown ; died Aug. 6, of hydatids in liver. M'Cullum, Alexander, labourer, aged twenty-six, native of Scotland : arrived in 1868 by the "Electric ;" died Aug. 7, *of phthisis*. Munsen, Peter, labourer, aged forty-seven, native of the Shetland Isles ; arrived in 1849 by the "Pemberton ;" died Aug. 11, *of phthisis*. Murphy, Wm., aged fourteen, native of Ireland ; arrived in 1861 by the "Eastern Empire ;" died Aug. 21, *of phthisis*. Myers, Mary, domestic, aged fifty, native of Ireland ; arrived in 1855 by the "Sea Park ;" died Aug. 25, of cancer. M'Diarmid, Emma, aged thirty, native of Kent ; arrived in 1871 by the "Jessie Redman ;" died Sept. 1, *of phthisis*.

Noble, William, labourer, aged thirty-seven, native of Scotland ; arrived in 1853 by the "Europa ;" died Aug. 31, *of phthisis*.

Ryan, Margaret, aged thirty-two, native of Ireland ; arrived in 1859 by the "Sam Cairns ;" died August 18, of dropsy.

Sheahan, Denis, compositor, aged fifty-three, native of Ireland ; arrived in 1852, ship unknown ; died Aug 12, *of phthisis*. Smith, Richard, labourer, aged forty-four, native of London ; arrived in 1856 by the "Evening Star ;" died Aug. 24, of exhaustion from abscess. Seaton, William, clerk, aged forty-three, native of London ; arrived in 1855 by the "Meridian" died Aug. 25, *of phthisis*. Shakeshaft, Elizabeth, aged fifty-four, native of Hampton ; arrived in 1865 by the "Bengal ;" died Aug. 28, of exhaustion from gangrene of leg.

Vyvyan, Alfred, compositor, aged thirty-five, native of Cornwall ; arrived in 1857 by the "King of Algeria ;" died Aug. 8, *of phthisis*.

Misplaced Sympathy.

THE news of the death of Mr. Robert Bentley, the publisher, was transmitted to America by vigilant newsmongers, and by the Atlantic cable. It was there received as having reference to Professor Bentley. The American Pharmaceutical Association happened to be sitting at the time, and the *Journal of Pharmacy* announces accordingly, that "the intelligence cast a gloom over the members who knew him by reputation or personally, and the sad event was feelingly alluded to by Mr. Henry B. Brady, a personal friend of the deceased."

The Journal announces a biographical sketch of the deceased to appear in its next issue.

Bromide of Potassium.

THIS drug has lately been, as it were, passed in review by a considerable number of practitioners, who have written to some of our contemporaries their experience. We cannot refrain from expressing our surprise that none of these gentlemen have noticed the very important communication on this subject that appeared in the *American Quarterly*, and which—impressed as we were with its

value—we extract from that able journal. Our last volume, therefore, contains the most valuable papers that have appeared on the subject. Still we have no hesitation in taking a few notes from recent letters in our English contemporaries :—

In cases where administered in doses of several scruples daily, says Dr. R. W. Foss, I have seen bromide of potassium produce symptoms of gastric disturbance, and caused a great increase in the quantity of urine passed. In the case of a gentleman, æt. sixty-five years, who had for nineteen months been taking bromide of ammonium, and had epileptic fits every two months, I prescribed half-a-drachm of the bromide nightly, and an interval between the seizures increased from two to four months, followed as the result. Then the dose was increased to forty grains, subsequently to a drachm daily. Great nervous disturbance and gastric irritation followed, and the patient suffered from severe pain in the back of the thighs and the muscles of the legs, much depression of spirits, restlessness, sleeplessness, anorexia, pain above the umbilicus, vomiting, hæmatemesis, malæna, and constipation. The pulse was 80, and compressible. The doses were reduced, he having another fit. The bad symptoms disappeared. He now takes the smaller doses with the most satisfactory results, no recurrence of the epileptic seizures for the last fourteen months being displayed.

A lady, fifty-two years of age, consulted Dr. Noble for epileptic attacks occurring bi-weekly. She had suffered from these attacks for many months. No local cause being attributable to them, Dr. Noble prescribed half-drachm doses of bromide of potassium to be taken night and morning, and twenty days afterwards the patient stated she was much relieved. He recommended his patient to continue the bromide of potassium, and a month subsequently she called on him, and although she had no recurrence of the epileptic seizures, she had an unsteadiness of gait and unwonted aspect and deportment. A sad and sunken expression of countenance, a sort of ataxia of the whole muscular system, as if general shaking palsy were imminent. The toxic effects of the bromide had set in. The bromide of potassium was discontinued, and a simple stomachic prescribed, to be taken by her for two or three weeks. She continued to improve, and is now quite well.

Dr. Needham states that for some years he has employed bromide of potassium in the treatment of insanity with most satisfactory results, although in occasional instances temporary depression, loss of weight, and slight furunculoid eruptions followed its use. In two cases, one of mania, and the other of acute melancholia, scruple doses given three times daily produced within a week extreme depression, rapid wasting, impairment of muscular power, dilatation of pupils, hesitancy of speech, great taciturnity, and loss of mental power amounting almost to "paralysis of thought," a condition a strong resemblance to that which accompanies brain-exhaustion, by whatever cause produced. In both these cases suspension of the bromide was quickly followed by the disappearance of its ill effects.

A patient, a young lady, under the care of Dr. Provis, who suffered from epileptic attacks, was treated by bromide of potassium in fifteen-grain doses three times daily. The doses were subsequently increased to forty-five grains, and as the result of the large doses being administered, the patient suffered from depression, bodily weakness, and an eruption resembling ecthyma, impaired memory, drowsiness, and a most offensive and fœtid breath. The symptoms subsided on discontinuing the bromide, but the frequency of her epileptic seizures increased.

To Disguise Castor Oil.

THE *Pacific Medical and Surgical Journal* gives the following recipe : Rub up two drops of oil of cinnamon with an ounce of glycerine, and add an ounce of castor oil. Children will take it as a luxury, and ask for more.

JAMES HATTON, ESQ., of Hatton, has just presented the Warrington Dispensary with the magnificent donation of £5,000.

WE hear that the ex-Prince Imperial of France is a student in King's College, London.

THE Iron Cross, Second Class, has been conferred upon Dr. Scoffern, of London, "for his courageous presence at the advanced posts of No. 5 Battalion, Prussian army, during the investment of Paris."

THE total class of medical students registered in London up to this day last week, was 1,486, including 470 first year's men.

WE are glad to hear that Mr. Holmes Coote, of St. Bartholomew's Hospital, is now so far recovered as to be able to resume professional work.

DR. KITCHEN, of Middlesboro', records a case in which one-hundred-and-twenty-three plum stones were either removed by himself, or passed naturally through the intestinal canal, of a child of two and a-half years old without any ill result.

A NEW Hospital of splendid dimensions was opened at Dudley on Wednesday, by the Earl and Countess of Dudley. The cost of the building is £30,000, and is a gift by the Earl to the inhabitants of Dudley and district. The endowment consists of £20,000 left by the late Joseph Guest, Esq., of Dudley, for this purpose.

A CORRESPONDENT of the *Chemist and Druggist* calls attention to the ideas prevalent at the Horse Guards with regard to the duty of dispensing medicine. Malta is instanced. At that station there is a garrison of six regiments of the line, a brigade of artillery, two companies of engineers, and a regiment of local artillery, and yet for this large number of troops the government does not provide a single qualified dispenser. The dispensing is done by so-called "compounders,"—men taken from the ranks —who, after a few weeks in the regimental hospital, are paid a little extra, and put to compounding medicines of which they can know nothing. The only qualified man there has the rank of apothecary, and his duty is to be storekeeper, while the most responsible part, "the actual dispensing," is performed by these "compounders." There is a dilemma here for some of the departments. It is evident that a duty which the Privy Council deems of great importance is regarded at the Horse Guards with almost contemptuous indifference.

We hear that a sewage scheme has been adopted by the Corporation of Birmingham which is to exclude injurious matter from the sewers, and to purify the sewage by filtration upon an area of 900 acres of land. The cost of the scheme is estimated at the enormous sum of £300,000.

The deaths in London last week were 1,292, being 145 below the average. Fifty-three persons died from small-pox, 34 from measles, 40 from scarlet fever, 6 from diphtheria, 23 from whooping-cough, 35 from different forms of fever, and 46 from diarrhœa.

The Pharmaceutical Society of England evinces a determina tion, which we wish we could discern in all Medical Licensing Bodies, not to make money of the sale of qualifications to ignoramuses. Out of two-hundred-and-twenty-two candidates who presented themselves for the first examination last week, eighty-two were rejected.

The Prussian Government has conferred the iron cross and steel war medal upon Surgeon Manley, Royal Artillery. This medical officer wears the Victoria cross for gallant conduct in the field during the war in New Zealand, and has also been awarded the medal of the Humane Society for saving a sailor from drowning in the Waitchara River. We congratulate Surgeon Manley on these new marks of distinction conferred upon him, and trust our own Government will grant him the needed permission to accept and wear the insignia of the much coveted *order* of which he has been enrolled a member.

The *Army and Navy Gazette* mentions a rumour that Dr. Beatson will soon return to India for a second term of five years as Inspector-General, and adds that this would be a piece of good fortune for the doctor, but a great injustice to the senior officers of his department. The same journal states that Dr. F. W. Innes is spoken of as likely to be promoted to the higher rank. It believes that the retirement regulation cast aside in 1858, or some modification of it, will have eventually to be brought into operation, and wonders how much longer the War Office will defer the reversion to the five years' tenure system for the senior rank.

Which of us who has his favourite panacea for his favourite ailment has appreciated the gravity of his position? Does such a person know that he is a marked man—that his stomach, liver, or kidneys, are under the surveillance of the minions of the land, and that every time he replenishes his bottle, he may be inscribing himself in the *Hue and Cry?*

The discovery of the terrible fact is due to an advertisement in last week's *Pharmaceutical Journal.* £1,250 is offered for the capture of a man named Tully, who has made off with £15,000. We presume he has not a mother's mark, or an anchor tattooed on his arm or any other trade mark on his person, but he has, what is worse, a digestion which requires stimulant tonics, and he has a pet prescription for it. This vulnerable spot in his incognito the pursuing inspector seizes on and forthwith advertises the tonic mixture to the pharmaceutical world. What a moral spectacle? The criminal writhing in the agonies of uncontrolled dyspepsia, and with his infallible preservative at hand forbidden to use it and forced to die. Where is Mr. Boucicault that he does not dramatise the situation?

The latest cancer cure—the cundurango plant—from which the American newspapers vouched that they had absolutely inspected and fingered inumerable cases of cure, turns out to be an utter humbug. The American government heard so much of it, that they instituted an enquiry in the United States, and sent a quantity of the medicine to our own government, who confided it to the London College of Physicians for trial and report. Dr. Davidson has reported that, so far as the experience of the Middlesex Hospital goes, cundurango is totally inert, and exercises no more influence in arresting the disease than a little flour.

Literature.

ST. BARTHOLOMEW'S HOSPITAL REPORTS.*

The staff of the great City hospital sends us another volume of Reports, which may fairly rank with its predecessors. It contains, in addition to twenty-one valuable papers, the hospital statistics and the proceedings of the Abernethian Society. Moreover, it is illustrated by five plates. One of these is a fine chromo-lithograph, and three are good specimens of the new process of heliotype. We should be very glad to see all the volumes that are published by our hospitals avail themselves thus freely of art. The cost is no doubt an obstacle, but it is just such works as these which should be brought out in the very best manner. Among the many papers, it is difficult to select. Many, like ourselves, will turn first to Sir James Paget's. This is the story of a private case told in the learned baronet's simple impressive way. It possesses, too, the great merit of brevity. There is not a Bartholomew's man who will not be glad to see it. We therefore cite it in full, knowing that the other contributors will be neither surprised nor dissatisfied to see Sir James taken as a sample of the work:—

"I hope that I may be allowed to offer for the 'Hospital Reports' a case that occurred in private practice, on the ground of its being very rare, and, as I think, a good illustration of certain nervous disorders.

"The patient was a gentleman, twenty-eight years old, with good general health, but emotional, emphatic, and with such a nervous system as, in a woman, might have been called hysterical.

"Eight years ago, because he was very liable to 'catch cold' in the winter, he was advised to use cold shower-baths; and accordingly, for eight successive cold mornings, he stood nearly up to his knees in cold water, and endured the shower. On the eighth morning, when he left the bath, he found his feet numb, cold, 'as white as marble,' in the condition of so-called 'dead-fingers.' From this time onwards he was subject to disturbances in the blood-supply of his feet, of which he had previously had no trace. At first the disturbances were chiefly or, at times, only in the left foot; but, after some years, chiefly or only in the right foot.

"Whenever he walked slowly for so much as half an hour, or quickly for so much as ten minutes, the foot, or feet, became 'dead,' that is cold and numb, and (as he always expressed it) white like marble. They thus changed much more quickly in cold than in warm weather, and often changed in the same manner during cold weather, even when he was at rest. With the deadness he always felt aching, and sometimes severely aching pains at the sides of the foot, and sometimes half-way up the leg.

"This state would continue so long as the patient continued walking; but when he rested, it would in a few minutes change, and the foot, or feet, would become flushed, ruddy, and hot, with over-filling of the veins, and the pain would slowly subside.

* "St. Bartholomew's Hospital Reports." Vol. VII. London: Longmans, Green, and Co.

"For the remedy of these troubles the patient had been under all manners of treatment at home and abroad. Especially, he had submitted to many uses of baths and electricity; and nothing had done him any good, unless it were some cataplasms made of irritating herbs which, five years after the commencement of his symptoms, seemed for a time to cure him. But the cure, if it may be so-called, lasted only a few weeks. Then the same troubles recurred, except that the right foot in place of the left became the chief or only part in which the disturbances of the circulation were manifested.

"At the time of my seeing him the patient thought himself in his usual state: but it was during warm weather and after he had walked about a quarter of an hour; his foot was not cold or pale, but he said it felt numb and very painful. And while I was watching it, the skin, which was of an ordinary paleness, gradually, and after the manner of blushing, acquired the colour of the deepest blush on a dark complexion. At the same time the foot became hot, and then, slowly, the subcutaneous veins of the foot and leg became tensely full of blood, prominent, and very dark. These appearances slowly passed by, and the foot regained its natural appearance.

"The case seems to deserve record if only for its rarity. I have seen none like it, and can hear of none. But it is more useful for illustration.

"It is a good example of the effects of the shock of cold—a shock affecting for at least eight years the relations of the cerebro-spinal and the vaso-motor nerves of the parts to which the cold was applied. The muscular exercise of a limb commonly leads to the filling of the minute vessels of its skin; in this case it leads to their emptying; and this it seems to do by exciting their muscular contraction, as cold also in this instance does in an extreme degree. Rare as they may be, the examples of injury from the shock of cold are frequent enough to suggest more caution than is commonly used in its employment. Few things hinder recovery from old injuries of joints more than the use of the cold douche in any but very robust persons. And I have known a case in which a patient, who was healthy, except in having a too livid nervous system, became, after being once submitted to a severe cold douche on his back, the subject of all the chief symptoms that commonly follow railway concussions of the spine.

"Another illustration which, I believe, is supplied by this case, is of the probable condition of parts which are the seats of pain or other morbid sensations, in cases of spinal irritation or so-called hysteria. When such parts are out of sight, we are apt to think of them as changed in nothing but their nerve-relations. They are spoken of as only functionally disturbed, this implying that if we could see them they would appear in a perfectly natural state. It is more probable that their vaso-motor, as well as their cerebro-spinal, nervous systems are, as in this case, affected; and that through the vaso-motor influence they are in some cases anæmic, in some hyperæmic, or in both of these conditions at different times.

"More especially, this case seems to illustrate the probable condition of parts which appear healthy in structure, but are morbidly sensible of fatigue. In many cases of spinal irritation, one of the most prominent and constant symptoms is the readiness to be fatigued by muscular or other voluntary exertion. The patient cannot sit up for a few minutes, or walk more than a few yards, without great pain or intense fatigue. The same is observed in many cases of spinal concussion; in which, besides, mental exertion commonly produces very quickly the feeling of great weariness, and of incapacity to continue thinking or working. I can scarcely doubt that the changes of blood supply which this patient showed in his feet are, in other cases, imitated in the blood-vessels of the brain or spinal marrow, or their respective membranes.

"Yet another illustration may be drawn from this case in the fact of the apparently unchanged healthy state of the textures in parts of which the vascular and nervous conditions had been disturbed nearly every day for eight years. When the circulation in this patient's foot was undisturbed, I could find in it no appearance of disease. No fact could better show that although the vascular and nervous conditions of a part are always disturbed in inflammation, they constitute only a subordinate part in that morbid process. They may be very often and far removed from their normal state, into one like that which they assume in inflammation, and yet no change of structure may ensue in the tissue elements around them."

ST. GEORGE'S HOSPITAL REPORTS.*

We should perhaps have noticed a little earlier this valuable volume which has been some time on our table. We hope, however, now to do it justice by bringing it prominently under the notice of our readers, as one of the very best of the series. It contains a large number of papers well worthy of a place in it, and we trust that it will be found useful to a constantly increasing number of readers. It was our intention first of all, to draw attention to Mr. Venning's paper as particularly interesting, in reference to the agitation on the Contagious Diseases Act. A larger number of readers will, however, be interested in the subject of small-pox, and Dr. Jones's paper gives a very full and clear account of the epidemic that broke out in the hospital. This account is all the better for the cases which have been given, and which we cite in this days Medical Press under the head of "Hospital Reports." Next to this, the subject of vaccination deserves and obtains recognition. Dr. Fuller's clinical jottings will be found attractive to many, and indeed each paper will find its admirers. The following is a list of the essays in the volume:—

Jottings from Clinical Practice, by H. W. Fuller, M.D The Effects of Overwork and Strain on the Heart and Great Blood-vessels, by T. Clifford Allbutt, M.D. On Scarlet Fever, by E. Copeman, M.D. Cases of Accidental Poisoning, by C. Paget Blake, M.D. The Modern Treatment of Syphilis: based on the Evidence adduced before the Committee appointed to inquire into the Pathology and Treatment of the Venereal Disease, by Edgecombe Venning. On Scrofula, by J. Warrington Haward. On Recurrent Insanity, by G. Fielding Blandford, M.D. On Distrain of the Heart, by Reginald Thompson, M.D. Labio-glosso-laryngeal Paralysis, by W. B. Cheadle, M.D. On the Etiology of Pneumonia, by Octavius Sturges, M.D. On Ankylosis, by B. E. Brodhurst. Scarlet Fever as an Epidemic, by A. W. Barclay, M.D. On the Relative Influence of Bread, Honey, and White Sugar upon the Amount of Urea and Sugar excreted in Diabetes, by W. Wadham. M.D. On the Recent Outbreak of Small-pox at St. George's Hospital, by T. Jones, M.D. Results of Recent Vaccination in St. George's Hospital, by R. Wilson. Results of Recent Vaccination in the 1st Regiment of Life Guards, by Edgecombe Venning. Annual Report of Medical Cases, by R. Thompson, M.D. Annual Report of Surgical Cases, by W. Leigh. Ophthalmic Report from December, 1868, to July 1870, by H. Power. Ophthalmic Report from August, 1870, by R. B. Carter. Notes taken in a German Field-Lazareth, by W. Ewart.

Correspondence.

THE UNIVERSITY COLLEGE AND MIDDLESEX HOSPITALS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—With reference to an article in the *Lancet* of Oct. 14, headed "University College Hospital," I beg leave to state that students from University College are only admitted to the medical and surgical practice of the Middlesex Hospital on exactly the same terms, with regard both to fees and privileges, as any other occasional students who may enter for

* "St. George's Hospital Reports." Edited by John W. Ogle, M.D. F.R.C.P., and Timothy Holmes, F.R.C.S. Vol. v. 1870. London: and A. Churchill, New Burlington street.

hospital practice, no preference whatever being given to students from University College over such other occasional students with respect to clinical appointments, for which they are only eligible in event of no general pupil of the Middlesex Hospital offering himself.

The notice in the prospectus of University College, of which mention is made, refers to matters of private arrangement between the authorities and students of University College itself, with which the staff of the Middlesex Hospital are in no way concerned, and of which they had not even been made cognisant.

With regard to the advantages, which the writer of the article intimates, this Hospital would derive from the supposed agreement, by being thereby enabled to fill up its clinical appointments, I may be permitted to state that for these appointments, the large field for practical study afforded by the Middlesex Hospital has never yet failed to secure an ample supply of eligible candidates.

I have the honour to remain your obedient servant,

WM. CAYLEY, M.D.,
Dean of the Middlesex Hospital Medical College.

October, 1871.

[We insert this letter, but think it concerns our contemporary more than the MEDICAL PRESS.—ED.]

IDENTITY OF THE FOOT-AND-MOUTH DISEASE AND SCARLATINA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly favour me with the insertion of the following in your valuable space. From a residence of some time in the country, I have had many opportunities of seeing the foot-and-mouth disease, and, having long entertained the idea of its identity with scarlatina, I readily coincide in the opinion with that expressed by Dr. Nicolls in your issue of the 18th inst. I have seen the diagnostic tongue of scarlatina, its edges tipped with red in the cow, labouring under the foot-and-mouth disease, the desquamation going on in the mouth and the foot, large shreds of the mucous membrane peeling off; and I have been told by large stock farmers that the hoofs, in many instances, come entirely away from their dropsical legs. I am glad to see the subject taken up now by a member of the Profession, and trust it will be thoroughly ventilated, so that in the end, if successful, it may prove as great a boon to mankind as Jenner's vaccination.

I am, yours truly,

DANIEL HEAGERTY, L.R.C.S.E.

Newcastle-on-Tyne,
October 25th, 1871.

SUPPLY OF VACCINE LYMPH IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Variola being at the present time very prevalent in Belfast and neighbourhood, the Medical Profession and authorities are leaving nothing undone by vaccination and otherwise to stop its progress. The great demand that is now being made on the Profession by almost every family to have themselves re-vaccinated, vaccine lymph has in consequence become very scarce, and numerous persons are compelled to have the operation postponed.

Hitherto, the Profession was promptly supplied, on application, with vaccine lymph from London. It now appears, from the enclosed letter, addressed to my friend Dr. Moreland, that this boon is now (at this particular time, too), and in future, to be denied to every practitioner in Ireland; not, as it seems, from any unwillingness on the part of the Inspector of the National Vaccine Establishment, Whitehall, but at the bidding of the Commissioners for administering the laws for relief of the Poor in Ireland.

What object can these Poor-law magnates have in prohibiting a gratuitous supply of vaccine lymph to the Profession in this country? Do they expect that private practitioners, who have been chiefly instrumental in keeping alive public belief in Jenner's great discovery, will thereby be necessitated to purchase from the Dublin Cow-pock Institution, and their having to pay the ordinary price, 2s. 6d., for each supply of vaccine lymph, will ultimately induce them to send their patients to be vaccinated at a public dispensary?

This is a great mistake on their part, and an ungrateful return to the Profession for its gratuitous efforts in stamping out this loathsome disease, and will finally lead a great portion of the people—many already being sceptical—to place no reliance on vaccination as a preventitive against variola.

MICHAEL MCGEE, M.D., L.R.C.P.E.
60 York street, Belfast.

"National Vaccine Establishment,
"8 Richmond Terrace, Whitehall,
"Oct. 19, 1871.

"SIR,—With reference to your application for vaccine lymph received this day, I am directed by the Inspector to state to you that from recent correspondence with the Commissioners for administering the laws for relief of the Poor in Ireland, who have been in communication with the Dublin Cow-pock Institution on the subject of supply of vaccine lymph in that part of the United Kingdom, it has been determined that applicants from Ireland to the National Vaccine Establishment should be referred to the Dublin Cow-pock Institution.

"I am, Sir, your obedient servant,
"A. B. FARRE.

"H. MORELAND, Esq., M.D.,
"83 Corporation street, Belfast."

Inventions.

XYLONITE.

THIS is a new composition prepared from cotton, oil, camphor, and the hydro-carbons, which will be found useful in surgical cases. From Xylonite a collodion is prepared, applicable to the purposes for which collodion is now so commonly used in surgery. Contained in an air-tight bottle or vessel it is said to keep for any length of time, in any climate, without deteriorating; and to improve by age. Laid upon wounds it adheres, and forms an artificial skin perfectly air-tight; it may be washed with soap and hot water, without being disturbed; but it can be entirely removed, when necessary, by a solution composed of two parts sulphuric ether and one part alcohol.

We have also seen Xylonite in the form of a membrane; from it, also, are to be had proofing fabrics for dressing wounds, hospital sheeting, and all forms of impermeables for surgery.

These dressings and sheetings are almost free from smell, can be cleansed in the ordinary way, with soap and hot-water, or with any disinfecting fluid. They can be dried at a fire, and even ironed at a moderate temperature.

OBITUARY.

THE LATE MR. KEMPE.

THIS gentleman who, for sixteen years had been Surgeon to the Devon and Exeter Hospital, died last Wednesday. He had had, on the Sunday previous, a severe accession of his cardiac symptoms, to which he had long been subject. He rallied on Monday, and was able to take a drive on Tuesday. The next morning, however, on entering his room, his servant found him so ill, that he expired before a professional brother could arrive.

He was very much esteemed in the neighbourhood, where he had spent a life of remarkable usefulness, and where he cultivated the art of healing with remarkable zeal. About half a year ago, he retired from the active staff of the hospital, and was elected Consulting Surgeon.

He was also a magistrate, and, indeed, held other offices of honour, by the choice of his neighbours who knew his value. How much he was esteemed by the authorities of the hospital to which he was attached appears from the fact that on the occasion of the first meeting of the Governors of the Devon and Exeter Hospital after his decease, the following resolution was proposed by the Rev. G. H. Shield, seconded by Mr. C .M. Lingwood, and adopted unanimously :—"This Committee avails itself of the earliest opportunity to record its sense of the severe loss sustained by the Devon and Exeter Hospital through the demise of Mr. Arthur Kempe, F.R.C.S., whose skill and devotion to the duties of his profession, combined with a kindness of heart which won the attachment of the sufferers placed under his charge in the wards of this Institution, rendered him for the space of sixteen years one of the best and most esteemed among the distinguished surgeons to whom the Devon and Exeter Hospital in great measure owes its high repute. Sensible of his great public usefulness and private worth, and grateful for his generous gift of a chapel to the Institution, in whose humane work he took so deep an interest, this Committee directs a suitable tablet to be erected within that sacred edifice, bearing an inscription commemorative of his past services and of the high esteem entertained towards him by the Governors of the Devon and Exeter Hospital." It was also resolved that the President, Vice-President, and Senior Physician be a sub-committee to carry out the foregoing resolution.

Medical News.

Royal College of Physicians of London.—At the ordinary quarterly meeting of the College on the 26th ult., the following gentlemen, having passed the required examination, were admitted Members :—John Cook, M.D. Edin., Upper Wimpole street; Thomas R. Glynn, M.B. Lond., Rodney street, Liverpool; Edwin Payne, M.D. St. And., Selhurst road, South Norwood ; William Squire, Orchard street, Portman square.

College of Physicians, Ireland.—At the recent examinations the following gentlemen obtained the licences in Medicine and Midwifery :—Medicine—Frederick Adolphus Ernest Bernardo, Henry Thompson Cox, Patrick Freebern Gavin, William Robert Hughes, Nicholas Skottowe Smith, Sydney Richard Smyth. Midwifery—Frederick Barnardo, Henry T. Cox, Patrick Freebern Gavin, Wm. Robert Hughes, Richard George O'Flagherty, Nicholas Skottowe Smith, Hatton Smyth, Sydney Richard Smyth.

Apothecaries' Hall, London.—At a Court of Examiners, held on the 26th ult., the following gentlemen received the L.S.A. diploma—viz., Messrs. Edward Arthur Burgess, of Bethnal green road; Leonard Cane, of Queen square, Bloomsbury ; Thomas Gatsell, of East street, Walworth ; Thomas Davies Harries, of Fishguard ; Frederick Kimbell March, of Braunston, near Rugby ; William Henry Meredith, of Netherton ; Albert Barnes Rees, of Swansea ; and John Wilcocks Watson, of Heigham Hall, Norfolk.

Society for the Relief of Widows and Orphans of Medical Men.—At a general meeting of members of the above society held at the society's rooms in London on Friday last, Dr. Burrows in the chair, the secretary read a statement, from which it appeared that the receipts for the past year had been—subscriptions, £593 5s.; making, with payments from other sources, a total of £764 15s. This, together with money invested, made the total resources of the society at the end of the year 1870, £4,908 2s. 6d. After deducting the grants made to widows and orphans, and for expenses, the balance in hand was £1,848 up to the end of 1870. After one or two suggestions as to the expediency of resuming the annual dinner, and of making increased exertions to obtain subscriptions, the accounts were agreed to, and the proceedings terminated with the usual vote of thanks to the chairman.

The American Pharmaceutical Association. — The American Pharmaceutical Association which convened at the Polytechnic Institute in the city of St. Louis on the 11th ult., was perhaps the largest and most interesting meeting that has ever been held. Delegates from the various Colleges of Pharmacy in the United States were largely represented. The convention was in session for four days, the time being devoted to the reading of scientific papers pertaining to the art of pharmacy. There was an exhibition of chemicals, pharmaceutical preparations, apparatus, and in fact everything kept or used by the pharmacist, which was very much admired by every one. The banquet given at the Southern Hotel, by the apothecaries of St. Louis, was a grand affair. It was presided over by Mr. James Richardson, and toasts were read and responded to by pharmacists of the various States.—*Leavenworth Med. Herald and Jour. of Pharmacy.*

Sassafras Oil.—The manufacture of sassafras oil has been conducted for the past two years in Richmond, Va., on an extensive scale, The oil manufactured amounts to two per cent. of the stock used, 800 pounds of unrectified oil being made from 40,000 pounds of the root. This quantity is further reduced by rectification and cleansing from sediment and impurity. A gallon of the fine oil weighs 10 pounds and about 40 gallons are produced every week. The root is first cut up fine by a chopping machine, and the raw materials are placed in a large tub, which is closed, and steam is then forced through the mass. The oil is then distilled by the ordinary process. It is largely used for scenting toilet soap, and for flavouring tobacco.—*Med. and Surg. Rep.*

Medico-Legal Intelligence.—At Stockton-on-Tees on Friday, a special sitting was held at the County Court, before Mr. Turner and a special jury, to recover damages for £2,000 from David Hope Watson, surgeon, for alleged neglect and unskilful treatment whilst attending the plaintiff, Elizabeth M'Clive Hutchinson, during her accouchment. The case was one referred from the Court of Exchequer of Pleas on the application of the defendant. Mr. Cave appeared for the plaintiff ; Mr. Meynell and Mr. Skidmore, instructed by Mr. Draper, for the defendant. In the autumn of 1870 the defendant was engaged in his professional capacity to attend the plaintiff, and it was alleged that, through his mal-treatment, the plaintiff had had to undergo severe suffering and a dangerous operation. Plaintiff's evidence tended to show that the defendant had been too hurried. The plaintiff's mother gave corroborative evidence, and stated that her daughter had suffered greatly. Dr. Farquharson gave evidence to the fact that he was called in, and found the plaintiff greatly suffering. Dr. Trotter deposed that the plaintiff would have died had not an operation been performed. The witnesses for the prosecution were rigorously cross-examined ; and Mr. Meynell said that he should adduce evidence to prove that the defendant's proceedings in the matter were perfectly allowable and necessary, and proceeded to call the defendant, who was examined by Mr. Skidmore, and submitted to a long cross-examination. Mrs. Nicholson was then callsd and examined on behalf of the defendant ; and at eight o'clock the court adjourned. On Saturday morning the case was resumed. Drs. Tarleton, Oliver, Dale, Laidler, and Keiller were called to prove the proper mode of treatment, The jury retired for about five minutes, and returned with a verdict for defendant, which was received with applause.

Royal College of Surgeons, Edinburgh.—At the annual meeting held on the 18th ult., the following office bearers were elected for the ensuing year :— President, William Walker ; Secretary, Dr, James Simson ; Treasurer, Dr. John Gairdner ; Librarian, Dr. Archibald Inglis ; President's Council—Dr. Andrew Wood, Dr. Robert Omond, Dr. James Dunsmure, Dr. James D. Gillepsie, James Spence, Dr. Henry D. Littlejohn ; Ex-officio, Dr. John Gairdner.

Metropolitan Asylums Board.—The Cholera and Small-pox Questions.—At a meeting of the Metropolitan District Asylums Board on Saturday last, in the Court Room of the Board of Works, Spring gardens—Dr. Brewer, M.P., in the chair—a communication was read from the Westminster guardians asking if, pending the Hampstead Hospital inquiry, small-pox cases could be sent to Homerton, and if not, what course should be pursued ; also a resolution from the St. James's Vestry, asking what steps had been taken to provide for a change in the management of the hospital pending the inquiry.

Dr. Shaw's report from the Leavesden Asylum stated that there were 1,636 patients there—738 males and 898 females—of these there were attended with occasional violence 6 males and 6 females, and cases finishing curable 6 males and 6 females.

A report from the Hampstead Hospital Committee showed that small-pox is again on the increase. During the past fortnight 71 fresh cases of small-pox had been received, 7 had died, and 36 had been discharged, leaving 141 under treatment, as against 113 at date of last report. The total number treated up to the present time had been 5,696, of whom 1,073 had died, and 4,482 had been discharged.

The report from Dr. Adams showed that there are 1,600 patients in the Caterham Asylum, viz., 671 males and 929 females; of these 57, viz., 29 males and 26 females, had occasionally shown some instability or excitement; and 24, viz., 6 males and 18 females, are probably curable.

Gleanings.

On Xanthelasma Multiplex (Molluscum Lipomatodes), by Rud. Virchow, along with Notes by Dr. Leber.

In the case detailed, yellow tumours existed on the cornea, and darker ones in the popliteal region of the leg. The author confirms the observation of Waldeyer in the former part of the *Archiv*, that in this tumour the colour depends in a considerable degree on a fatty metamorphosis of the cells, though in the tumours in the leg the colour was also in part owing to increase of the pigment of the rete malpighii. At the margins of the tumours he found proliferating connective-tissue cells, and the tumours obviously had their origin from this tissue. Like Waldeyer, he found that though the cells were fatty yet they did not show any necrobiotic tendency. It is not proper to call this a fatty degeneration, therefore, because the cells retain their integrity, it is rather of the nature of a fatty infiltration. Virchow looks on the tumours as essentially of a fibrous nature, but that there is a partial conversion of the connective-tissue into fatty tissue. Just as a fatty tumour sometimes undergoes condensation and partial conversion into a fibrous tumour, so these, though fundamentally fibrous, are partially converted into fatty tumours. Now tumours of a fibrous structure existing in the skin and in considerable numbers, have been designated by the name of molluscum. And Virchow considers that the tumours existing in the leg in this case were cases of simple molluscum, with this tendency to conversion into adipose tissue. And he would prefer that this fact of their structure should be expressed in the name of the group, and so, instead of the name xanthelasma multiplex, would substitute molluscum lipomatodes.—Dr. Joseph Coats, in *Glasgow Medical*, from *Virchow's Archiv.*

Encephaloid Disease of the Right Superior Maxilla. Resection of the Bone.—Recovery.

Wm. A. Gott, M.D., of Veroqua, Vernon Co., Wisconsin, writes as follows in the *American Journal of the Medical Sciences*;—

In the latter part of May, 1869, R. L., aged sixty, of nervo-bilious temperament, a farmer by occupation, of impaired health, consulted me in reference to a disease of the right upper alveolar process. He stated that he has experienced an occasional pain of a sharp, lancinating character in that side of the face for nearly twenty-five years, but of such a transitory nature as to have given rise to no uneasiness as to its serious import; also that his general health had always been good until about two years ago, when from some cause or other it began to decline more or less rapidly.

I found, on examination, the entire alveolar process to be one mass of fungoid disease, through which the only remaining teeth, the second molar and canine, protruded. I extracted these teeth for the purpose of ascertaining the condition of the antrum; this was found to have become implicated, and from it a foul, bloody discharge issued. The opening made by the extraction of the canine tooth would have admitted the end of the little finger, being partly occupied by a dark-coloured fungous mass of the consistence of brain, which came away in fragments when broken down by a probe. A probe introduced into the opening met with no obstruction until its extremity impinged against the under surface of the floor of the orbit. The patient was much emaciated, and his strength so much weakened that his gait was tottering and unsteady, his appetite impaired, and his pulse feeble. The skin covering the bone was slightly discoloured for a space of about an inch commencing at the ala of the nose, and extending transversely that distance; there was tenderness on pressure at that point, and some puffiness of the integument. For the relief of the patient, an operation consisting in the resection of the bone entire or in part, was clearly demanded; but his condition forbade any such procedure at the present time. He was, therefore, put upon a preparatory tonic treatment, with a nutritious diet. The local treatment consisted of astringent washes and injections into the cavity of a solution of carbolic acid, grs. x to an ounce of water.

The patient having improved in health, the operation was performed on the second of July, and was the one advised by Velpeau, his modification of Gensoul's method. I was ably assisted in the operation by Dr. H. A. Chase, of Veroqua, and Dr. Charles Poff, of Readstown, in this county. The patient having been placed under chloroform (this occupied upwards of an hour at the least calculation, on account of the impurity of the article), an incision was made from near the outer angle of the eye to the commissure of the lips; the large flap thus formed was dissected from below upwards and turned back out of the way. The bone being thus exposed, I next proceeded to sever its connections with the other bones of the face. With Liston's cutting pliers, the external orbital process at its junction with the malar bone, the zygomatic arch, and the os unguis, were cut through, and the ascending nasal process with a narrow chisel and mallet. The two incisors of the right side having been extracted, the two maxillæ were separated in front with the metacarpal saw, and also its palatal process as far back as its junction with the palatal process of the palate bone, as well as its transverse connections, which were divided by the chisel and mallet through the mouth. The bone being now seized between the thumb and fingers, was forcibly moved from side to side, and after a little effort raised from its bed. The cavity, having been cleared of any remaining shreds of the tumour, was filled with lint. Very little blood was lost during the operation, not to exceed eight ounces. But a single vessel required the ligature. Before bringing the lips of the wound together, the indurated tissue on the inner surface of the flap where it had been in contact with the tumour, was shaved off. As soon as the anæsthesia had passed off, half of a grain of sulphate of morphia was administered, and the patient placed in bed.

On the fifth day after the operation the sutures were all removed, and the wound was healing by the first intention throughout; the flaps were supported by adhesive straps in case of accident. For a few days after the operation there was slight febrile reaction, lasting for three or four days, after the subsidence of which the patient made a rapid recovery, and about the fourteenth day was walking about his room. He complained of some difficulty in deglutition and in articulation, but no more than is to be expected after this operation; both gradually became less annoying in a much shorter time than I had anticipated. The tumour presented all of the characteristics of true encephaloid disease.

P.S.—Up to date of present writing, November 5, Mr. L. continues in the enjoyment of excellent health. He informed me a day or two ago, that since the operation, it has been better than for a number of years past. The parts have healed kindly and soundly to all appearances. I shall deem it my duty to report the subsequent history of this case, as too short a time has elapsed since this operation to determine its result.

NOTICES TO CORRESPONDENTS.

*** We are requested by the Editor of the "Irish Medical Directory," to urge those gentlemen who have been dilatory in returning their Circulars, to do so at once. Those who will kindly do so, will, at the same time, save expense to the Editor, and ensure an accurate description of their qualifications and offices.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Cholera and Disinfection. By Wm. Budd, M.D., F.R.S. Bristol: Kerslake and Co.

The Liverpool Medical and Surgical Reports. Vol. MDCCCLXXI.

The Treatment of Hyperpyrexia. By Wilson Fox, M.D. London: Macmillans.

The Treatment of Diarrhœa and Cholera, through the Agency of the Nervous System. By John Chapman, M.D. London: Baillière, Tindall, and Cox.

Dr. W. Marsden on Cholera. 4th Edition. Edited by A. Marsden, M.D., London.

Mr. Spencer Wells's Note-Book for Ovarian Tumours. London: J. and A. Churchill.

Pacific Medical Journal; Nature; Le Mouvement Médical; Le Courrier Médical, &c.

VACANCIES.

Middlesex Hospital. Lecturer on Materia Medica at the School.
Central London Ophthalmic Hospital. Assistant-Surgeon.
Hospital for Women, Soho square. An Assistant-Physician, also a Clinical Assistant.
Metropolitan Dispensary, Cripplegate. Surgeon. (See advt.)

APPOINTMENTS.

ALLEN, H. M., L.R.C.P., House-Physician to St. Bartholomew's Hospital.
HICKMAN, R., M.R.C.S., House-Surgeon to the West London Hospital.
MCCLEAN, Francis, Esq., L.F.P.S., &c., of St. Stephen's green, Dublin, Dental Surgeon to the College of St. Columba, Rathfarnham, Co. Dublin.
NORTON, R., M.R.C.S.E., Medical Officer for the St. James District of the City of Bristol.
POPHAM, T., L.K.Q.C.P.I., L.R.C.S.I., Medical Attendant to the Royal Irish Constabulary at Cliffoney, and Surgeon to the Coast Guard stationed at Mullaghmore, Co. Sligo.
RIDLEY, J., L.K.Q.C.P.I., an Hon. Medical Officer to the North Dispensary, Liverpool.
ARMY MEDICAL DEPARTMENT.—Surgeon Tertius Ball, M.D., from the Royal Artillery, to be staff surgeon, vice Edmund M'Grath, who exchanges.
Assistant-Surgeon Hugh Mackay Macbeth, from Royal Artillery, to be staff assistant-surgeon, vice William Robertson, M.D., who exchanges.

MEETINGS OF THE LONDON SOCIETIES.

WEDNESDAY, Nov. 1.—OBSTETRICAL.—8 P.M. Dr. Rasch, "On a Novel way of Using the Uterine Sound in Flexions of the Uterus."—Mr. Eugene Goddard, "On a Case of Ovariotomy during Pregnancy."—Dr. Conrad (of Pesth), "On Prolapse of the Female Genital Organs."
MICROSCOPICAL.—8 P.M. Dr. Braithwaite, "On Bog Mosses."—Dr. J. L. Woodward, U.S. Army, "On the Scales of Degeeria Domestica as seen with Black-ground Illumination."—Mr. W. S. Kent, "On some New Infusoria."
Monday, Nov. 6.—MEDICAL SOCIETY, 8 P.M. General Meeting.
Tuesday, Nov. 7.—PATHOLOGICAL, 8 P.M. Ordinary Meeting.

OPERATION DAYS AT THE LONDON HOSPITALS.

WEDNESDAY, NOV. 1.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 2 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1¼ P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

THURSDAY, NOV. 2.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.

FRIDAY, NOV. 3.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

SATURDAY, NOV. 4.

HOSPITAL FOR WOMEN, Soho square.—Operations, 9½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

MONDAY, NOV. 6.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

TUESDAY, NOV. 7.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.

Marriages.

ATKINSON—MORLEY.—On the 25th ult., at St. Peter's, Derby, John P. Atkinson, M.D., of Bampton, Oxon, to Mary, second daughter of the late Wm. Morley, Esq., of Briz-Norton, Oxon.
BOYD—CARR.—On the 26th ult., at St. Margaret's, Lee, Kent, Robert Boyd, Esq., of Glasgow, to Annie Gertrude, elder daughter of Wm. Carr, Esq., M.D., F.R.C.S.E., of Lee Grove, Blackheath.
FREEMAN—CROSBY.—On the 24th ult., at St. Mary's, Lewisham, Kent, J. C. Freeman, to Ellen Sarah, daughter of J. L. Crosby, M.R.C.S., of Carlton, Cambridgeshire.

Deaths.

KEMPE.—On the 25th ult., Arthur Kempe, F.R.C.S.E., of Exeter.
KING.—On the 24th ult., at Walton villa, near Eccleshall, O. King, Esq., F.R.C.S., late of Royal hill, Greenwich, aged 54.
REED.—On the 16th ult., T. Reed, L.R.C.S.Ed., of Slievroe, Co. Monaghan, aged 65.
SNOOK.—On the 15th ult., John S. Snook, M.R.C.S.E., of Colyton, Devon.
SEARLE.—On the 23rd ult., at 4 Magdalen terrace, Exeter, Frank Furlong Searle, M.R.C.S., F.R.G.S., aged 32.

Established 1848.

PROFESSIONAL AGENCY AND MEDICAL TRANSFER OFFICE.

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The business of the Professional Agency is based upon the general principle that no charge is made unless work has been done and services rendered.

No Commission charged to Purchasers.

Full information as to terms, &c., sent free on application.

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PRACTICES AND PARTNERSHIPS NOW OPEN for negociation (in addition to those advertised in Dr. Langley's List, (which is sent post free on application).

Y 325. The leading PRACTICE in a TOWN on the South Coast. Receipts during present year, over £800. Average of three previous years, about £750. The connection is very old-established, and the patients of an exceptionally good class, including all the best residents in the District. The house is a good family mansion, with large reception rooms, gardens, stabling, &c. The work is extremely light, occupying usually not more than about four hours a day. No assistant required. About thirty cases of midwifery a year, at good fees. The vendor occupies a good social position in the town, which contains about 16,000 inhabitants. Terms, a year and a half's purchase, part, however, may be left on security, if desired. The Successor must be thoroughly acquainted with his profession, and accustomed to good society.

Y 313. Partnerships in a first-class Country PRACTICE, in a WESTERN COUNTY. The income was formerly £900 a year, but has declined in consequence of the advancing age of the incumbent; who, however, retains the best part of the connection, returning fully £600 a year. The Practice is capable of almost unlimited increase, as the district is populous, and there is no opposition within four miles. Two horses and one carriage are used. Appointments yield £110. A suitable gentleman would be admitted upon easy terms, but must be able to command £500.

Y 312. High-class Non-dispensing PRACTICE with Partnership introduction. The average receipts have been about £1,000 a year, but have increased largely during last year. The patients include the aristocracy of the district. Midwifery fee, £5 5s. to £10 10s. Nearly the whole Practice lies within a mile radius. Visits, 5s. and 7s. 6d. The incumbent holds two government appointments, which yield about £100 a year. The residence is one of the best in the locality, in a charming situation, commanding a view of the sea and parts of the South Coast; being the Vendor's freehold, it can be purchased, or rented, or a smaller house adjoining could be occupied by the partner during the introduction. The successor must be well-qualified and accustomed to good society.

Y 320. In a pleasant and improving TOWN, a very OLD-ESTABLISHED PRACTICE, held by vendor for the last seven years. Average receipts about £760 a year, including easily worked Appointments producing £200 a year. No union. One Horse and carriage sufficient; the patients are chiefly of the upper middle-class. An efficient introduction can be guaranteed; part of the premium may left on security.

Y 326. PARTNERSHIP with succession in three or five years, in a first-class PRACTICE in Notts The present income is £800 a year, which can be doubled by the co-operation of a suitable gentleman, who is well up in operative surgery. It is the leading practice in the District, and affords an introduction to the best society. Midwifery fees from three guineas to five. Visits 5s., with mileage extra. A Dispenser is employed, but no other assistant necessary. The partner, if unmarried, could at first reside with the vendor. Terms based on two years' purchase, with concessions as to mode of payment.

FRAGRANT SOAP.

The celebrated "United Service" Tablet is famed for its deligh ful fragrance and beneficial effect on skin.

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J. C. AND J. FIELD, Patentees of the Self-fitting Candles
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THE UPPER AND MIDDLE CLASSES

OF BOTH SEXES, MENTALLY AFFLICTED,

TUE BROOK VILLA,

NEAR LIVERPOOL.

Further information may be obtained on application to Dr. H. OWEN.
Vide page 1075, "Medical Directory," 1869.

THE HANDIEST SHOP IN LONDON.—50 per Cent. Saved.—PORTMANTEAUS, 5s. to 50s.; Hat Cases, Carpet and Leather Bags, Trunks, Boxes, Silk Umbrellas, 2s. 6d. to 10s.; Revolvers, Cricket Bats, Fishing Rods, Guns, Gun Cases, Foot Balls, Croquet; Dumb Bells, 2d. per lb.; Ivory-handled Knives, Baths, Perambulators, 14s., warranted; Weights and Scales, Carpenters' and Gardening Tools, Tents, Flower Stands, Whips, Stable Brushes, Parrot and Bird Cages, Opera Glasses; Cash Boxes, 2s.; Account Books, Deed Boxes, 6s.; Iron Safes, 48s.—GOFF, 15 and 16 New street, Covent Garden.

COOKESTOWN HOUSE, INSTITUTED FOR

THE MEDICAL TREATMENT OF THE INSANE OF BOTH SEXES.

This highly respectable Mansion in no respect resembles, either internally or externally, what is usually known as an Asylum.

The Demesne, Conservatories, Graperies, and Grounds are unusually extensive, and in good condition.

There are Billiard Tables for both sexes, with indoor and outdoor amusements, including Vehicles.

Cookestown House is within three miles of Carrick-on-Suir Station, with a like distance from Fiddown, both on the Waterford and Limerick Lines, and in connection with the G. S. & W. and Kilkenny Lines.

For terms, and Form of Admission, apply to the Resident Physician.

JOHN PEPPARD, M.D., &c.
Cokestown House, Piltown, co. Kilkenny.

THE WESTMORELAND LOCK HOSPITAL

FOR THE TREATMENT OF VENEREAL DISEASE, TOWNSEND STREET.

SURGEONS TO THE HOSPITAL.

Benjamin M'Dowell, M.B.T.C.D., L.K.Q.C.P.I., L.R.C.S.I., Professor of Materia Medica in the Ledwich School of Medicine, &c., Surgeon to Mercer's Hospital.

John Morgan, A.M., T.C.D., L. and F.R.C.S.I., Professor of Practical Anatomy (Surgical and Descriptive) Royal College of Surgeons, School of Surgery, and Surgeon to Mercer's Hospital.

THE HOSPITAL contains 150 Beds; 674 patients were admitted during the past year suffering from every variety of Venereal Affection, thus affording ample opportunity of studying the disease in all its forms.

The wards are visited daily between twelve and two o'clock, so as not to interfere with attendance at general hospital practice.

Two Clinical Lectures will be delivered each week, commencing the first Monday in November.

Fee for Hospital attendance, including Clinical Lectures;—For Winter Session, six months, £4 4s.; for the Summer Session, three months, £2 2s.

For further particulars apply to Dr. M'DOWELL, 29 York street; or Mr. MORGAN, 23 Stephen's green North, or at the Hospital.

METROPOLITAN DISPENSARY AND CHARITABLE FUND, 9 FORE STREET, CRIPPLEGATE.—The Office of Surgeon to this Charity is now vacant by the resignation of Sidney Chater, Esq. Candidates must be Fellows or Members of the Royal College of Surgeons of England, not practising Pharmacy. Testimonials will be received at the Dispensary, until 4 o'clock on Tuesday evening, the 7th November, when Candidates must attend the Committee with their diplomas, and the Committee will fix the day of Election. All further particulars relating to the Institution, and the duties of the Office, may be obtained upon application to Dr. Southwood, the Resident Medical Officer, or to the Secretary.

By Order of the Committee,
FREDERICK STILES, Secretary.

6 Fore street, Oct. 1871.

LECTURES ON EXPERIMENTAL & PRACTICAL MEDICINE.

By BENJAMIN W. RICHARDSON, M.D., F.R.S.

WINTER SESSION, 1871-72.

The first Lecture of the Eighth Course on Experimental and Practical Medicine will be delivered at 12 Hinde street, W., on the last day of the present month, Tuesday, October 31st. The Course will be continued on the last Tuesday of every succeeding month until March.

The subjects of Lecture will be divided into two parts: one part will be essentially practical, treating of the newest developments of Medical Science in their applications to the daily exercise of Medical Art; the other part will be experimental, treating of the way that lies open for new discoveries, or for the perfection of discoveries in the science and in the art of Medicine.

At each Lecture, as the opportunity may offer, specimens of recent inventions, new therapeutical substances, or other useful practical agencies for the treatment and cure of disease, will be demonstrated.

The Course is specially intended for Members of the Profession engaged in actual practice; but it may be attended by Students of Medicine who are advanced in their curriculum of study.

The present Series will commence with a Lecture on
"The Science and Art of Embalming the Dead."
The Lecture Hour is from 5 P.M. to 6 P.M.
Entrance fee, £1 1s.

Entrance-tickets can be obtained during the half-hour preceding the Lectures, or on application by letter address to Mr. Poole, 12 Hinde street, W.

ROTUNDO LYING-IN HOSPITAL, DUBLIN.

Consulting Physician—Alfred Hudson, M.D., F.K.Q.C.P.I.
Consulting Surgeon—Robert Adams, M.D., F.R.C.S.I.
Master—George Johnston, M.D., F.K. Q.C.P., &c.
Assistant Physicians—Alex. Taylor. L.K.Q.C.P., &c. J. J. Cranny, L.K.Q.C.P., &c.
Secretary—J. G. Strickland, Esq.

This Hospital, the largest Chartered Clinical School of Midwifery in the British Dominions, contains one hundred and thirty beds, twenty-five of which are appropriated to the Diseases of Females.

The Lectures are recognised by the Royal College of Surgeons in Ireland, London, and Edinburgh; the King and Queen's College of Physicians: the Apothecaries' Hall of Dublin and of London; the Army and Navy Medical Boards; and all the other Licensing Bodies.

The Diploma from this Hospital is recognised by the Poor-law Commissioners as a qualification in Midwifery for all Hospitals and Dispensaries under their control in Ireland.

The Intern Pupils, of whom there is only a limited number, have each a separate bed-room, with the use of a sitting room.

Two courses of Lectures are given yearly; the first commencing early in November, the second early in May.

Applications to be made to the Master or Secretary, at the Hospital, Rutland Square.

CITY OF DUBLIN HOSPITAL.

Physicians.

J. H. BENSON, M.B., T.C.D., L.K.Q.C.P., L.R.C.S.I.
J. M. PURSER, M.D., L.R.C.S.I., L.K.Q.C.P.

Surgeons.

WILLIAM HARGRAVE, M.D., F.R.C.S., Professor of Surgery R.C.S.
JOLLIFFE TUFNELL, F.R.C.S., Ex-Regius Professor of Military Surgery, and Examiner in Surgery, R.C.S.
H. G. CROLY, F.R.C.S., L.K.Q.C.P.I., Senior Demonstrator of Anatomy, R.C.S.
WILLIAM THORNLEY STOKER, M.D., L.R.C.S.I., Demonstrator of Anatomy R.C.S.

Opthalmic Surgeon.

LOFTIE STONEY, M.D., F.R.C.S.

Consulting Physicians.

Professor APJOHN, and CHARLES BENSON, M.D.

Consulting Obstetrical Physician.

T. E. BEATTY, F.K.Q.C.P.

Consulting Ophthalmic Surgeon.

ARTHUR JACOB, M.D. (HON.), T.C.D., F.R.C.S.

The Clinical Lectures will be delivered on three days in the week by the Physicians and Surgeons, and Special Courses on Diseases of the Eye will be given by Dr. STONEY.

The Certificates of attendance are received as qualification by all the Colleges, Halls, and Boards.

For further particulars apply to Dr. STOKER, 43 Harcourt street, between 3 and 4 o'clock.

Irish Poor-Law Intelligence;

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

NEWMARKET-ON-FERGUS DISPENSARY DISTRICT.

At a meeting of the Committee of Management for the above district on Monday, Dr. Courtney tendered his resignation of the office of medical officer, which was accepted. The members of the Committee expressed regret at losing the services of so eminent a physician. who, since his appointment of medical officer to this district, had at all times evinced the greatest skill, attention, and kindly disposition to the poor committed to his care. Edmond Frost, Esq., M.D., Limerick, was appointed medical officer *pro. tem.*, and was elected permanent medical officer on the 24th.

THE BLACKROCK (CORK) DISPENSARY DISTRICT.

A meeting of inhabitants of this district was held on Tuesday at the Dispensary House, Blackrock, to take into consideration matters relative to the future appointment of a medical officer for that district.

The Chairman said that the object of the meeting was simply this—to put forward the absolute necessity that existed for the medical officer of the district whoever was appointed to succeed Dr. Cummins, residing within it. (Hear, hear). They understood that Dr. Cummins was going to resign the post of medical officer of the district, which was a large and populous one—indeed in the neighbourhood of Cork there was not another either so large or so populous, and the great object that the meeting had to achieve was to have a resident dispensary doctor. (Hear, hear). That he thought they could effect by representing their wishes on the subject to the Board of Guardians, and if necessary to the Poor-law Commissioners.

Mr. Johnson proposed that a memorial be presented to the Poor-law Commissioners requesting of them to require that whoever should succeed Dr. Cummins in the medical charge of the district should reside in it.

ELECTION OF A MEDICAL OFFICER—ENNISTYMON.

Last Wednesday the ordinary weekly meeting of the Guardians was held—Colonel McNamara, D.L., occupied the Chair.

After the Clerk read minutes of last day's proceedings, which were affirmed,

The Chairman said that he thought it best to proceed to the principal business of the day, which was the election of a medical officer for the workhouse. Many of the Guardians present had probably business to transact elsewhere ; and it would be desirable to enable them to depart by a speedy disposal of the special affair for which they had been convened. There was, he understood, but one application for the situation before the Board, and, therefore, there could be but little difficulty in the matter.

Mr. J. O'Brien, D.L., then said that he felt much pleasure in proposing Dr. O'Brien as a fit and eligible candidate for the office of medical officer to that workhouse.

Mr. C. A. Keogh, J.P., seconded the proposition, which was carried without dissent ; and Dr. O'Brien having been called before the Board, the Chairman informed him that he had been elected.

Dr. O'Brien briefly returned thanks, and said that as he had been chosen by the Board to fill the situation, the duties of which had been so efficiently discharged by the late Dr. Shannon, he would endeavour to discharge the duties devolving on him with zeal and to the best of his ability.

The Chairman remarked that as the election had passed over without opposition, he trusted no bad feeling would exist in the minds of any of those who had been supposed to entertain contrary opinions.

It is understood that Dr. Brew, who was canvassing for the situation, had been recommended by his friends to withdraw from the contest, which accounts for the unanimous election of Dr. O'Brien.

The Board, after the disposal of routine business, adjourned.

HEALTH OF TRAMORE.

We are glad to find that summary steps can be taken to enforce proper sanitary arrangements for Tramore. "Some years ago," remarks the *Westmeath Independent*, "the sewage of a principal portion of the town, which used to find its way by a short sewer into the sea, was diverted, and is discharged into a flat open drain, from which the miasma is most offensive, and during the winds which are most prevalent, this pest-laden vapour is blown into some of the best houses in the town. The sanitary arrangements can hardly be worse than they are ; and we are glad to find that the guardians of the poor can be compelled to do whatever is needful. Mr. Caulfield, S.I., and the constabulary deserve the warmest thanks of the inhabitants of Tramore, and the visitors thereto, for their action in the matter."

SMALL-POX IN BELFAST, AND THE DETENTION OF SMALL-POX PATIENTS.

At the usual weekly meeting of the Belfast Board of Guardians on Tuesday, a letter was read from the Poor-law Commissioners, in reply to an application of the Guardians that an order might be obtained from the Lord Lieutenant, authorising the detention of small-pox patients treated in the workhouse, until the medical officer reported that their discharge would not endanger the public health. The Commissioners expressed the opinion that no power existed to authorise the Guardians to detain patients as proposed—an opinion in which they stated the law adviser concurred. From the report presented by Dr. J. Seaton Reid, it appears that on Monday there were eighty-nine small-pox patients in hospital against seventy-two on the 22nd. During the past week twenty-six fresh cases were admitted, four were discharged, and three died.

HEALTH OF DUBLIN.

In the Dublin Registration District, the births registered

during the week ending 21st of October, amounted to 170. The average number in the corresponding week of the years 1864 to 1870 inclusive, was 148. The deaths registered during the week were 141. The average number in the corresponding week of the previous seven years was 148. Seven deaths from small-pox were registered during the week. The Deputy-Registrar of No. 3 North City District (Blackhall street) makes the following observations :—"Small-pox has increased very much within the last two weeks; in Granegorman lane alone there are some fifteen cases under treatment. It is to be regretted that the hospitals are not in a position to take in more cases of small-pox : it is a difficult matter to prevent the spread of the disease in the overcrowded dwellings of the humbler classes. The majority of the cases are of a mild type, due, no doubt, to the protective influence of vaccination. A large number have been re-vaccinated during the past week—some 150 people." Scarlet fever caused eleven deaths. Two deaths were attributed to whooping-cough, and one each to measles, diphtheria, and quinsy. Eight deaths resulted from fever, viz., one from typhus, two from typhoid, and five from simple continued fever. Three deaths were referred to erysipelas. Seven deaths were caused by diarrhœa, and one by dysentery. Bronchitis proved fatal in fourteen instances, and pneumonia in four. Two deaths were attributed to apoplexy, and a like number to paralysis. Six children died from convulsions. Heart disease caused seven deaths. Three deaths were ascribed to liver disease, one to inflammation of the bladder, and one to kidney disease unspecified. Twelve deaths resulted from phthisis, and five from hydrocephalus.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

At the annual stated meeting of the College, held on St. Luke's Day last, the following officers were elected :—

President—Alfred Hudson, M.D. Censors—Samuel Gordon, M.R., V.P. ; John Ringland, M.D. ; James Little, M.D. ; T. Wrigley Grimshaw, M.D. Examiners in Midwifery—George Johnson, M.D. ; Lombe Atthill, M.D. Treasurer—Henry Law Dwyer, M.D. Representative on the General Medical Council—Aquilla Smith, M.D. Professor of Medical Jurisprudence—Robert Travers, M.B. Registrar—John Magee Finny, M.B.

ARMY MEDICAL DEPARTMENT.

Staff Assist.-Surg. Irving left Portsmouth on Tuesday in H.M.S. Euphrates for India ; Assist.-Surg. Macbeth has been taken on the strength of eastern district for duty ; Staff. Assist.-Suag. Joynt has taken over medical charge of the troops at the Pigeon-House Fort, in relief of Staff Assist.-Surg. Lyons, who has been transferred to Kilmallock ; Staff Assist. Surg. Beamish has been ordered from Youghal to Dublin ; Staff Assist.-Surg. Davie has arrived at Nenagh for duty ; Staff Assist. Surg. Doake has arrived at Ballina from Enniskillen for duty Staff Surg. Hoystead has reported his arrival in Dublin for duty at the General Hospital.

THE SUPPLY OF COD-LIVER OIL TO THE WATERFORD UNION.

At a recent meeting of the Dispensary Committee, Mr. Clampett proposed, and Mr. O'Shea seconded, "that Mr. Hunt be requested to explain why he sent such (so-called) cod-liver oil, as it was not considered fit for use by the medical men and committee. The committee requiring cod-liver oil for immediate use, will be obliged to procure it from a local establishment, and charge the difference to the contractor."

The adoption of such a course by the committee is highly commendable.

MEDICAL ASPECTS OF TOBACCO SMOKING.

"Is smoking injurious?" This is an everyday question apt to be put by patients to their doctors. Like most broad questions of the kind, it involves far too many considerations to admit of being answered by a plain yes or no. A medical man who has long been a moderate smoker, and watched the effect of the habit on himself and others, here offers what he believes to be the true answer to the question.

First of all, there must be an understanding about the quality of the tobacco to be smoked. Bad, *i.e.*, rank, quickly intoxicating, and prostrating tobacco (certain kinds of shag and cavendish, for instance) must always be injurious. Few can smoke them at all—none, habitually at least, with impunity. So too with regard to quantity, even good tobacco smoked to excess will to a certainty be injurious to the smoker, sooner or later, in some way or another. Of the various evil effects of excessive smoking more will be said presently.

Next, as to the smokers. There are people to whom tobacco, however smoked, is simply poison, causing even in small doses vomiting, pallor, and alarming prostration. Such people never get seasoned to its effects, even after repeated trials ; and if they are wise they will for ever let it alone. They will display still further wisdom by not presuming to make laws for others who have not the same idiosyncrasy.

No one can enjoy smoking, or smoke with impunity, when out of health. The phrase "out of health," though it may sound vague, is definite enough to frame a general rule. At the same time, it is useful to know what if any are the particular disorders and conditions of health in which tobacco does special harm. As far as the writer's knowledge goes, these have never been specified by medical writers as clearly as is desirable.

To begin, a man with a bad appetite will, if he smoke, most assuredly eat still less—a noteworthy fact for smokers or others recovering from wasting illness or "off their feed" from whatever cause. This effect of tobacco, by the way, while an evil to the sick man who cannot eat enough, becomes a boon to the starved man who cannot get enough to eat ; an ample illustration of this was furnished among the French and German soldiers in the recent war. Again, no man should smoke who has a dirty tongue, a bad taste in his mouth, or a weak disordered digestion. In any such case he cannot relish his tobacco. It should be a golden rule with smokers, that the pipe or cigar which is not smoked with relish had better not be smoked at all. Indigestion in every shape is aggravated hy smoking, but most especially that form of it commonly known as atonic, and accompanied with flatulence. Diarrhœa, as a rule, is made worse by smoking,

One of the commonest and earliest effects of excessive or untimely smoking, is to make the nerves shake. This gives the clue to another class of persons who ought not to smoke—persons, namely, who have weak, unsteady nerves, and suffer from giddiness, confusion of sight, tremulous hands, tendency to stammer, or any such symptoms. And if tobacco does harm in mere functional weakness, still less allowable is it in actual organic disease of the nervous system ; as for instance, where there exists any degree of paralysis or other sign of degenerative change in the brain or spinal cord. The improper use of tobacco does beyond question somehow interfere with due nutrition of nerve substance. An illustration of this, familiar to oculists and medical men is the so-called tobacco-amaurosis, a failure of vision occurring in excessive smokers from mal-nutrition of the retina. Another class of persons who ought not to smoke are those who have weak or unsteady circulations and complain of such troubles as palpitation, cardiac pain, intermittent pulse, habitually cold hands and feet, or chronic languor.

Lastly, there is reason for believing that the habitual use of tobacco is likely to retard the due growth and

development of the body. If so, no one should become a smoker till he is well passed the age of puberty. Boys, moreover, have no excuse for smoking, for they are spared the hard wear and tear of adult life.

Now, after eliminating those who from idiosyncrasy cannot, and those from bodily ailment or from tender years should not smoke, there will still always be a large residuum of happy folk who can smoke, enjoy smoking, and are indeed the better for it. These are they who use tobacco without abusing it—use it, that is to say, in moderate quantity, in due season, and honestly for the sake of the comfort which it gives them—a comfort every bit as legitimate as that which drinkers of tea, coffee, or wine extract in each case from their favourite beverage.

A few words on each of these points. By moderate smoking is meant smoking only just so much and so often as each man finds to be good for him. It is with tobacco as with alcoholic drinks. Every man of mature years, sound health, and common sense, soon gets to know what is the limit of safe indulgence for himself. However widely this limit may vary in different individuals the following rule is absolute and unalterable—that when a smoker begins to ail bodily, or to be getting listless, dreamy, and disinclined for serious thought or action, or to shirk the duties of social intercourse, this limit has been exceeded.

Tobacco should be used as supplementary to food, not as a substitute for it. The season, therefore, for healthy smoking is after a meal. Tobacco should not be taken on an empty stomach (unless to stave off hunger) any more than alcohol. Smoking merely to kill time, or to colour a pipe (?) is a childish abuse of tobacco.

Against moderate smoking in a healthy person who enjoys it, not a single argument of any weight has yet been advanced. Perhaps the most plausible of them is this—that every smoker daily imbibes a small quantity of tobacco-oil and nicotine; and as these substances taken by themselves in the pure concentrated state and in large doses are highly poisonous, therefore every habitual smoker is slowly poisoning himself. Just as reasonable it to condemn all alcoholic drinks, such as wine, beer, &c., as pernicious because a draught of pure alcohol will early or quite kill a man; or to condemn tea or coffee as dangerous drinks, because their active principles, theine and caffeine, taken alone and in large doses, are poisons. One of the best established truths in medical science is that the same physiological agent, according to the dose given, may produce effects which differ not merely in degree but *in kind*. The idea of small doses of tobacco or other such agent slowly accumulating in the system and at length producing the effect of a single large dose is *à priori* absurd, and also contradicted by experience.

So much, and often so much nonsense, is prated about the evils of tobacco that its virtues rarely get a hearing, and yet the latter are many and great. To quiet nervous unrest; to soothe a ruffled temper; to favour calm and impartial thought; to steady and clear (*not* to cloud) a confused, overworked brain; to counteract the effects of physical exhaustion—these are just the things which tobacco does, and if it can effect these ends safely and pleasantly, who shall deny it a place among God's good gifts to men?—*Food Journal.*

DACTYLITIS SYPHILITICA.

Dr. R. W. Taylor, surgeon to the New York Dispensary, gives the history of a syphilitic lesion of the fingers and toes, of which there were but five recorded cases, and which during the past year he had had a case in his service at the New York Dispensay. This lesion, which has been improperly called "syphilitic panaris," was very very meagrely treated of in a few of the text-books, while most of the authors did not mention it. He thinks to term *dactylitis*, from δάχτυλος, a digit, more appropriate than "panaris," a synonym of "paronchia, which does express the condition."

In this affection the nail is not attacked, but the deeper structures. The lesion is one of the tertiary period, and consists in an infiltration of the gummy material peculiar to that period of syphilis in the subcutaneous connective tissue, in the fibrous structures of the joints, under the synovial membrane, and in the bone. There is also, as a secondary consequence, impaired nutrition of the articular cartilages. An analysis of the recorded cases warrants their division into two varieties; the first variety, that in which there is very considerable deposit in the subcutaneous connective tissue and in the ligaments, and only a moderate amount of it in the bone; the second variety, that in which there is very little, if any, deposit under the integument, while in the deeper structures, particularly the bone, it is very copious.

In the *first variety*, the deposit of gummy material under the integument very much enlarges the digit attacked. The skin generally presents a slight violaceous colour. The swelling may extend along the whole length of the finger or toe, or it may involve only a portion; the nail is not affected. It is developed slowly and painlessly, and at the same time a thickening of the capsule of the joint is observed, as well as a slight enlargement of the bone. This bony enlargement in the first variety is not extensive. The ligaments of the phalanx may become very much disorganised; and the mobility of the joint would then be very extensive in all directions, if the deposit in the integument did not give firmness. In all of the recorded cases the lesion of the ligaments has not produced any serious damage of these structures. As a result of the deposit of gummy material in the fibrous structures of the joints, the articula lamella of cartilage undergoes change, which is evidenced by a crepitation heard when the articular surfaces of two phalanges are rubbed together. Since this has never resulted in anchylosis, or disorganisation of the joint, it is inferred that the affection of the cartilage is of a slight and transitory character, and due to the impairment of nutrition produced by the deposit in the ligaments from which the cartilage is partly nourished.

The gummy infiltration of the soft parts is commonly absorbed after having existed about six months. It is somewhat singular that in this locality the tendency is to gradual interstitial absorption rather than to degeneration and consequent ulceration. This is attributed to the abundant vascularity of the fingers and toes, and to the more highly cellular character of the gummy material here proliferated. The deposit in the ligaments is also absorbed slowly, and usually leaves them normal; but instances were quoted in which they were left preternaturally lax. The enlargement ef the bones also gradually subsides.

The deformities produced by the first variety of dactylitis syphilitica are of two kind: first, those of the period of progress of the lesion, in which the affected finger or toe is very considerably enlarged, and pushes those on each side of it out of their place; and second, those of the period of decline, in which, owing to slight destruction or absorption of some part of the joint-structures, the finger or toe is left in positions of greater or less superflexion or super-extension.

This first variety, as well as the second, occurs late in syphilis. It is usually a manifestation of profound syphilitic dyscrasia, and coexists with other lesions of a grave character—such as those of the integuments, bone, brain, and viscera. It may occur either in acquired or in hereditary syphilis.

The first variety, then, is characterised by the fact that the deposit is chiefly subtegumentary, involving the connective adipose tissue and not the derma; and while it very extensively involves the ligaments, it only produces slight changes in the bone. But stress is laid upon the fact that in every one of the recorded cases of this variety, the origin of the lesion is recognised early, and proper treatment immediately instituted; and it is difficult to say how far the lesion in the bone would have progressed if not treated thus early.

In the *second variety*, on the contrary, the deposit is chiefly in the bone, and when subtegumentary, which is

very rare, it is not copious. In this variety the swelling may commence in an acute manner, involving the whole finger or toe, and then localise itself at one or more of the phalanges, which become very much enlarged out of proportion to the rest of the digit. The disease may attack either the first, second, or third phalanges, one or more of each; those of the fingers or toes alone, or those of both fingers and toes at the same time. Another method of invasion is by a slow, painless enlargement. The swelling n this variety is very great, so that, in one of the cases quoted, a finger at its first phalanx measured about five inches. The lesion here either may begin beneath the periosteum, and then infiltrate the bone, or may begin around the medulla, and from this focus infiltrate the cancellous tissue. In the latter case, this tissue becomes very much swollen, and expands the compact tissue and periosteum, which gradually yield to the pressure and form a wall. The lesions, then, are two, either a syphilitic periostitis or a syphilitic osteompelitis.

The gummy material thus proliferated may undergo fatty change and interstitial absorption; or it may break down and be extruded. When it does not break down, it produces death of the portion of the bone infiltrated, or, as it is termed by Virchow, dry caries. The infiltrated bone is absorbed coincidently with the absorption of the gummy material, and no lesion of continuity is produced. Thus we may find that nearly a whole phalanx is absorbed without any perforation of the integument; or a part of a phalanx may be absorbed; or the whole phalanx may be much attenuated and shortened. Instances are given in which the middle third of a phalanx was destroyed while the proximal and distal thirds were left intact. In these instances the severed bone was joined together again by a fibrous band, which formed a false joint, very mobile; and, as a consequence, the finger was not responsive to volition. When the gummy material breaks down, it makes its way to the surface, forming a sinus, and escapes as a viscid fluid containing cheese-like flocculi and bony granules. This fluid, when it escapes from a part which has not been irritated, does not contain any pus, but exhibits under the microscope amorphous granular matter, and sometimes connective-tissue cells. Pus is not found in the sinus either, unless it has been irritated. This absence of pus is considered as somewhat diagnostic of syphilitic degenerations. The sinus also presents diagnostic points, as it does not show a tendency to become at its orifice thick, bluish, and everted, as in strumous fistulæ, but generally heals rapidly. One instance was quoted in which a sinus enlarged into an ulcer characteristic of syphilis.

The fibrous structures of the joints are involved in this variety, much as in the first. This variety sometimes presents a hydrarthrosis, which is probably due to deposit in the subsynovial connective tissue. An important symptom of this synovitis is the small amount or entire absence of pain. Though an effusion into the entire joint has not as yet been observed in the first variety of dactylitis, it is suggested that future observations might perhaps establish the fact of its occurrence.

The articular cartilage is alsoaffected in this variety, the impairment of its nutrition being due to two causes: first, the lesion in the joint-capsule; second, the infiltration in the underlying stratum of bone. As a rule, reparative action begins before very serious disorganisation is produced.

The integument suffers only secondarily in this variety. During the period of existence of the lesion, it is much stretched, and its natural folds are effaced; but upon the subsidence of the swelling, it gradually adapts itself again to the diminished size. An interesting case of this adaptation of the integument was related, in which a whole phalanx and part of a metacarpal bone had been destroyed, and yet there was not very much redundancy of skin. This adaptation is beneficial in giving steadiness to the fingers and toes. These lesions run a very chronic course, lasting two or three years, but are amenable to an anti-syphilitic treament.

The deformities are greater and more permanent in the second variety than in the first. In the period of progress and in the stationary period of the lesion, the fingers and toes are very greatly enlarged and unwieldy, and they distort the adjacent digits. In the final stage the bone may be left either attenuated, or partially or wholly destroyed. It may be left also in a light or fragile condition; or local or general eburnation may be produced. The ligaments generally adapt themselves firmly to the bones, but they may be left very flaccid.

The *diagnosis* is of the utmost importance; for if the syphilitic origin is recognised, an appropriate treatment may be instituted, and will be beneficial; moreover, it will prevent the surgeon from resorting to operative procedures which are unnecessary. The principal affections with which the first variety of dactylitis syphilitica might be confounded are whitlow; gout, when the affection occurs in the great toe; and rheumatoid arthritis, if it attacks many fingers or toes, and especially if it involves the larger joints of the body at the same time. Enchondroma and exostosis also might possibly be mistaken for this lesion. The second variety of dactylitis is to be diagnosticated from the so-called strumous disease of bone. This latter is prone to attack bones very rich in cancellous tissue; such as those of the carpus and tarsus, and the expanded extremities of the long bones. Besides, in cases of dactylitis a history of syphilis can generally be elicited, or the presence or traces of other syphilitic lesions can be observed.

The *treatment* is that of the tertiary period of syphilis.

ANOTHER ANTIDOTE FOR SNAKE POISON.

THE belief that the natives of India possess antidotes to the poisons of venomous snakes in certain herbs, and the leaves of plants which they use, is a very common one. Some of the natives themselves, moreover, honestly think that they have the actual means of averting death from snake bite by the employment of these vegetable substances. Recently many of these panaceas have been tried by experimentalists in India and found wanting. Dr. Fayrer, of Calcutta, in the last number of the *Indian Medical Gazette*, gives an account of an antidote of some repute brought under his notice by a Brahmin who travelled a very long way for the purpose. The Brahmin himself thoroughly believed in the asserted virtues of the plant. He expressed his willingness to submit the supposed antidote to trial upon animals bitten by cobras, which was accordingly done. Dr. Fayrer made a cobra bite a big Pariah dog in the hind leg. The Brahmin meanwhile mixed a quantity of the green pulp of his leaves with the tobacco-water out of a common hubble-bubble, and waited for the proper time to administer the antidote. The dog, in a few minutes, began to show symptoms of the poison; but he said it was yet too soon to begin the treatment. A minute or two later, the symptoms of poisoning becoming more marked, he poured some of the mixture down the dog's throat and rubbed him all over with it. This he continued doing for several minutes, during which time it was difficult to say in what state the animal was, as it was being pulled about and rubbed with the disgusting compound. He presently released the animal, which, stupified and exhausted, staggered forward a few steps. The man immediately said, "Now the dog is recovering, he will soon be well." The dog at this juncture fell over in convulsions. The man seemed nothing disconcerted; he said a few more doses and a little more rubbing would put all to rights. The process was repeated, and the result was that the dog was more prostrate than before. He was evidently dying, could not coordinate his locomotive apparatus, and fell over again convulsed. The man now looked rather surprised and disappointed, but he redoubled his efforts, and this time when the dog was released he fell over, and after a few convulsive movements, died—within half an hour of being bitten. The man said he was not dead, and that he still believed he would recover. Another application of the drug convinced him, and he at last admitted that his antidote had failed. Dr. Fayrer asked him if everything had been done as he desired, if anything had been omitted; he said no, and that he had nothing whatever to object to the proceedings. Asked if he would try again on another dog. He said no, he did not wish to destroy any more life, and that he felt satisfied now that the leaf was powerless; he said he could not account for it, but he certainly had seen men and animals recover after being bitten, in his own country, by the efficacy of this antidote.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 8, 1871.

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DUALITY OF THE CHANCRE.

BY CHARLES R. DRYSDALE, M.D., M.R.C.P.L., F.R.C.S.E.,
Physician to the Metropolitan Free Hospital, &c.

IN a former essay (MEDICAL PRESS AND CIRCULAR, Oct. 5th, 1871), the writer of this paper gave in his adhesion to the proposition that syphilis, or that disease, which is the cause of so many skin eruptions and so many internal lesions, was new to Europe until the year 1493, when it was brought to Europe by Columbus, in March of that fatal year. If, then, there were any clear proof that other venereal diseases existed in Europe previous to that date, it would go far to prove that they had nothing whatever to do with syphilis. Turning to ancient writers on medicine, then, we find Celsus (lib. vi., chap. xviii.) speak thus, "Therefore, if the penis be swollen from inflammation, the prepuce cannot be drawn back, this is phymosis, or forward paraphymosis. If the foreskin cannot be reduced, the superior surface must be divided gently with a scalpel . . . Ulcers will be found behind the posterior parts of the prepuce, or on the gland, these ulcers will be either clean or dry, or moist and purulent . . . Not unfrequently the penis has been destroyed to such a degree beneath the prepuce by these ulcers, that the gland has fallen off. There is also a species of ulcer found there sometimes, which the Greeks call phagedæna. Here no time must be lost; but the same caustic remedies must be immediately applied, and if they avail not, the part must be burnt by the actual cautery."

Many persons may be inclined to look on this passage as a clear proof that soft chancre existed in the days of Celsus; but there is an indefiniteness about the definition of such chancres, which will, we hope, become more apparent as we go on. In Paris, the majority of writers on syphilis are now completely convinced that the soft sore has always existed since the history of medicine, and that the initial lesion of syphilis has only been seen in recent ages. In England, Mr. Henry Lee and Mr. Berkeley Hill may be said to be the chief champions of this opinion; and, in the United States, Dr. Bumstead has made this opinion to be widely shared by some of the ablest of the young men of that country. In the works of Hippocrates (Coxe's "Hippo. and Galen") we find the passage, "Great fluxes upon the private parts, with ulcerations, tubercles inwardly and outwardly were frequent. Also swellings in the groin, inflammation of the eyes that were humid, and of long duration and painful." Dr. Jepson (*New York Medical Journal*, September, 1871), says: that Renouard, in his "History of Medicine," observes that "Hippocrates, Galen, Celsus, and the Arabian physicians make mention of pustules, ulcers, phlegmons, excrescences, and crusts, located on the genitals, and neighbouring structures." It is strange that neither Horace, Ovid, nor Juvenal, whose works the writer has quite recently consulted, ever seem to speak of such ulcerations, and they never even mention gonorrhœa. During the Middle Ages, one writer, called W. de Salicet, writing in 1290, A.D., speaks of bubos occurring after connexion with a prostitute. Dr. Vidal, of Paris, quotes Lanfranc, a pupil of Salicetus, who says that, "ulcers of the penis proceed either from hot pustules, or from commerce with a woman who has been previously afflicted in the same way . . . Often an abscess comes in the inguinal region, on account of an ulcer on the penis." Bernardus Gordon, professor of medicine in Montpellier University, writes too, in 1300 that "Diseases of the penis are numerous, following lying with a woman whose womb is unclean, full of putrid sanies, &c." (*See* Dr. Jepson's article, *loco citato.*)

The writer has already remarked that no such account of true syphilis is to be found in the writings of any writer before the year 1493, which is not the case in other diseases, such as cholera, plague, or small-pox. The history of medicine gives us the epoch of the appearance of such scourges. We never hear too among the ancients of hereditary syphilis; and Littré truly says,

that none of the Greek or Latin writers speak of such phenomena as exostosis, iritis, or hereditary eruptions, &c.

It appears that for a long time there was no clear distinction made between the ulcers which gave rise to syphilis, and the class of sores which had always been known to physicians, until about the middle of the 16th century, when Nicolas Massa (1532) remarked that the ulcer of the genitals, which was accompanied by a bubo, was not often followed by any other symptoms. Fallopius (1555) also seems to have made a distinction between the sores; and N. De Blegny (1673) speaks of *hardness* of the ulcer being a sign that secondary eruptions would ensue. Coming down, however, to Hunter's days, we find that he, writing in 1784, teaches that the various forms of gonorrhœa and syphilis depend on the same poison. Vigo had truly, long before, spoken of induration. "Quoties videtis sanatam cariem, et quod remanet *calli* circa cicatricem," he says, in one of his passages, "then you may be sure that the morbus Gallicus exists." Hunter spoke often of induration, and, after this great writer, Abernethy observes that many ulcers were not followed by constitutional effects. He writes in 1814, that he has never seen phagedæna followed by secondary eruptions. Although this is not a true observation of nature, it shows that Abernethy had noticed that *some* ulcers were more likely than others to be followed by the disease. Richard Carmichael, of Dublin, in 1814, said that the syphilitic poison always produced a chancre of slow progress. He believed, however, that there were several other poisons (venereal), and in this point was rather confused in his account of syphilis. Ricord commenced a series of investigations, which he published in 1838, which led him to say that there was only one virus, although he recognised that indurated sores were the ones which were followed by constitutional symptoms, and for a long time he led the school of *unicity* in Europe. At the same time, he remarks in his "Lettres la Syphilis," 1851, that "There are chancres, and perhaps they are the majority, which do not infect the constitution." It was reserved for Dr. Bassereau, one of Ricord's own pupils, to assert categorically that syphilitic sores have nothing to do with other venereal ulcers, in the year 1852. His discovery in the eyes of the writer of these lines was a most fortunate one in more ways than one. Among other advantages, it immensely diminished the number of persons who were destined to take large quantities of that very dangerous article of the Pharmacopœia, mercury. The arguments used by Bassereau are certainly very convincing, although there are one or two difficult points still remaining to be settled in the theory of dualism. Bassereau was in the habit, whenever he could do so, of confronting the affected patient and the person by whom he or she had been infected. He found that persons with syphilis had always been infected by some person, whose sore had been followed by constitutional symptoms; and that persons with suppurating soft sores, which led to nothing, had always received these from persons with sores of like nature, and which had not infected the constitution. Drs. Clerc, Diday, Rollet, and others soon followed in Bassereau's track and gave cases to prove his thesis. The writer of these lines has himself very frequently confronted patients affected with syphilis (especially married women) with those who infected them, and has been always able to verify Dr. Bassereau's conclusions. Whilst he writes these lines, two married ladies are under observation, with syphilis obtained from their husbands. Both of the husbands have had non-suppurating sores, followed by scaly eruptions, in their history. In the same way, numerous cases of soft sore have been seen by him to have been derived from women suffering from such sores, or in wives derived from husbands with such lesions, which were not followed by syphilis. In many cases in clinical experience, the writer has seen and heard of syphilis transmitting itself by means of indurated and non-suppurating sores on the lips; and whenever secondary symptoms, or the matter from hard sores have been experimentally inoculated on virgin subjects, the result has uniformly been a non-suppurating sore, with none of the characters of soft chancres. The experiments of Waller of Prague, Vidal, Rinecker, Wallace, and Auzias Turenne are quite conclusive in this matter. Auzias, too, found that soft sores could be transmitted to the lower animals, whilst syphilis could not.

The initial sore of syphilis is rarely re-inoculable on the patient himself; and the soft sore, it has been noticed, is very rarely indeed ever seen on any part of the head or face, whilst the non-suppurating sore is not at all unfrequently seen on the lips, although it is now well known, that the soft sore may easily be artificially inoculated on the face. Among other authors who have now adopted the theory of duality of the two poisons is Sir H. Thompson, who, in 1858, read a paper before the Harveian Society of London, in which he said, that in five cases out of six, we may diagnosticate between those sores which will be followed by syphilis, and those which are mere suppurating, or "soft" sores. The writer of these lines quite endorses Thompson's remarks. It is only occasionally difficult to make out whether a sore is the initial lesion of syphilis or not *in the male*. Incubation almost always is rather long, in cases when the poison of syphilis is inoculated in a virgin subject, Hunter, Lawrence, Rollet, (1865) Bumstead, Fournier, and a host of other writers, among whom Dr. R. McDonnell is one of the most reliable, may be mentioned, to prove this point. Baerensprung says: that four weeks is the *average* period of incubation in syphilic infections, before the "initial lesion" appears at the spot where inoculation was performed (Die Her. Syph). In some cases, which the writer has seen clinically, where syphilis has been inoculated by the lips, the incubation period has lasted several weeks. Now, in the immense number of cases of inoculation of "soft sores," there is hardly any real incubation; and the writer has in very numerous instances found that in a day or two after inoculation, the pustule begins to form. It is true that the incubation period in syphilis has been noticed to be sometimes only ten days; but, as in all similar animal poisons, much depends on circumstances, with regard to the incubation period. The infecting sore commences as a papule or abrasion, and this is soon surrounded by induration more or less marked; whilst suppuration is uncommon and not at all essential in such sores. In the *soft sore*, however, a *pustule* forms and suppuration always takes place. The first sore is usually rough; the second often multiple; the first sore is sometimes elevated above the surface, the second is always excavated. The lymphatic glands are indurated in the groins in the "hard" sore; they do not suppurate in such cases; whilst, in "soft" sore, they often do. Fournier (*Amer. Journ. of Syphil. and Derma.*, Oct., 1870,) says that indurated sores are by no means rare in women. Hardness of chancres may be entirely wanting in the initial lesion of syphilis, and the point is one of the objections made by many to the doctrines of Bassereau. It is doubtless one of the arguments which slightly weakens the force of his cogent evidence; but in the writer's opinion, the arguments for duality are too strong to be thus overthrown. It is true, that M. Clerc, in 1854, has made the conjecture, that soft sores are merely modifications of the syphilitic sore; and that they are the result of inoculations made with syphilitic sores upon persons suffering from syphilis. Mr. Henry Lee, however, in 1856 found that it was most difficult to make the secretion from a syphilitic sore taken upon a person suffering from constitutional syphilis, unless the sore were previously irritated, and made to secrete pus by some irritating substance, such as savine ointment. And this practice has been followed by Professor Bœck, Dr. Bidenkap, and others, when they desire to have pus where withal to inoculate, in their process called "syphilisation." Bidenkap and Köbner (Bœck's "Récherch sur la Syphilis") seem to prove, that when a hard sore is irritated, its secretion can be inoculated on a syphilitic patient with

the result that, within forty-eight hours, a pustule forms, which can be propagated in a continuous series, just as soft chancres can. Bœck, therefore, holds that soft chancre is merely *one* of the forms of true chancre, when the inflammation runs so high, that the constitution (from plugging of the veins) does not become infected. This is the most difficult point for dualists to answer. They have therefore mostly either denied the facts produced by Bœck, Bidenkap and Köbner flatly (as some of the Parisians do) or have asserted, either that the lancets used (Berkeley Hill) were probably soiled by pus from soft sores, or (Baerensprung) that ordinary pus will often produce such sores in syphilitic patients, (H. Lee) provided it comes from surfaces that have been irritated. The writer of these lines has witnessed some inoculations made by means of pus sent from Christiania to the London Lock Hospital by Dr. Bidenkap; and is not able to assert that ordinary pus would have produced the soft sores which resulted. Nor does he think that impurity of the lancet used will account for the result. It has not as yet been shown, however, that such soft sores inoculated on *syphilitic* patients would produce their like on *virgin* subjects. But, of course, this point should be cleared up by some future observers, although we don't clearly see how this is to be done.

Dr. Jepson is such an enthusiastic follower of the doctrines of Bassereau and of his respected professor, Dr. Bumstead, that he sees less difficulty than the writer of this paper does in this matter. "Granting (he says), (*N. York M. J.*) that our evidence on this point is insufficient; granting even that this soft chancre on the person of a syphilitic patient will produce a soft chancre, unattended by constitutional symptoms, when transferred to an innocent person, yet we cannot do other than accept the duality doctrine; for, if the effect of the chancre and the chancroid on the system be ever different, the one local, the other systemic, no interchange of species ever occurring, what does it matter clinically, if the chancroid is a derivative of syphilis?"

In the opinion of Dr. R. McDonnell, there is some connexion between the two sores. He argues that, just as varicella is *somehow* connected with variola, so is the soft sore with syphilis. As to the experiments made by Mr. Morgan, of Dublin, they have not been long enough before the profession, to be judged of by sufficient experimentation for the writer to dare to pronounce upon the point, whether the leucorrhœa of women affected with syphilis may not, in some instances, produce soft sores on the patients themselves. The most important of all points is this, in the writer's opinion, that all persons who have syphilitic eruptions have been infected, in his experience, by persons suffering from such like eruptions, whether from adults or infants, and there will always remain a little doubt about the matter of the duality of the chancres, so long as the definition of the soft sore is so misty and so vague. Dr. R. McDonnell has informed the writer, that he has seen a sore quite like a soft chancre produced by inoculation from pus from an abscess; and those who were present at a recent debate on Vaccino-syphilis, at the Royal London Medical and Chirurgical Society (1870) will remember, how many good observers acknowledge how difficult it was to make the diagnosis of syphilitic sores, in *some* instances. Before finishing this short essay, on a most curious and interesting subject, the writer may say, that it is probable that, ere long, the difficulties which he has pointed out will disappear. The silly mysteries which have beset the path of enquirers into any department of medicine connected with the phenomena of generation are rapidly and for ever disappearing; and the best minds in the medical profession are now finding it essential to study nature in all its naked and profound simplicity. Syphilis is too formidable a plague to be put up with by really civilised men, and the sooner we understand its nature, and set ourselves to get rid of it, the better for the race to which we belong.

CASE OF HYDATID TUMOUR OF THE ABDOMEN.

By Duncan R. McNab, M.R.C.S.E., and Trevor Fowler, L.K.Q.C.P., L.R.C.S., &c.

William Skingby, a farmer, æt. thirty-one years, consulted us on May 23rd, 1871, on account of a pain in the left hypochondriac region. He had previously led a regular life, and had enjoyed good health. Deriving no benefit from our treatment, and, on the contrary, having become much worse, he desired on the 16th of June to be seen at his own home. He had now taken to his bed, and was suffering from a severe pain in the left side, and a frequent desire to pass water, of which he was making a large quantity. Upon examining the abdomen we found an enlargement occupying the pubic region, extending upwards almost to the umbilicus, and bulging on either side into the iliac fossæ. It was firm and elastic, and gave the idea of compressed fluid. Above the left groin was a separate hard swelling about the size of a hen's egg. Both enlargements increased slowly from this time, being accompanied with increasing pain and restlessness. That above the left groin subsequently became softer, and ultimately appeared to blend into the larger mass. Upon the 11th of August Mr. Brickwell, of Sawbridgeworth, met us in consultation. The patient was now suffering from severe pain, sickness, restlessness, and general constitutional disturbance. His circumference was thirty-three inches, and he had visible abdominal pulsation, which was found, however, by change of posture, to be transmitted from the aorta. Supposing the case to be one of hydatid tumour, we introduced an exploring trochar and canula through the linea alba midway between the umbilicus and pubis, and thus drew off about 2 oz. of a clear limpid fluid, which was submitted to the microscope without giving any definite information. Subsequently, on the 18th of August, we introduced a larger trochar and canula in the same situation, and drew off about three pints of a purulent fluid, together with some three or four hundred hydatids, varying in size from a pea to a walnut, some transparent and some opaque. Great relief followed. The canula was secured, and allowed to remain *in situ* for five days, when, having almost slipped out, it was removed. No hydatids or fluid passed after the second day. From this time the swelling again steadily increased till the 15th of September, when the symptoms had become so urgent that we determined to repeat the operation; accordingly, we again introduced the trochar and canula, this time through the linea semilunaris of the right side (that part being the most prominent), and again drew off a large chamberful of purulent fluid and numerous hydatids. Much patience was required in the operation, the canula being frequently obstructed by the larger hydatids, of which many could only be extricated by diligent manipulation with a hooked probe. The canula being secured, was allowed to remain for eight days, during which time large quantities of hydatids were removed daily. A great improvement in the general health was the immediate result of this operation, but a certain amount of pain and discomfort continued, and several hard nodules were still to be felt over the abdomen. On the 1st of October, and for several days subsequently, he passed hydatids and pus *per anum*, which gave temporary relief. Later on his urine contained blood and pus. He is now in a somewhat stationary condition, but there are reasons to fear that a fresh accumulation of hydatids is taking place. Numerous important details have been purposely omitted in this account of the case, but we shall be pleased to reply to any questions from any of our professional brethren, and shall be glad of any suggestions as to future treatment.

Foreign Medical Literature.

GYMNASIUMS AND GYMNASTICS,

ON THE

NECESSITY OF THEIR ORGANISATION.

By E. Dally.

(Translated from the *Gazette Hebdomadaire* by Mons. B. Bertrand.)

Let us consider how to organise the practice of gymnastics so as to derive from it all useful effects, and let us at once say what a gymnasium ought to be.

Every airy room, covered, and having a solid floor on two-thirds of its surface can serve as a gymnasium, and will do—at least under the management of an able man—for the practice of gymnastics, without mechanical appliances, can produce most of its useful results, and we must not lose sight of the fact that the movements of the body are more beneficial to it through their continuance than through their intensity. This room must be at least ten or eleven feet high, and the surface must be in proportion to the number of pupils—a square of six and a half feet is required for each pupil as a minimum. According to their usefulness or simplicity we shall here mention as instruments those which are most required: sticks (wooden) one yard and a half long, or, better still, iron bars with rounded weights at their extremities, short (dumb-bells) from eight to ten pounds and upwards, or dumb-bells long, light; or bars of equal weight, suspension bars of pliant ash follow them; then ladders both made of wood and rope, rings, horizontal bars, a porch, sliding poles, clubs, &c., &c. But I repeat again, most of these instruments, however useful, can be dispensed with, Not so with the moveable douche. Whenever one can have water with a pressure of thirteen to twenty-six feet, one must make a reservoir and a conduit; after the exercises a cold douche of one minute produces the most beneficial results, and it is to be regretted that the schools of instruction are all deprived of it, notwithstanding M. Louis Fleury's exertions who has tried during a period of twenty years to introduce this reformation which has been realised in England and Belgium. I refer on this subject to some pages in the *Traité d'Hydrothérapie*, which happily are supported by citations from Pouguet, Van Esschen, and Esquiros. The last author says: Statistics show that the local population of Great Britain degenerates in those towns and villages where gymnastics are more or less neglected, whereas, it developes itself in every place where the manly sports are pursued.

"The system of education has noted these results. In all the large English Schools, such as Eton, Westminster, Harrow, Rugby, one tries to establish an equilibrium between mental and bodily exercises. Even a new system has been introduced in some public schools. The pupils study one half of the day while the rest of the day is put aside for sports and gymnastics.

"Now, looking at the condition of education in Great Britain, we learn that pupils who only spend a few hours in school daily are more intelligent and make more rapid progress than those who all day long sit over their books. The English have reckoned that the powers produced by this system equal for the work a fifth of the British population." (*Revue deux Mondes*, May 1, 1862). Thus showing the insufficiency of gymnastic exercise with a great number of subjects the learned observer adds: "we want some agent of general easy application for strengthening every constitution, but especially those who are weak and anæmic, one which can be applied regularly, which incurs neither danger nor inconvenience, and of which the efficacy is indisputable.

"This agent is cold water administered so as to obtain from it stimulating effects only; that is the cold water douche complete and of short duration. Under the influence of this daily ablution we soon see the skin become reanimated, coloured by the remarkable rising of the capillary circulation. Bright and red blood comes to vivify that vast surface where such important phenomena of vegetative life are effected. Functional activity of the cutaneous covering and the equability of the circulation induce as inevitable consequences a more complete assimilation, a better nutrition; consequently, an easier digestion and a more decided appetite. It requires a fortnight to see this metamorphosis brought about, especially in pale subjects, otherwise tolerably healthy, but in whom the skin deprived of proper stimulants is found in a state of constant inactivity.

"If we consider that the results enumerated will be repeated every day during eight or ten years that the primary and secondary instruction lasts we are struck by the extent of the final result. . . . I am convinced by the invincible logic of facts that the introduction of daily ablutions of cold water in educational establishments will effectually lead towards an entire transformation of public health. Here is the remedy for the fearful scrofula, for rachitis, bronchitis, for consumption; here are the prophylactic means for opposing the ravages of epidemics. You can increase the strength, the vital resistance, while medicine becomes converted to the doctrine of reason. Later when medicine and hygiene go hand in hand we shall have realised what ought to be considered as the end of the art "si vis sanitatem, para morbum."

This excellent page gives us hope that M. Esquiros, being able to do so now, has realised in the Department des Bouches du Rhone the system which he has so clearly demonstrated.

It is more than necessary that such a useful reformation should be put into practice and not exist longer alone in articles and books. Let us go back now to the elementary gymnastics which we suppose to be practised with the appliance of the douche. A costume is very useful. It is to be of cotton or linen, tolerably wide, without buttons, the trousers are to be *fastened?* at the end of the leg so that they cannot move upwards and whirl about. The belt—viz., the gymnastic belt, must be replaced by a linen *écharpe*. I do not understand why M. Triat and his pupils attach such great importance to the *maillot?* in the principal gymnasiums of Paris. This costume is expensive and very uncomfortable. Such are the principles of a gymnasium. And now other questions arise: what are the necessary exercises, how long and how often are the lessons to be? and at last how to get the means to open a sufficient number of gymnasiums and to provide a large quantity of teachers who are clever enough, and who are arduous enough to apply and to introduce gymnastics everywhere where they ought to be.

It is understood that we here cannot enter into all the details upon which the report of M. Hillairet treats with true talent and a perfect knowledge of the subject. But, according to our opinion, he does not give time enough in the *Lycées* to physical education. Four lessons in gymnastics of half an hour each, this is two hours per week, will not signify much. You will not derive from gymnastics considerable results, if you do not devote to it at least one hour each day. As regards the time which you lose in too long studies or in mere play, one hour each day is very little, three hours every week will be sufficient to young people who study for a profession.*

It is evident that gymnastic marches, quick excursions, ascensions of mountains, of which M. Paz rightly boasts, and which are much in use in Austria and Switzerland must remain out of question—also equitation, fencing, exercises with the gun, or manual labours of fortification which should be taken with the gymnastics of the higher classes and adults.

* In my opinion, founded on long experience, one or two hours a week would suffice, provided the pupils had been properly trained. But for this it is necessary that the practice of gymnastics be commenced at an early age. The best results are to be seen in those who do not delay gymnastic exercise later than the seventh year.—Translator.

It is not only now that one has observed that bodily exercise, taken with wise consideration, favours particularly the development of the intellect; Plato, Montaigne, Rousseau, and most of the pedagogues have pronounced their views on this subject which are too well known to repeat them here.

It behoves the medical man to experimentally realise this truth, and, as soon as the pupil shall have practised personally he will become an indefatigable propagator. Now, it would be best in every respect to make it a *rule* that every student in medicine should practise gymnastics for one year before his fourth study-year—this would prove very much in favour of the propagation of physical education. Most probable it is that it also would have most salutary effect on the morals of our students; young men like to associate together, and if spending time in coffeehouses has so much developed it is because during the Empire no free meetings were allowed to be held. Bodily exercise taken by many at the same time and combined with military exercises, would perhaps be the source of patriotic emulation, which surely would have influence over the future.

Moreover, the theoretical and practical study of gymnastics would be of great assistance in the study of physiology—for gymnastics are experimental physiology. Surely, the eminent Professor of Hygiene of the *Faculté* who has demonstrated in his able book on "Labour" the importance which he attaches to this question would not be the last to favour the application. As regards the municipal gymnasiums, my father has shown the necessity of establishing them in three papers addressed to the Assemblée and the President of the Republic. Their usefulness, as agreeable places of meeting are too well known; for if one wants a republic of order and liberty, one must occupy himself with the political education of the nation, as well as with its primary education, and we only know how to enjoy liberty through its continual use.

At least, the military exercises, compulsory for every citizen, could be held in the municipal gymnasiums. Four or five large gymnasiums, which one could visit for a small contribution, would render the greatest services, and the town would soon be on the gaining side. Many towns of France, Compiégne, Sedan, Perone, Lille, &c., have taken in this respect the *initiative*.

Long experience has convinced me that gymnastics are more useful to adults and young men than to children. M. Paz rightly observes (Report to M. Simon) "It is time now to remember that no labour can make a nation strong and energetic, but only pure morals, and that the best means to fight against the irregularities of the imagination both in children and men is to subject them all to regular exercise which calms the brain and fortifies the body. If one likes to counterbalance the formidable *impediment* of the nervous system one must cultivate the muscular system.

The hour is ripe for reformation of this kind. France feels the want of reorganisation, for it does not know what trials it will have to go through; but it is important not to charge the Government too heavily, and the municipalities can do so when possible, and so aid decentralisation. Even the Faculty of Medicine, aided by an authorisation from Government, could open a school for gymnastics which should be to all its pupils a certain tie, the absence of which has often been criticised, for it is sure that the absolute isolation of the country student in Paris is for him a source of danger and peril.

WINTER SESSION AT THE UNIVERSITY OF EDINBURGH.—The session began on Wednesday last with an address by the Principal, Sir A. Grant. During the past session, he stated, the number of students attending in the various faculties has risen to 1,768, being the largest attendance recorded for more than forty years. "The increase," he went on to say, "which has taken place during the past year is chiefly due to the numbers which have joined the Medical Faculty. Everything tends to show the high estimation in which this Faculty is held."

THE SEWAGE QUESTION.

SPECIAL REPORT.

(Prepared expressly for the MEDICAL PRESS.)

No. XXIX.

AGRICULTURAL VALUE OF SEWAGE.

As might be expected, the nutritive value of a crop which has been raised upon land flooded with sewage is not remarkably high, and this is especially so with root crops and succulent vegetables; for, although the bulk and aggregate weight of the crop are often considerable, yet, the relative proportion of solid nutriment in it is always small; besides, which, the produce is difficult to dry, and from its succulent and immature quality, it is very prone to putrefactive decomposition. It can rarely, in fact, be stored or otherwise treated like the produce of unsewaged land, and must, therefore, be consumed in its fresh or green condition. In commenting on the fact that irrigated meadow land did not yield so nutritious a product as natural pastures, Dr. Voelcker states that this is generally the case with all kinds of produce; for just in whatever degree an abundance of manure was applied, and larger crops were obtained, in that degree would the quality of the crop be inferior. The rule, he says, holds good for wheat and barley, and even turnips. If you want something good you must be content with a small quantity, but if you want much you must take it in a cruder condition. "In fact," to use his words, "the more rapidly produce is grown the less mature it is, and the more likely to produce disorders in the animal economy; whilst bulk for bulk, the poorer the meadow the more scanty the herbage, and the more slowly it grows the better and more nutritious it is."

In the years 1861, 1862, and 1863, experiments were made at Rugby by Mr. Lawes, on the part of the Royal Sewage Commission, of which he was a member, for the purpose of ascertaining the value of sewage grown grass as a means of fattening cattle and producing milk. Two plots of meadow land of different qualities were selected at a distance of a mile from each other,—one called the Five Acre Field, and the other the Ten Acre Field; and each of them was divided into four plots—one plot being left in its natural state without sewage, and the other plots were respectively irrigated with sewage at the rate of 3,000 tons, 6,000 tons, and 9,000 tons per annum. During the first year, the sewage was applied for eight months only, but in the two following years it was applied continuously throughout the year; and the following were the total amount of sewage used, and of green grass obtained per acre in the course of the three years.

TOTAL QUANTITIES PER ACRE IN THREE YEAR 1861, 1862, 1863).

	Sewage used per Acre.		Green Grass obtained per Acre.			
		Tons.	Tons.	Cwt.	Qrs.	lbs.
5 Acre Field.	Plot 1.	None.	22	8	0	0
	„ 2.	8,064	65	0	0	9
	„ 3.	16,417	96	9	3	0
	„ 4.	24,140	102	7	0	7
10 acre Field.	Plot 1.	None.	33	9	1	3
	„ 2.	7,388	68	13	1	2
	„ 3.	14,803	85	9	2	10
	„ 4.	22,229	93	5	2	25

So that the amounts of green grass obtained per acre per annum on the two fields were as follows :—

PRODUCE PER ACRE PER ANNUM AS GREEN GRASS.

	Plot 1. Without Sewage.				Plot 2. 3,000 tons of Sewage per annum.			
	Tons.	cwts.	qrs.	lbs.	Tons.	cwts.	qrs.	lbs.
Five acre field . .	7	9	1	9	21	13	1	12
Ten acre field . .	11	3	0	10	22	17	3	1
Average	9	6	0	24	22	5	2	7

	Plot 3. 6,000 tons of Sewage per annum.				Plot 4. 9,000 tons of Sewage per annum.			
	Tons.	cwts.	qrs.	lbs.	Tons.	cwts.	qrs.	lbs.
Five acre field . .	32	3	1	0	34	2	1	12
Ten acre field . .	28	9	3	13	31	1	3	18
Average	30	6	2	6	32	12	0	15

Taking the average, therefore, over the three years in the two fields, it appears that the produce of meadow grass in the plots without sewage was about 9¼ tons per acre per annum, which is equal to about three tons of hay; and with 3,000, 6,000, and 9,000 tons of sewage per acre per annum, the amounts were respectively about 22¼, 30¼, and 32¼ tons of green grass, equal respectively (reckoned according to the percentage of dry substance in each) to about 5, 5¾, and 6½ tons of hay.

"The average increase obtained for each 1,000 tons of sewage was, when 3,000 tons per acre per annum were applied, about 5 tons of green grass; when 6,000 tons were applied, 4 tons 2½ cwt.; and when 9,000 tons were applied, 3 tons 3¼ cwts. of green grass."

Experiments on rye-grass were made in one season only, and comparatively small quantities of sewage were put on, but the results were much about the same, as regards the increase of produce for a given amount of sewage, as with meadow grass.

The composition of the sewaged and the unsewaged grass was carefully determined during each of the years, and it was found that "the sewaged meadow grass as cut and given to the animals, contained a less proportion of dry or solid substance than the unsewaged; and the grass cut during the later portions of the season (both sewaged and unsewaged) contained less solid matter than that cut during the more genial periods of growth. Italian rye-grass in the condition as cut, was also found to be more succulent, and to contain less solid matter when grown with sewage than without it."

"The proportion of nitrogenous substance (and also of impure waxy or fatty matter) was much greater in the solid matter of the sewaged, than in that of the unsewaged grass. The proportion of nitrogenous substance was also much higher in the solid matter of the grass grown towards the end than earlier in the season. The proportion of indigestible woody fibre was much about the same in the dry substance of the unsewaged and of the sewaged grass. It progressively diminished as the season advanced, and was generally lower in the dry substance of the Italian rye-grass than in that of the meadow grass."

The results are shown in the following table :—

PER CENTAGE OF DRY SUBSTANCE IN THE UNSEWAGED AND THE SEWAGED GRASS.

	Plot 1. No Sewage.	Plot 2. 3,000 tons of Sewage per Acre.	Plot 3. 6,000 tons of Sewage per Acre.	Plot 4. 9,000 tons of Sewage per Acre.
Meadow grass 5 acre field	28·8	19·3	15·4	16·0
" " 10 "	25·3	16·7	15·5	15·8
Average	27·0	18·0	15·4	15·9
Italian rye grass . . .	28·3	18·1	18·6	—

MEAN COMPOSITION (PER CENT) OF THE DRY SUBSTANCE.

Nitrogenous substance (N + 6·3)	11·16	17·58	18·37	19·66
Fatty matter (ether extract)	3·41	4·13	3·95	4·04
Woody fibre	29·08	28·21	28·32	28·13
Other non-nitrogenous matters	46·73	39·09	38·08	36·91
Mineral matter (ash) . .	9·62	10·99	11·28	11·26
	100·00	100·00	100·00	100·00

The most remarkable fact is, that the proportion of nitrogenous constituents rises with the quantity of sewage used; but this affords no indication of the nutritive power of the grass, except that the milk yielding qualities were not in proportion to these matters—weight for weight, indeed, the earlier crops of the season, which contained the least nitrogenous matter were by far the most nutritious, and so, also, was the unsewaged grass which yielded the smallest proportions of these substances. "At one time," says Dr. Voelcker, "it was generally believed that the amount of nitrogenous matter was the measure of the nutritive quality of the produce, and Professor Way, with other chemists, having found in the grass and hay of irrigated meadows more nitrogenous matter than in ordinary produce, arrived at the conclusion that it was really more nutritious. But, now the tide has set in a different and more reasonable direction—a direction that is borne out by practical experience. Now, an excessive quantity of nitrogenous produce is regarded rather as an indication of unripeness, of which one defect is a deficiency of sugar." It would seem, indeed, that the nutritive power of such food is very much dependant on the proper maturation and elaboration of the tissues, whereby the digestibility and assimilability of the constituents are ensured.

For the purpose of testing the fattening powers of the sewaged and unsewaged grass, experiments were made on ten Hereford oxen, which were tied up in a shed and fed upon the green grass—two being supplied with unsewaged grass, and eight with the sewaged grass of the five acre field cut indiscriminately from the three plots, irrigated respectively with 3,000, 6,000, and 9,000 tons of sewage per acre per annum. In the year 1861, the animals had grass alone for the first sixteen out of the twenty weeks of

the whole experiment, and they had oil-cake in addition (four pounds per head per day), during the remaining four weeks. The object was, to try grass alone in the first season, and the result was very unfavourable, so much so, that the commissioners said, in reporting of it, that "it is quite obvious from the table given that grass of the description in question, is not adapted for the fattening of oxen without the addition of other food. Indeed, one of the animals on the sewaged grass weighed fifty-two pounds less at the conclusion of the experiment, than at the commencement of it; and the maximum increase of any one of the oxen was 103 lbs. in the sixteen weeks, or at the rate of rather less than 6½ lbs. per week. Taking the average of the two and the eight oxen respectively, those upon unsewaged grass gave scarcely 2½ lbs., and those upon sewaged grass scarcely 2¾ lbs. increase per 1,000 lbs. live-weight per week; whereas, feeding on good fattening food, such oxen should give 9 to 10 lbs. increase per 1,000 lbs. live-weight per week. In fact, these very animals did increase at this, and even a higher rate, during the subsequent four weeks, when they had, in addition to the grass, 4 lbs. of oil-cake per head per day." Having these facts before them, the commissioners, in 1862, gave oil-cake in addition to the grass from the commencement of the experiment (using ten oxen, as before), and the quantity of oil-cake amounted over the whole period of twenty-three weeks, to 3½ lbs. per head per day. The results of all these experiments are shown in the following table:—

RESULTS OF EXPERIMENTS IN THE FEEDING OF OXEN ON GREEN GRASS ALONE, AND WITH OIL-CAKE IN ADDITION.

	1861.		1862.			
	Unsewaged Grass.	Sewaged Grass.	Unsewaged Grass.	Oil-cake.	Sewaged Grass.	Oil-cake.
	lbs.	lbs.	lbs.	lbs.	lbs.	lbs.
Consumed per head per day	88·9	105·2	105·4	3·5	126·1	3·5
Dry substance in	23·7	21·3	23·6	3·1	20·9	3·1
Consumed to produce 100 lbs. increase of live weight	23,669	24,735	6,213	210	6,883	195
Dry substance in	6,246	5,000	1,389	186	1,141	172

So that in both years a greater weight of the fresh sewaged grass was consumed per head per day, and per 1,000 lbs. live weight per week, than of the less succulent unsewaged grass; but the dry or solid substance contained in the latter (reckoning all that was eaten), was less than that in the former. Again, more of the sewaged grass than of the unsewaged, was required to produce 100 lbs. increase in live-weight; though the amount of dry substance contained in the sewaged grass so required, was only about four-fifths as much as that in the unsewaged grass. But when, as in 1862, a fair allowance of oil-cake was given in addition, very much less both of fresh food and of dry solid substance of food were required to produce 100 lbs. increase in live-weight, than in 1861 with grass alone; and considerably less of the dry or solid substance of the more succulent sewaged, than of the drier unsewaged grass was required. In the summary of these results, the commissioners say that, "when cut grass was given alone, the result was very unsatisfactory; but when oil-cake was given in addition, the amount of increase upon a given weight of animal within a given time, and for a given amount of dry substance of food consumed was not far short of the average result obtained when oxen are fed under cover on a good mixed diet;" and as regards profit, they say that "the money return, whether reckoned per acre, or for a given amount of sewage used, was much less with fattening oxen, than with milking cows,"—the value, in fact, per acre of the increase of live-weight, at 4d. per lb., was only £1 9s. 4d. for the unsewaged grass, and from £2 4s. 10d., to £4 19s. 2d. for the sewaged in 1861, when no oil-cake was given; and even in 1862, when the results of better feeding were obtained, the value for the unsewaged land, exclusive of oil-cake, was but £3 9s. 10d. per acre, and of the sewaged from £11 1s. 8d., to £12 18s. 1d. per acre.

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, OCTOBER 23, 1871.

MR. WEEDEN COOKE, Vice-President, in the Chair.

MR. SPENCER WATSON showed a case of

TRAUMATIC DISLOCATION OF THE CRYSTALLINE LENS INTO THE ANTERIOR CHAMBER.

Glaucomatous symptoms were set up, with very severe pain and intra-ocular tension. The lens was extracted through an incision made in the ciliary region of the sclerotic at the lower and outer side. The result was good, useful vision being retained four months after the operation. This operation was performed in consequence of the generally unfavourable results following the scoop and flap extractions in similar cases, and partly from the occasionally good results following rupture of the eyeball, and escape of the lens through a rent in the margin of the sclerotic. The choroid had been injured by the accident.

CASE 2.—S. A., æt. fourteen. Congenital displacement of both lenses; when the pupils are natural in size the irides are tremulous, and when the eyeball is moved inwards, the pupils become oval, and the plane of the iris near the pupil is obliquely inclined on the inner side, as if from the lens pushing it forwards; at that part there is a slight divergent squint, and the child's aspect is peculiar. The father's sight is defective, but the mother's and a younger child is good.

MR. HENRY SMITH then related an interesting case of

LITHOTRITY FOLLOWED BY LITHOTOMY.

The crushed stone was shown. The patient was a healthy country gentleman, æt. seventy, who was determined to have lithotrity performed. The bladder was healthy and tolerant of sound, the urethra capacious, and the stone of a size convenient for crushing. The stone was seized without trouble, and crushed in a few seconds, in forty-eight hours, violent inflammation came on, and his life was placed in peril. In ten days he was free from danger, and then consented to have lithotomy performed. The lateral operation was done, and he made a speedy recovery. Mr. Smith thought that a second operation of lithotrity would have proved fatal. Sir B. Brodie has pointed out that sometimes a second crushing operation removed the symptoms of inflammation.

MR. BRYANT called attention to the extreme importance of a course of sounding. In stricture and stone in the bladder, especially in the latter, the passage of a sound may set up urethral fever. In a case of stone, for which lithotrity was proposed, he sounded several times, on the third occasion, the lithotrite failed to detect the stone, and the operation was postponed. Rigors and much constitutional fever set in, and the patient died on the fifth day, disease of the kidneys was present.

MR. SMITH admired Mr. Bryant's courage in bringing the case forward, two years ago he had in King's College Hospital, a strong healthy agricultural labourer, with a small stone in his bladder. The stone was taken up with a lithotrite, measured, and let fall again, no violence having been done, severe inflammation ed, followed by death in ten days.

AN INGENIOUS METHOD FOR APPLYING DRY COLD TO THE EYE

was shown by Mr. Watson. The ordinary india-rubber air balls were filled with water and placed in a basin containing iced water, and applied to the eye, being changed at intervals, Different sizes could be used, and they adapted themselves well to the part.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, October 24th, 1871.

Mr. Curling, F.R.S., President, in the Chair.

Mr. F. le Gros Clark, F.R.C.S., related a

CASE OF LARGE BILIARY CONCRETION IN THE ILEUM.

The author gave the details of a case occurring in a patient, aged fifty-eight, who was seized with abdominal pain and bilious vomiting, accompanied by constipation. A hard tumour was to be felt in the right hypochondrium. There was no abdominal tenderness or distension. On the eleventh day the vomiting became stercoraceous. Two days later the bowels were open and the vomiting ceased until ten days later, when it recurred, and continued at intervals during a week. For three weeks after this time the bowels acted daily, and there was no sickness. The patient was then seized with severe abdominal pain and vomiting; the abdomen was tender, especially over the region of the cæcum, where a hard tumour could be felt. Death took place two months from the commencement of the first attack. At no period of her life had the patient suffered from jaundice.—The post-mortem examination revealed the existence of extensive peritonitis. Two large gall-stones occupied the ileum close to the valve. An ulcerated opening in the small intestines had permitted the escape of several small gall-stones into the peritoneum. The gall-bladder was healthy; there were no adhesions between it and any portion of the intestines. There was no trace of any ulceration either in the gall-bladder or in the neighbouring intestines.—The concretions measured 1 in. in length and 4 in. in circumference. They seemed moulded to the shape of the ileum. On examination, it was found that the stones were composed of 95 per cent. of cholesterine, and that nothing had been added to them in the intestines. The gall-ducts were dilated and thickened. The author drew attention to the singular absence of any proof that these concretions had passed by ulceration from the gall-bladder to the duodenum, though this is the only way in which such large bodies could have entered the intestines.

Mr. De Meric asked what were the grounds of the diagnosis with regard to the cause of the obstruction. He had been consulted in a somewhat similar case, were, however, there was no post-mortem, so that he was left in the dark as to its exact causation.

Dr. A. P. Stewart remembered a patient in the Middlesex Hospital with obstinate stercoraceous vomiting. No relief could be obtained, and after death a gall-stone as large as any of those exhibited was found impacted in the ileum. It was smooth and rounded, and constituted a complete barrier to the passage. There were distinct marks of ulceration in the gall-bladder and duodenum. The year before last he had seen a lady with intense pain; suddenly she obtained rest, but again the pain came on, and again relief followed. Next day she passed a calculus the size of a pigeon's egg. It was almost certain this had passed by the ductus communis.

Dr. Habershon said such cases were interesting for their rarity and the difficulties of diagnosis. Some years ago he had a somewhat similar case in a lady over fifty years of age. She had pain and bilious vomiting, and died in ten days. They found a large gall-stone in her jejunum. There had been no peritonitis, and no stercoraceous vomiting. There were adhesions between the gall-bladder and duodenum, but no regular cicatrix.

Mr. le Gros Clark said there had been great difficulty in coming to any diagnosis, and that it was only reached by way of exclusion. There were no inflammatory symptoms, and no signs of malignancy, so he considered the obstruction due to scybala, and directed his treatment accordingly.

Mr. J. Warrington Haward communicated a paper

ON ETHER AND CHLOROFORM AS ANÆSTHETICS.

The paper commenced by stating that, it having been suggested to the author that the statements of Dr. Bigelow and other American surgeons showed that ether as an anæsthetic had been to our detriment neglected, he had during the past year, practically investigated the subject, and had arrived at the conclusion that ether was, for several reasons, to be preferred to chloroform. Of these reasons, the strongest was the greater safety of ether, for by using it the chief, and in skilled hands probably the only, cause of fatal cases of chloroform inhalation was excluded—*i.e.*, paralysis of the heart; ether being a stimulant to the heart's action, and uniformly improving the pulse. The second was that ether, from its stimulant quality was antagonistic to the effects of the shock of an operation, which the author maintained, and quoted cases to show, was not abolished by rendering the patient insensible. A third was the greater liability of choroform than ether to produce after-sickness. The principles and mode of administering ether were then described, and it was shown that if these were attended to, the production of anæsthesia by ether was as easy and certain as by chloroform and required but little more expenditure of time or the drug. The only cases to which ether was not so applicable were operations upon the mouth, in which an inhaler could not be used, and where it was necessary to re-administer the anæsthetic as rapidly as possible without an inhaler. There were two appendices to the paper: the first consisting of a table of fatal cases of chloroform; the second, of a table of ninety-seven cases in which the author had administered ether, including amputations, excisions, perineal section, lithotomy, lithotrity, staphyloraphy, vesico-vaginal fistulæ, ligature of piles, and other operations. Especial note was taken of the occurence of after-sickness, and the only approach to it was that in one case, after an operation for recto-vesical fistula, the patient vomited once, an hour after the operation.

The President regretted that no notice had been taken of the proposal of the Society's committee to use the mixed vapours of alcohol, ether, and chloroform.

Mr. Spencer Wells said the mixed vapours of ether and chloroform had been employed at Vienna, but it was found that the ether evaporated first, and that after it had gone the patient was drenched with the chloroform. He had long felt objections to chloroform, especially as regards the vomiting it produced. This was particularly objectionable in many of the operations he had to undertake, especially in the abdomen and vagina. He had tried ether on the advice of Dr. Keith, of Edinburgh, but it was so troublesome that he was glad to take to bichloride of methylene, This he thought the best anæsthetic; sickness after it was rare. Some said it was only a mixture of chloroform and hydrochloric ether; that might be so, but so long as it suited his purpose he did not care what it was chemically. It was best given by Jünker's apparatus.

Dr. Day said he had frequently given bichloride of methylene for Mr. S. Wells, and was much satisfied with it. He entered at length into its chemical characters, and exhibited the apparatus referred to.

Dr. Sansom said the data available did not admit of an accurate estimate of the relative danger of chloroform and ether. He differed from the author alike in his estimate of ether and chloroform. He could not call the former safe. Relatively, chloroform was more manageable and less nauseous than ether. He considered the great danger of chloroform lay in its depressing action on the heart; but this could be avoided. It was true ether and chloroform did not go off together, but alcohol acted by restraining them both. By injecting morphia C. Bernard found that much less chloroform was required to produce anæsthesia. It was best to give morphia subcutaneously first, and chloroform afterwards, or to administer chloroform and alcohol together, or chloroform first and ether next, as he had first proposed some time ago.

Mr. Holmes said he had tried ether some years ago. It required twice the time chloroform did to produce anæsthesia; but this was an insignificant trouble if it were safer. He tried to favour the escape of the vapour by using a hot sponge, and it blistered the face of the patient. Violent convulsive movements were also induced by it in certain patients. Its relative safety was doubtful, for the statistics were more than suspicious. It was really impossible to avoid danger in the production of anæsthesia.

Mr. Brudenell Carter had tried ether on himself, and the taste of it hung about him a long time. This was an objection to its use.

Dr. Hunter said if they used other narcotics they must look to the lungs as well as to the heart. In one of these compound cases he had nearly met with a fatal result. It was best, he thought to use morphia when the effects of the chloroform were passing away.

Mr. Clover remembered that sickness followed the use of ether when that anæsthetic was first used in this country. He had been in the habit of giving nitrous oxide first, and then ether, as the great difficulty was to get patients to inhale it freely. As to the giving of chloroform, the modes of giving it were of the utmost importance. He was convinced that a mixture of 4 per cent. of chloroform with air had a totally different effect from a mixture of 6 per cent.

Mr. Haward, in reply, pointed out that he was no special advocate for ether. He had tried it, and he had been struck with the results as being different from those commonly reported. The evidence was rather in favour of its safety. If, therefore, it could be easily employed, it would be well to use it; and he had shown that it could. The pulse really improved under its use. He had seen the combined fluids used; they produced excitement. No peculiar unpleasantness was left behind by ether.

THE HAMPSTEAD HOSPITAL ENQUIRY.

SPECIAL REVIEW.

(Prepared expressly for the Medical Press and Circular.)

No. I.

It would be easy to underrate, but hardly possible to overestimate, the significance and the importance of this investigation, which, at the onset, forced itself into the rank of "*les causes celebres*" of our times. The prodigious impression not in this metropolis alone, nor even in England alone, but far and wide over the civilised world, which the opening record of this enquiry produced will not soon be forgotten. Some idea may be formed of the intensity of the emotion, roused by the charges brought by the three assistant medical officers, Messrs Aikman, Kynaston, and Greaves, against the Hospital, the nurses and the whole staff, and inferentially against the managers, from the violent language and violent conduct used by the offended public against the nurses and the Hospital staff. Letters have been received by the trained and educated ladies, conducting these duties, from educated men, very violent—and if not grounded on sufficient evidence, frantic in the excess of vituperative and execrative expressions. The public feeling has been deeply stirred. The Government has been appealed to, and the whole press of the country have watched every phasis and every step of the inquiry with unabated patience.

If the charges had been sustained, the three medical assistant officers would have done real service and have merited the thanks of the community; if the charges were not sustained they would have incurred grave responsibility. If the evidence fixed the blame of the alleged delinquencies on the accusers themselves, the profession to which they belong would be scandalised. If the evidence showed disingenuousness, still worse a spirit, reckless of the truth, simply for the sake of vengeance, there would be no alternative but to award them the severest censure. We must therefore approach this subject in a calm and thoughtful mood. The history of the hospitals, of which that at Hampstead forms one, may be epitomised.

The Metropolitan Asylums District Board was brought into existence by Mr. Gathorne Hardy's Act of 1867, which had for its object the establishment in the Metropolis of asylums for the sick, insane, and other classes of the poor, and for the distribution over the metropolis of those portions of the charge for the poor relief which were incurred for the treatment of the dependent sick poor. By this Act the then Poor-law Board was empowered to form two or more Unions a district and constitute a number of managers into a corporate body consisting of elected and nominated members; the tenure of office to be prescribed by the Board, but the nominated managers may not ever exceed one-third of the prescribed number of elective managers. The whole metropolis having by this authority been consolidated into a single district, forty-five managers were elected as representatives of the various London Boards of Guardians, and fifteen members were nominated by the Board; and the first meeting for dispatch of business was appointed to take place at the Board of Works, Spring Gardens, June 22nd, 1867.

At this meeting Dr. Brewer was elected the chairman, and he has retained the post from that time to the present. Of the sixty managers, ten were on the Commission of Peace, seven were medical men, and all the rest were either chairmen of their respective Boards locally, or known for active work in visiting and assisting the poor; or were heads of some charitable organisation for the relief of the sick.

In July of the same year it was determined to apportion the detail of the work to be done by constituting the whole Board into seven standing committees, of which the chairman of the Board and vice-chairman should be extra members. The two committees to which we must specially refer were the committee for securing the sites and superintending the erection of the needful number of small-pox hospitals of which Mr. Timothy Holmes, who had been employed by the Government in the survey and inspection of Hospitals was the chairman; and the Fever Hospital Committee of which Dr. Sibson (equally well known for his public services) was the chairman. The committees were severally charged to report to the Board the number of persons of either sex of each class for whom accommodation would be required. On the 24th of August, the number of insane to be provided for was calculated at 3,000, and the actual number has proved but little in excess of the estimate. The Small-pox Committee estimated that two small-pox hospitals, each fitted with about one hundred beds would be adequate for the demand of the District; and the Fever Committee reported that two hospitals, each provided with 200 beds would suffice for the fever cases of the district. Subsequently upon carefully estimating the numbers which different localities and densely peopled centres sent to the Fever Hospital and the foul wards of their own parishes, it was determined to increase the number to three hospitals, each hospital being within a three mile radius of the most populous portions of the metropolis. The sites chosen were Hampstead in the West; Homerton in the East; and Stockwell in the South. The two sites of Leavesden and Caterham being selected for the erection of asylums for the imbecile poor. It was determined to adopt in all the Pavilion style of building, rendering each asylum as complete in itself and independent of external aid as possible. Whilst the Fever Hospitals were just half completed, the relapsing fever became epidemic, and the Poor-law Board and Privy Council called on the managers to make provision for the sufferers. The means suggested and adopted was to authorise the authorities of the Fever Hospital, then rapidly filling with relapsing fever patients, to erect

a large double ward at the rear of their permanent building, capable of containing sixty beds at least. This was to consist of iron, lined with wood, the interstice to be filled with felt or sawdust. In one fortnight the erection was completed and the managers found the accommodation would be insufficient.

It had so happened that the Poor-law Board had sanctioned the managers purchasing a site at Hampstead, but greatly objected to the managers erecting the third Fever Hospital, deeming the two, already in progress, ample. Under these circumstances the managers proposed to erect temporary pavilions for 120 beds on their site at Hampstead for the epidemic, and in about thirty days they opened three wards. They were most unwilling to press the Fever Hospital authorities to increase their accommodation, as they found that the great accumulation of one class of fever told severely on the health and life of the medical attendants and nurses. No sooner were the wards at Hampstead full than the epidemic began to decline and the provision for the sufferers being adequate the visitation of the fever ceased. The pavilions of iron lined with felt and finally with wood, and the completeness of the administrative department for the 120 up to 180 beds, for which the whole was ultimately designed, afforded so admirable a provision against any sudden attack of zymotic disease, whilst the permanent hospitals were in process of erection, that the managers determined not wholly to shut up the hospital, but to keep it in the occupation of a trusty officer. Six months had hardly elapsed before small-pox began to threaten, and in November, 1870, the managers opened Hampstead wards for the new epidemic. But the severity of the visitation exceeded anything which had been contemplated, and the whole metropolis (ceasing to make provision locally) made a run on the Hampstead wards. In ten months five thousand six hundred small-pox patients found refuge in these pavilions and it was not till the managers had provided two thousand three hundred beds that the supply became adequate to the demand and the epidemic began to decline. The evidence discloses the pressure under which the managers struggled to increase the accommodation which was demanded by the importunity of patients craving admission and discloses the practical difficulty of confining to one class —the rate-supported poor—the benefits of hospitals for zymotic disease in serious epidemics. The actual number of the class ordinary self-supporting who entered Hampstead hospital in the earlier stage, amounted to sixty-seven per cent. of admissions. Workmen were, during several weeks of the severe winter, erecting these wards by gas light as late as eleven at night and commencing work in the morning by gas light, the progress was undoubtedly rapid, but it was clearly impossible for the administrative department to expand proportionally to the expanse of bed-accommodation. It was indeed a race run with the epidemic; and nothing but the unanimity and untiring zeal of the officers and nurses could save the hospital from breaking down altogether. It is a matter of doubt if the authorities were warranted in admitting patients beyond their capabilities of providing suitably for each case, the excuse was that some came to the gate imploring to be admitted—others were found in so exhausted a condition in the ambulance, that Dr. Greaves (the medical superintendent) believed the refusal to admit would be fatal, and in the instance wherein an applicant was refused in consequence of the hospital being full the complaint from the parish, which had sent him, in spite of the warning that there was no vacant bed at the hospital, was taken up and spread alarm.

As the epidemic went on, the managers hurried forward the completion of the two hospitals at Homerton, and the two hospitals at Stockwell, appropriating all four for the reception of small-pox. The last means adopted was to take the old workhouse at Islington for the reception of some convalescents from Hampstead, and to get up the Dreadnought for some of the convalescents of Stockwell and Homerton, at both which additional tent wards were erected, and by these means 2,300 beds were provided and about ten thousand cases treated.

The epidemic had retreated; and the hospitals were being gradully relieved when the country was roused by the letter to *The Times*, of Tuesday, 29th August, 1871, containing the following alarming charges against the Hampstead Hospital.

Times, Tuesday, 29th August, 1871.

SEVEN CHARGES.

1. Delirious patients, more particularly children, tied down when their bodies were covered with eruption.
2. Strait waistcoats have been used with the same motive.
3. Patients in an acute ward have been provided with a totally inadequate supply of milk and beef tea for their use during the night.
4. On making the morning visit, we have been informed by the nurse in charge, that the patients of her ward on low diet have been kept without food of any kind from seven a.m. till three p.m.
5. Complaints have frequently been made to us by both nurse and patients, that food supplied has been totally unfit for consumption.
6. Children have been found dead in bed by the medical officer and the nurse of the ward ignorant of the fact, this through the totally inadequate number of nurses provided for the necessities of the hospital, and not through the neglect of the individual on duty. *
7. The body of a patient who died at midnight, being in the most offensive possible condition, was removed into the bath-room of the ward, and there kept until the middle of the following day, instead of being at once carried to the dead house.

In addition one child, if not more has been lost, and all traces of it gone, although at one time reported as convalescent.

By our continuous opposition and repeated complaints to the medical superintendent, we have done some little good; but our task has been a most unthankful one, and has brought us no little odium although one would have expected a contrary effect.

Had we remained, we should have trusted to our own energies to have kept down mismanagement, but we are no longer wanted, and as much remains undone in the way of management, we request you to publish this letter for the reason above stated.

W. GREAVES.
ALBERT E. KYNASTON.
JOHN AIKMAN.

SEPT. 12.—Our complaints about the maltreatment of the patients were endorsed by the daily reports which are in the hands of the hospital authorities.

W. GREAVES.
ALBERT E. KYNASTON.
JOHN AIKMAN.

These charges are prefaced by the allegation of their being made solely on public grounds.

* Under this head came complaints of lousey heads, and insufficient linen, and unchanged sheets and shirts, and defective cooking and hard meat, and sour milk, and no water supply.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 8, 1871.

THE MEDICAL ASPECT OF THE FRANCO-GERMAN WAR.—No. II.

Hospital Hygiene.—On this subject we have little to learn from either French or German. Ventilation would seem to be ignored by the one and the other; and *cleanliness* to have a very different significance from what it has in England. In Dr. McCormack's ambulance in the Caserne d'Asfeld, for example, the Intendant-General who visited it is said to have been highly pleased with all arrangements "excepting the open windows—at that he stood *aghast*, protested strongly, and told us a *courant d'air* like that would kill our patients" (p. 11). Had the hospital been under his orders, as all those in the French army are, he would, doubtless have given orders against the admission into the wards of a *courant d'air*," and the natural result would have been frightful mortality by hospital diseases. In those under the National Society, however, the entire direction was in the hands of the Chief Surgeon, so that when insanitary conditions did exist they arose from circumstances of an altogether unavoidable nature. It was found, for example, that where pyæmia occurred, "the rooms were greatly overcrowded, that notwithstanding our keeping doors and windows widely open, thoroughly adequate ventilation was not attainable; that it was impossible to change our straw as often as would have been desirable, and that from the want of clean linen and sufficiency of trustworthy attendants, all our efforts in that direction did not suffice to ensure ideal cleanliness either of the patients or their surroundings" (p. 112). This admission has a most important bearing upon the etiology of hospital diseases. The state of the German military hospital at Anoux la Grange is described by Dr. Mayo as "disgraceful." Dr. Sandwith, C.B., saw during his tour "a great deal to admire and a great deal to wonder at in the admirable organisation and skill of the Germans in every department;" but is bound to add "that this important detail (hygiene) was sadly neglected." Miss Lees, who had undergone a system of training in the great military hospital of *Val de Grâce*, and had served in military hospitals with French and Germans during nearly the whole war, mentions several particulars, clearly showing that hygiene was less attended to in the latter than in the former. Some, for example, had double windows which were never opened. Where the American wooden hut system was adopted for reserve lazarettos, the Germans had all the windows carefully nailed up at the commencement of winter, leaving only one or two small ventilators moveable at the top of the building. At Nancy the air in some of the hospital huts was so utterly foul and corrupt, that a feeling of utter nausea came over her each time she entered them" (p. 172). Again, "Nothing could be more horrible than the air of some of the stationary hospitals in Germany in time even of peace." Of course, there are some exceptions, but that such conditions as are here described should at this time of day exist anywhere is the reverse of creditable to the authorities directly concerned.

Scenes.—Of the horrible scenes presented in some of the military hospitals of both Germans and French the public will probably hear comparatively little. A terrible agglomeration of sick and wounded is described at Sedan. One man with small-pox, "about forty had wounds of the most dreadful nature with profuse and exhausting discharges; some of them in a state of mortification, and the remaining cases of fever, diarrhœa, and dysentery. Add to all this that we did not have doctors and nurses enough to administer to their wants," &c., &c. (p. 103). Then, again, at the same place numbers of wounded had to lie for some days "in their blood-stiffened, dirty uniforms on straw, as we had not managed to collect a few mattrasses in the village, and with great difficulty had been able to find sheets, blankets, and shirts for the serious cases" (p. 111). At St. Privat "among the wounded there were forty-five cases in which amputation had been performed, and not one of them had a bed to lie upon. All of them lay upon straw. Many of them had not a shirt, but lay naked with a sheet or blanket thrown around them" (p. 157); and yet with all these discomforts the men so situated were "doing well." After a series of severe battles it is utterly impossible with any staff that can be entertained to avoid some such scenes as are described, and perhaps, after all, the wonder is that those which did occur were so rare and upon so small a scale. It is easy for writers in civil life to cavil and find fault, but let those same writers betake themselves to actual service in the field, and perhaps their criticisms would for the future become more lenient.

The statistics of the Franco-Prussian War have yet to be published. Some few particulars have, it is true, been given, but they are so indefinite in their nature as to be of little real value, while the want of plan in their arrangement renders comparison altogether out of the question. The few returns hitherto given represent very imperfectly the degree of severity or precise nature of injury; nor are the conditions under which the wounded have been received and treated detailed. The returns of the hospital in the Caserne d'Asfeld at Sedan are cases in point: they show that of 472 cases of wounds admitted 103 deaths took place, and that of 109 operations of different kinds performed, fifty were followed by death; but among the first are included, indiscriminately, gunshot wounds of the head, face, and neck, penetrating wounds of the chest, abdomen, pelvis and joints, sprains, burns,

contusions, &c.; while among the latter are disarticulations, resections, amputations, and ligatures. Of the latter we have, indeed, more definite information than is furnished in regard to any others. In all cases the operation was performed for secondary hæmorrhage; of two cases, when it was performed in the subclavian artery, death followed in both; of two of common carotid artery, in one; and in the only case of the femoral artery. The dorsal artery of the penis was severed in one case, and in it successfully.

Notes on Current Topics.

Comfort for the Teetotallers—Hard Work, no Strong Drink, and Perfect Health.

The *Edinburgh Courant* says:—

Captain Huyshe, in his description of the journey of the Red River Expedition, gives some very interesting accounts of the toil which it endured and the obstacles it overcame. One of the most toilsome obstacles was that of a "portage," where the boats must be hauled upon log rollers, over a road cut through the woods, from one lake or river to another. There were forty-seven such portages between Lake Shebandowan and Fort Garry. The boats were stoutly built, 25 ft. or 30 ft. long, and 6 ft. or 7 ft. wide. The guns weighed 200 lb. each, the barrels of pork each 2 cwt, the flour barrels 120 lb., the biscuit barrels 100 lb.; and these heavy burdens were carried on the backs of the men. Some of them used "portage-straps," consisting of a band of leather 3¼ in. broad, which rests upon the forehead, while its two ends are fastened round the package behind, which is held in its place by the hands. Others preferred letting the burden rest on a pair of slings between two poles, which were supported by two men, each man walking between the poles, as in a sedan-chair, and either holding them in his two hands or suspending them by straps to his shoulders. The men endured their great fatigues and continual exposure to the wet in the most praiseworthy manner; none of them complained, and none suffered in health. They had not a drop of alcoholic or fermented liquor all the way; tea or coffee, with sugar, was the only stimulant allowed. Their daily rations were, of biscuits, 1 lb.; of salt pork, 1 lb.; and one third of a pint of beans, or ¼ lb. of potatoes. Upon this fare, alike for officers and soldiers, and upon the teetotal principle with regard to drink, they worked fifteen hours a day, as hard as ever any man could work. They were "constantly wet through, wet sometimes for days together." Yet, we are told, "they looked as healthy and cheery as possible, and there was not a sick man amongst them." Captain Huyshe is decidedly of opinion, after this experiment, that the practice of issuing spirit-rations to British troops in the field should henceforth be totally abolished.

Professor Huxley on Motion and Consciousness.

On the 30th ult., Professor Huxley commenced at the London Institution a course of eight lectures on the elements of the physiology of bodily motion and consciousness. The lecture was devoted to the phenomena of motion and consciousness exhibited by he living body, and the general conditions on which they are dependent. Having explained the distinction between the phenomena of motion and those of consciousness, the lecturer showed that all movements whatsoever might be absolutely involuntary, and that only a certain class could be separated as being under ordinary circumstances subject to the dictation of the will. Some forms of bodily motion were not capable of being affected by the will, others were entirely dependent upon voluntary operation, and some were partly voluntary and partly involuntary. His object was not to account for the connection between bodily motion and mental states, but to analyse them, and to show the steps that intervene between bodily motion on the one hand, and the states of consciousness on the other. The lecturer then demonstrated the chain of operations involved in the reception by the ear of a request to raise the arm, and its ultimate result, and afterwards dwelt on the structure and properties of contractile matter.

Doctors and Lawyers.

A good illustration of the propriety with which lawyers can taunt the medical profession with their differences in legal testimony, is contained, says the *Pacific Med.* in the following statement: The decisions of Lord Giffard, Chief Justice of England, in appeals from the lower courts, for the first six months of the year 1870, cover forty-one cases. The judgment of the lower courts was affirmed in only seventeen, modified in five, and positively reversed in nineteen. The *Phil. Med. Times*, in commenting on the matter, remarks that a physician who is called into court will see in six hours more quarrelling by lawyers over points of difference of opinion than among his brother practitioners in six months.

A Word to Chicago.

Chicago lives! Next to the terrible interest of the burning of Chicago is the life that still exists amid the ruins, and the energy that sets about to repair it. Advice to such men may seem futile, but as our exchange copy will in all probability be received by our brethren there, we would venture to say that the sad lesson of the fire should lead those about to rebuild the city to consider how the materials used may best be made non-inflammable. It is a problem that ought to be solved before Phœnix-like, the city rises from its ashes.

The Sanitary State of Ireland for the past Quarter.

Births.—The births registered during the second quarter of the present year amounted to 40,855; affording an annual ratio of 1 in every 33·1 or 3·02 per cent. of the population. The average for same quarter of the previous five years was 40,004.

Deaths.—There were 22,446 deaths registered during the quarter; 1 in 60·2. or 1·66 per cent. of the population. The average of same quarter of the previous five years 23·823.

It is but too apparent from the foregoing figures that the registration of births and deaths is still very imperfect, the annual ratio of births to the estimated population in England being about 1 in 29 or 30, and of deaths 1 in 44 or 45; whilst in Ireland, according to the present return, the ratios are—for births, 1 in 33·1; and for deaths, 1 in 60·2. The registration of marriages under the provi-

sions of the 26 and 27 Vic. cap. 90, it is greatly to be regretted, is still more unsatisfactory.

Estimated decrease of the population.—The number of births being 40·855; the deaths 22,446 ; and the number of emigrants 32,709. A decrease of 14,300 would, therefore, appear to have taken place in the population of Ireland during that period.

Pauperism.—The average number of persons in Ireland receiving in-door relief on Saturdays during the quarter was 45,991, against 50,168 for 1870. The average out-door relief was 24,446 against 21,614 during 1870.

Health of the people.—The state of the public health during the quarter was, on the whole, satisfactory. The number of deaths registered was 1,377 below the average of the corresponding period of the previous five years, and 1,045 less than in the second quarter of last year. The majority of the Registrars have reported favourably as to the healthfulness of their districts, and the comparative immunity from epidemic disease. As small-pox was epidemic in Great Britain, and no quarantine regulations had been adopted to prevent the importation of the disease, fatal cases occurred in various parts of the country. Since the introduction of the Compulsory Vaccination Act in 1864, the deaths from small-pox have decreased in a remarkable manner. If the disease when imported should, unhappily, extend over the country, such an event could not seriously depreciate the protective powers of vaccination, for the Compulsory Vaccination Act only affects those born after the 31st of December, 1863 ; it has no retrospective power. There had been always a large proportion of the people hostile to vaccination—so at the present time the number of adults unvaccinated, and therefore unprotected, must be very considerable. It is much to be regretted that information as to previous vaccination is not always furnished in the returns. Twenty-nine of the Registrars report the presence of small-pox in their several districts. In Longford two fatal cases of small-pox occurred, they were "attacked immediately after their arrival from Dublin. The disease extended no farther." In Dundalk "about 13 families have been attacked, and there have been 5 fatal cases registered, 1 in the workhouse, and 4 in the town—1 young man aged 20, said to have been vaccinated ; 1 young girl aged 17, ditto ; 1 little girl aged 10, ditto ; 1 child at workhouse, aged 7 months, not known ; and 1 child, 3 months, unvaccinated." At Queenstown "there were three deaths from small-pox during the quarter ; the disease was imported in ships outward bound from Liverpool. As far as could be ascertained none of the persons had been vaccinated." In Carlow "one case of small-pox is reported in which the patient passed through the illness favourably and recovered. The disease in this instance was imported from Liverpool through the medium of some clothes worn by a victim to the malady." The Poor-law Medical Officers have shown a praiseworthy zeal in carrying out the provisions of the Compulsory Vaccination Act, and the fact that up to the present time (notwithstanding the many cases of small-pox imported from England and Scotland into the country) the disease has not spread to any great extent, shows how valuable their labours have proved to the community. As before stated, there was a general absence of epidemic disease. In some districts scarlet fever prevailed, especially in those where sanitary laws were ignored. There has been in some parts of the country a considerable improvement as regards sanitary arrangements. The numberless complaints of deficient sewerage, imperfect supply of water, &c., merely show that the provisions of the Sanitary Act of 1866 are not carried out. The success of the Compulsory Vaccination Act proves that a law when properly administered will prove effective.

Deaths in Provinces.—There were registered in Leinster 6,313 deaths, 1 in 52 of the estimated population ; the number registered in Munster was 1 in 60 ; in Ulster, 1 in 62 ; and in Connaught, 1 in 74. The average ratios afforded by the deaths registered in the second quarter of the previous five years were—in Leinster, 1 in 50 ; in Munster, 1 in 58 ; in Ulster, 1 in 57 ; and in Connaught, 1 in 73.

Unqualified Medical Practitioners.

LAST week the Coroner for Middlesex held an inquiry respecting the death of Mary Elizabeth Pope, aged forty-three.

William Pope said deceased was his wife. On Sunday, Oct. 22, she was in her usual health, but got ill towards night, and gradually worse until Wednesday, when he went to Mr. Morris, a chemist in Virginia row, and he came and saw deceased and gave her medicine. He charged three shillings, and promised to continue his visits for three shillings a week, saying that the wife was suffering from a severe attack of erysipelas. On Thursday morning the husband woke up at 6.30, and found her dead in bed. She had had four doses of the physic.

Mr. Phillips, divisional surgeon of police, made a *post-mortem* examination of the deceased and found the lungs the seat of extensive inflammation, and it extended to the heart. There was not the slightest trace of erysipelas The chemist was not called in until Wednesday, it would have been impossible for him or any one else to have saved her.

The Coroner, in summing up, said that "Government ought to step in and stop the pernicious practice which exists whereby duly qualified doctors are cheated out of their fees ; for if a chemist visits a patient and receives a fee he is liable to a fine of £20. A chemist is a very useful man in the sphere in which the Government directs he should move, but the law should be enforced in all cases where he oversteps the prescribed limit."

The Female Medical Students.

AT a meeting of the Senatus Academicus of the University of Edinburgh, the following letter addressed to the Secretary, was read :—"Craig-house, Lothian Burn, Friday, Oct. 27th, 1871.—Sir,—In the absence of the hon. secretary, I am desired by the Executive Committee for Securing a Complete Medical Education to Women in Edinburgh to inform you that they have passed the following resolution, in the hope that the removal at least of all pecuniary difficulties may facilitate the arrangements of the Senatus for completing the medical education of those ladies who have already matriculated in the University :—'That the Secretary be instructed to write to the Senatus, in view of their approaching meeting, to state that, in the event of special lecturers being appointed by the University to give qualifying instruction, to women, the Committee are willing to guarantee the payment to them of any sum that may be fixed by the Senatus for their remuneration, in case the fees of the

ladies are insufficient for that purpose, and that, if necessary, they are willing further to undertake to provide such rooms and accommodation as may be required for the delivery of the said lectures, if it should be found absolutely impossible for the University to provide space for that purpose.'—I am, &c., KATHARINE BURTON." The Senatus, by a majority of 14 to 9, refused to adopt the proposal, as it was considered impracticable. Mrs. Thorpe, Miss Chaplin, and Miss Peachy have successfully passed their final professional examination.

The Cooking of Ophthalmic Statistics.

THE *Boston Medical and Surgical Journal* publishes in its issue of October 12th a communication made by Dr. Edward Loring, of New York, to the American Ophthalmological Society, which appears to us a very instructive contribution, not only in its scientific bearing, but from its exposition of the falsity of statistics which are made to order in favour of certain surgical proceedings. Dr. Loring selects for comparison the proportionate successes in the extraction of cataract by the old flap operation and by the fashionable modified linear method. He observes that in the 1,500 cases of flap extraction collected by Graefe in 1863, the successes were set down at 80 per cent., *the standard of success being taken at one-fourth.* In 1865 the same writer published a separate series of similar cases, in which the successes, by the same standard, were 84 per cent. of perfect results, and 11 per cent. of half success; and he then states that in his private practice the success of the old flap extraction produced a proportion of 91 per cent. of perfect cures. The peripheric linear method then became the rage, and it has since become the fashion to sneer at flap extraction, as if no surgeon who was not mad would think of removing a cataract without snipping off a bit of iris at the same time. Dr. Loring, however, points out that in the 300 cases published by Graefe (by no means, be it observed, so large an experience from which to judge) the success was put down at 90 per cent. But if it were, the standard of success was lowered from one-fourth to one-sixth, so that in reality, with this deduction of 9 per cent., the successful cases were only 81 per cent., so that it seems that, calculated by the same standard, Graefe's balance swings rather to the side of flap extraction. Dr. Loring accuses Dr. Knapp, who published with great admiration of the fashionable procedure, three sets of cases of 100 each, of making his calculations of success by a standard not of one-fourth, or even of one-sixth, but of one-tenth, and Dr. Loring says it strikes him as manifestly unjust and unscientific to maintain the superiority of one operation by statistics *in which the standard of excellence used is two and a half times less than the other.* And so say we. Before any sound surgeon ingests the laudations which a surgical inventor lavishes upon his *soi disant* improvement, he should take care that he knows what is meant by success. To our knowledge many a cataract extraction is called a success, when the patient is able to keep from falling down stairs.

Stimulants in Workhouses.

At the special committee of the West Derby Guardians appointed to inquire into the excessive use of stimulants in the workhouse of that union, the Chairman said they had spared no pains in endeavouring to arrive at the facts in reference to which they had been appointed to report. He was sorry to say that the result of the investigation showed that the West Derby Union occupied a very unenviable position in regard to the consumption of stimulants. In the last year the West Derby Union was at the head of the other unions with regard to expenditure on stimulants, with one exception, being 7s. 3d. per head, while the death-rate—1 in 9—was also the highest. The natural inference was that it would have been better if the consumption of stimulants had not been so great. He hoped the guardians would co-operate in the endeavour to diminish the supply of beer and spirits to the poor of the union.

Dr. Costine said, unfortunately for that union, about 75 per cent. of the poor who were brought to the workhouse had been improvident, and were suffering from diseases arising from drunkenness, which materially assisted to propagate fever and other diseases. He did not know whether it was from any peculiarity of the locality, the air, or the beer, or the water, but it was a fact that three-fourths of the poorer classes were suffering from a thirsty madness for drink, and were in a chronic state of alcoholism, or charged with alcohol. That being the case, when a medical man came to treat them he found that an ordinary quantity of stimulants was not sufficient.

Mr. Lancaster thought it should be taken into consideration that the union had been suffering from one of the most severe epidemics which had been known for a long series of years. He noticed that in Toxteth Union the use of stimulants exceeded that in the West Derby Union, being 8s. 4d. per head last week.

Mr. J. Davies (West Derby) said Mr. Chambers had made a return, showing the consumption for the twelve months ending the 30th Sept. The admissions of sick persons had been 2,254, and the total amount spent on stimulants £880 15s. 2d., the cost of each case per head being 7s. 9¾d. The average length of time each person had remained in the hospital was 3½ weeks, and the number of weekly cases in the house was 8,710, and the individual cost had been 2s. 0¼d. per week, the per centage of deaths being 7 in 100. The total cost of beer consumed by the 21 officers of the house was £65 7s. 8½d. in the year, the average cost per week being 2s. 2¾d.; the average cost of stimulants for each officer being 1s. 2¼d. He thought such a return showed that the West Derby Union need not hide its head behind any other.

The report was adopted, and ordered to be circulated amongst the guardians and officers of the Union.

There was no other business of public interest.

MR. YOUNG, who is chief of the Bureau of Statistics of the United States Government, gives as an estimate of the sales of liquors in the United States during the fiscal year ending June 30th, 1871, the following :—

	Dols.
Whiskey, 60,000,000 gals. at 6 dols. retail	360,000,000
Imported spirits, 2,500,000 gals. at 10 dols. retail	25,000,000
Imported wine, 10,700,000 gals. at 5 dols, retail	53,500,000
Ale, beer, and porter, 65,000,000 bbls. at 20 dols. retail	130,000,000
Native brandies, wines and cordials, quantity unknown, estimated value	31,500,000
Total	6,00,000,000

Estimating the population at forty millions, the annual amount expended for intoxicating drinks by each man, woman and child of the population is fifteen dollars.

Liberality!!

At Bideford, a medical officer to the Local Board has been appointed ; salary *ten guineas a year!*

Medical Society of London.

On Monday, November 13th, Dr. Carpenter, of Croydon, will show two very interesting cases of Locomotor Ataxy before this society.

Dr. Dalrymple, M.P.

Dr. Dalrymple, M.P. for Bath, who went out to New York in August for the purpose of collecting information as to the treatment of habitual drumkards, has been suffering since his arrival from intermittent fever

Old St. Thomas's Hospital.

Old St. Thomas's Hospital, or at least a considerable portion of it, has been taken by the London Pantechnicon Company, and the wards are now to be devoted to the storage of carriages and furniture of all kinds. The company have obtained possession of what was known as the new wing of the hospital, which has been repainted and is ready to receive goods at once. The company have a sufficient extent of open spare ground to enlarge the premises very considerably as the requirements may demand ; they include at present, besides the ordinary warehouses, fire-proof rooms and sale rooms.

How to Collect Diatoms.

The *American Journal of Microscopy* recommends, as the best plan of collecting diatoms in large quantities, to tie a thin, fine piece of linen over the faucet of the hydrant in the evening, and allow a small stream of water to pass through it all night. In the morning take off the cloth and rinse it in a little water in a goblet. When ready to examine, take a drop of water from the bottom of the goblet with a small pipette, or glass rod, and place it on a flat slide, or a slide with a concave depression, holding a few drops. Then, with a power of 100 or 350, sweep the field, and you will be rewarded with the sight of a wondrous collection of beautiful and unique forms.

Compressed Air in Hail.

Prof. Reinsch, says the *Journal of the Franklin Institute*, mentions the curious fact that in some hail which he examined beneath the microscope, there was found at the centres of the stones a spherical globule, which proved to be air. When these globules were nearly freed by the melting of their icy confinements, they burst the last portion of the shell with energy, and, expanding, occupied in a bubble form a space more then fifty times greater than when confined ; showing that they had been subject to a pressure equivalent to more than fifty atmospheres. Cold may possibly have had some part in this diminution of volume ; but the temperature necessary to produce so great a reduction in volume must have reached 214° C. at the point where the hail was formed, if cold had been the only cause in play. Whatever explanation we assign to this interesting observation, it certainly must be regarded as the most unexpected one which has appeared in the study of this puzzling phenomenon. Prof. Reinsch recommends the diligent use of the microscope as the only means of solving the problem of the history of hail.

Diploma Forgery in England.

It would appear that a traffic in diplomas even more dishonest than the trade in degrees "in Absentia" is going on in England. The *British Medical Journal* gives a narrative of circumstances which have led to the discovery of the affair and illustrates the impossibility under English law of obtaining anything like protection for public life and limb. A stationer in Holborn was applied to to insert in a form of diploma the name of the person who handed it to him. The diploma was from New York and was duly attested by the names of the examiners and the college seal. The stationer, when the customer had departed, suspected that the parchment was not all right took it to the College of Surgeons where, on further inspection, it was ascertained that the names of the examiners were all forged by facsimile lithography. After unceasing efforts to arouse some action on the part of diplomatists and the law, Mr. Trimmer was at length obliged to get the document photographed as the only protection possible against the carrying out of the fraud.

A Preservative for Surgical Instruments.

Mr. Spiller, the eminent chemist, contributes to the *Photographic News* a paper on nickel-plating. He suggests the universal application of this process to all steel instruments and declares it is a perfect and lasting preservative against rust and corrosion. He caused a regulation sword to be so plated and has ascertained that it is perfectly secured against rusting in wet weather and easily kept in condition by simply wiping it with washleather. A small bar of steel similarly coated has been repeatedly immersed in water for hours together and even immersed for days without in the least tarnishing its surface. There is no direction in which this invention will be as applicable as to surgical instruments.

The Hampstead Hospital Inquiry.

We have delayed any comments on this investigation until its conclusion. The inquiry being now over, we at once commence the publication of a critical review of the case, prepared expressly for this journal, and to which we particularly invite the attention of all interested in the matter.

This review is not a mere analysis of the evidence produced at the inquiry, nor is it founded upon the reports that have appeared in the daily papers. The writer of it was present throughout this protracted investigation, and we have no hesitation in expressing our belief that no journal was more ably represented than the Medical Press and Circular. To give a mere report of the proceedings would have been easy enough—had we had the space at our disposal. To present a *précis* of the whole, with the suggestions and comments of one qualified to pass a judgment, and who watched day by day the progress of the proceedings, is a very different thing. This, however, we have been able to compass, and we are sure that our readers will appreciate the skill and patience displayed by the author of the special review we commence to-day.

The Committee of Council of the British Medical Association have elected as secretary, out of nearly 200 candidates, Mr. Francis Fowke, House-Governor and Secretary of the Birmingham General Hospital.

THE Session of the Epidemiological Society opens this evening (Wednesday).

SIR H. SUMNER MAINE has taken his seat in the Senate of the University of London, as successor to the late Mr. Grote.

THE *Warrington Guardian* announces that Mr. James Hatton, of Hatton, has given £5,000 to the Warrington Dispensary.

SIR WM. FERGUSSON and Dr. Morell Mackenzie have been elected Corresponding Members of the Royal Buda-Pesth Society of Physicians.

MRS. THORNE, Miss Chaplin, and Miss Pechey were successful in passing their first or professional examination in Edinburgh last week.

THE Brown Institution will be opened next month, and comparative pathology will probably be largely studied in the new laboratories.

A "SOLLY MEMORIAL" has already made good progress, more than £300 having been subscribed in memory of that amiable surgeon. A scholarship and a bust are talked of.

THE last Hospital Sunday in Liverpool produced a collection amounting to £4,869 from 195 congregations, or about £25 for each. Of the gross sum £4,500 were distributed to the hospitals.

DR. MASSEY, C.B., head of the Sanitary Branch at Whitehall yard, will, it is said, embark for India early next year, and be succeeded in his present appointment by Dr. Muir, who will probably be the next Director-General of the Army Medical Department.

THE department of the Medical Director-General of the Navy is in a few days to be moved from Somerset House, to share with the Royal Marines Office the premises at No. 7 New street, Spring Gardens, thus making the twelfth distinct location in which the Admiralty departments are now assembled.

THE *London Mirror* records an altogether unprecedented list of bequests and donations to various charitable institutions in one single week. It comprises one of £1,400, 17 of £1,000 each, 5 of £500 each, 6 of £300 each, 4 of £250 each, 22 of £200 each, 5 of £150 each, 27 of £100 each, 23 of £50 each, and 4 of £25 each, besides several smaller sums, amounting in all to about £33,000.

IT is reported on apparently good authority, that a much needed reform in fever hospital administration is shortly to take place. In each fever hospital a certain number of private wards are to be set apart for the reception of patients from the well-to-do portion of the community. When an infectious disease attacks one member of a family it seldom ends there, but frequently overtakes others under the same roof. If the report be correct the adoption of the plan will have a good effect in more ways than one, and we therefore hail it with satisfaction.

ON Thursday last, a man, suffering from concussion of the brain, was taken to King's College Hospital where his wound was dressed. Upon application he was refused admission as an in-patient by the then house-surgeon, Mr. Roche, and was carried away by those who had picked him up after his fall, in a very dangerous state. He soon after died, and at the inquest Mr. Roche's conduct was severely censured by the coroner and jury, and in the absence of this gentleman who was reported to have left the hospital, the enquiry was adjourned, in order to compel his attendance to offer explanations.

SCOTLAND.

GENERAL COUNCIL OF THE UNIVERSITY OF EDINBURGH.

THE statutory half-yearly meeting was full of interest to the medical profession.

The Principal, Sir A. Grant, presided.

Dr. Alexander Lindsay was elected assessor.

The Council were urged to expedite their movements to improve the graduation in law.

The subject of the influence of the General Council was considered, and the committee on entrance examination was re-appointed.

GRADUATION IN ARTS.

PROFESSOR MASSON gave in this report, which stated that "the committee, in the absence of any information of what has been done by the University Court in consequence of the representation of the General Council at its meeting in April, have no further recommendation to make at present on the subject of improved regulations for graduation in arts; in view, however, of the expected deliverance of the Court, also because there may be further data on this subject from other quarters, they advise the reappointment of the committee, with the same powers, and instructions to report to next meeting of the General Council." In supporting the motion, Professor Masson said there was no deliverance on the subject by the University Court. He thought it was to be regretted that during six months there should have been an absolute ignorance on the part of those indirectly concerned of what the Court had done in consequence of the Council's previous representation, or whether they had done anything. Had it been possible for the Court to have come earlier to some resolutions on the subject, and these had formed part of the newspaper reports, then it would have been perfectly possible to consider them, and to have come to this meeting with some definite observations either in correction or agreement, and so this great question, which, since he came to be connected with the University, had been bandied to and fro. If the Court had made a communication on the subject, the solution of this great question would have made some progress between their last meeting and the present. As it was, they were where they were before; while, if the Court had done otherwise, the question whether there was to be a broadening of the basis of their graduation, and the bringing in of great studies hitherto kept out, would have been a little nearer solution. He concluded by moving as follows;—"That the report be approved of, and the committee reappointed accordingly; and that the last communication from the University Court on the subject be referred to the committee as part of the matter for their next report." Professor Calderwood seconded the motion; which was agreed to.

THE MEDICAL EDUCATION OF WOMEN.

DR. ALEXANDER WOOD submitted the following resolution:—"That, in the opinion of this Council, the University authorities have, by published resolutions, induced women to commence the study of medicine at the University; that these women, having prosecuted their studies to a certain length, are prevented from completing them from want of adequate provision being made for their instruction; that this Council, without again pronouncing any opinion on the advisability of women studying medicine, do represent to the University Court that, after what the Senatus and Court have already done, they are at least bound in honour and justice to render it possible for those women who have already commenced their

studies to complete them." I should like, in speaking to this motion, to commence by clearing myself from any supposition that may be entertained in regard to the exact position which I occupy in regard to it. I am not here as an advocate of women's rights, whatever private opinions I may hold upon the subject. I am not here to argue the question as to whether it is a right and proper thing that women should study medicine, whatever opinion I may hold upon that; still less am I here to argue the question whether we should have mixed classes of males and females to study medicine, whatever opinion I may hold in regard to it. These matters have all been settled and settled by the constituted authorities of the University. With these, therefore, we have nothing to do. I do not approach the question as the champion of these females at all. I approach the question from the other side altogether, as a member of this University Council—as one who has been long interested in the prosperity of this University—as one who deeply deplores the most unfortunate position in which the University has placed itself. (Cheers.) I do think that for the sake of our *Alma Mater* we should now do all that is in our power to extricate it from the false position which it has taken up—a position so false that at every step it takes into the matter it seems to fall into inextricable blunders. Dr. Wood then quoted the calendar as the official guide to show that women had been, as it were, invited, and regulations laid down for their instruction. He then said: Here is a plain invitation to women to present themselves at the University of Edinburgh to enter the medical classes of the University of Edinburgh for the purpose of studying medicine. That this was generally and universally understood is plain and evident from the fact that the whole press of the country was full of the question; and the University of Edinburgh reaped praise in many quarters, and blame in a few, for what was called the liberal step she had adopted. I am not here to say whether that step was a right one or a liberal one, or anything about it at all. It may have been very good—it may have been very bad; but the step was taken, and it would be insulting the wisdom which decorates that platform, if I supposed it was taken without full deliberation, without a full knowledge of the consequences which it entailed upon the University. (Cheers.) I cannot suppose that such a step would be taken without the advice of my distinguished friend the medical Nestor of the University, whose voice on all medical questions influences the University so much, Dr. Christison. I cannot suppose that the step would be taken without the advice of the other medical professors, who had at all events a voice in the several courts. But what I argue is this, that, having duly deliberated and put the question through all the processes which the University Act demands, the University did see it to be their duty—did see it advantageous to them—to open the classes to women. (Applause.) I will be told, I have no doubt—for we are told strange things in this discussion—that while the classes were opened, there was not a word said about examination. Well, there is an ingenious instrument which I have sometimes seen with a door at one end which lets an animal in, and has a bar at the other which does not let the animal out, so that as soon as he has got in by the door it shuts. That is called a trap. I have no notion that dignified professors, or that the University Court, would set a trap to catch women, but most certainly a trap was set—most certainly a trap was baited against certain innocent, simple women, who were betrayed to go in; and most certainly when they got in and got half-way through they found the door shut in front of them—the excellent Principal without authority of any man, so far as I can make out, shutting the door behind them. Well, this is our position, and I seriously ask whether this is a dignified and right position for the University? (Hear.) Look at what it compelled them to do. The other day the Medical Faculty—a body scarcely recognised at all—took upon them to set all these regulations aside, and put my unfortunate friend, Dr. Balfour, into a position in which, to get out of the fangs of the law, he had to rescind the one day the intimation the Medical Faculty compelled him to make the previous one. I do not think it can be argued with any strength of argument that the fact of the examination not having been mentioned is proof that examination was not intended. We have the opinion of the Lord Advocate and Mr. Fraser that it implied they were to be allowed to go to examination. There is no provision made by which the professors can be compelled to teach women. I think if professors entertain the strong views we had from Professors Turner and Liston, at one of our meetings, in regard to the impropriety of teaching women, that it would be an improper thing to compel them to do so. But it remained with the University authorities to deal with the recusant professors. If they had not made arrangements by which every professor was to receive women for the purpose of educating them, they should have adopted the alternative of providing for the education of women. I say they did a wrong thing—they did a rash thing—and brought the University into a false position. You may shut the doors of your University Court—you may prevent anything transpiring as to what takes place in your Senatus; but you will not prevent the public from becoming aware of the wrong you are doing to these women, and very deeply sympathising with that wrong. I have in my possession at this moment what I don't intend to present to the Council, but it was sent to me this morning—a petition which is signed by upwards of nine thousand females in Scotland. The petition is a short one; but because I think technical objection may be taken to its presentation, I will only read the words of it:—"*To the General Council of the University of Edinburgh.*—Gentlemen,—It being often said that women have no desire for the medical services of their own sex, and take no interest in the struggle for professional education in which some women are now engaged, we, the undersigned, desire to record our emphatic protest against these statements, and to express our earnest hope that it may soon be possible for those of us who desire it to consult thoroughly educated physicians of our own sex. We venture further to thank you, and the University of which you are members, for the foremost part which Edinburgh has already taken in providing for the instruction of women in medicine; and to entreat you to carry forward your good work and complete it, by making such regulations and arrangements as shall afford to women the means of obtaining a complete medical education, and the usual medical degree at the hands of your time-honoured University." The feeling which has been engendered against this University by the treatment of these women is certainly very strong. Whatever may be the law on the question, I say, according to every moral consideration, that you are bound to give to these women what you promised them when you admitted them. I do think that, morally, you are bound to give them a full and complete education, and even to take in the examination for finding them fit to pass as doctors of medicine. It may be a wrong thing; I may not wish to see women doctors of medicine—I do not say whether I do or not; the responsibility of that does not rest with me, but with the University authorities, who have begun, and have not the courage apparently, nor the talent, to see how it is to be continued. ("Hear, hear," and hisses.) If that is to be the case, the sooner they confess their error—the sooner they make compensation to those who have spent their time and money in consequence of that the better. But it must be done in a legal way; not by some illegal motion instructing their servant to refuse admission to what this Council and the University Court have given admission—not by the fiat of the Principal forbidding women to become matriculated students of the University, although there is law and authority for them doing so. Under these circumstances, then, what I ask this Council to do is, without committing itself in the slightest degree to the general question of the medical education of women, without committing itself in the slightest degree to the way as to which the difficulty is to be solved, to urge on the University Court and Senatus to carry out what they have begun.

Professor Turner, in moving an amendment to Dr. Wood's motion, said that in the course of last summer the question came before the Senatus Academicus with reference to whether the ladies who had been admitted to study in the University would be qualified to present themselves for examination, should they desire to do so; and, on the motion of one of my colleagues, a memorial was prepared and transmitted to eminent counsel for the purpose of obtaining their opinion as to whether the University should admit women to examination in medicine. This memorial was prepared by the law agent of the University, instructed by the Deans of the Faculties of Law and Medicine. Care was taken that the memorial should be a fair memorial—without presenting the view of one party or the other—that it should be a fair and accurate statement of the fact. Counsel in reply stated as follows;—"It may be that the Senatus or other authorities can give permission to the professors of the University to teach persons not legally entitled to demand admission as students; but we do not think that persons who have attended lectures by virtue of such permission have, even when permitted to matriculate, any right to claim the position or privileges of students. We are of opinion that the Senatus have not power to admit to exami-

nation for a degree persons who, though they may have attended the course of lectures necessary to graduation, were not, in our estimation entitled to the legal status of students of the University." (Applause.) Now, in the month of October this year, the Medical Faculty were informed that certain ladies wished to present themselves for the preliminary examination and others for the first professional examination. The Medical Faculty had a meeting, and with this opinion of counsel staring them in the face the Faculty came to the decision "that it was not prudent to admit them for examination until the Senatus had fully considered the matter in connection with the opinion given by counsel; and that in case the Senatus decided in favour of the candidates, a special examination should be provided at the earliest possible date." (Applause.) It just suspended the examination till the Senatus had sanctioned it. The term "interdict" was unfortunately employed by the Dean, but the Faculty never instructed him to interdict anybody. It was simply an unfortunate expression of his own, which had been commented upon to the prejudice of the Faculty. Such is the position the Medical Faculty has taken in connection with this matter; and I trust this simple statement of facts will be looked upon by the Council as one which absolves the Faculty from the charge of abrogating a statute of the University. It is moved by Dr. Wood:—"That in the opinion of this Council the University authorities have, by published resolutions, induced women to commence the study of medicine at the University." Now, did the University authorities "induce" women to enter the University? To find out that we must look a little further back than Dr. Wood did. Professor Turner has cited a letter dated March, 1869, from Miss Jex Blake, who wrote:—"As I understand that the Statutes of the University of Edinburgh do not in any way prohibit the admission of women, and as the Universities of Paris and Zurich have already been thrown open to them, I venture earnestly to request from you and the other gentlemen of the Medical Faculty permission to attend the lectures in your medical school during the ensuing session. I beg to signify to you my willingness to accept any such conditions, or agree to any such reservations, as may seem desirable to you; and, indeed, to withdraw my application altogether if, after due and sufficient trial, it should be found impracticable to grant me a continuance of the favour which I now request." Now, you will observe that this lady comes forward, and she asks to be allowed to attend our lectures, and she expresses her willingness, in case any difficulty should arise—and she obviously thought it might arise—to withdraw. That went before the Medical Faculty, which gave not an absolute acceptance but a modified one. The resolution of the Faculty was that she "should be allowed to attend the summer classes of botany and natural history as a student of medicine, by way of experiment; and that in the event of her attendance interfering in any way with the discipline of the classes, the privilege should be withdrawn; that the consideration of her request to attend other medical classes should be postponed until the Faculty have seen the result of the experiment." That was the reply of the Faculty to the first application. The Medical Faculty consists of twelve persons. Six were present and one dissented, so that the resolution was adopted by a minority of the Faculty.

Dr. Wood: Not a minority.

Professor Turner: A minority of five out of twelve. We must look to the regulations of the Court; and I ask any one who considers these regulations to say whether the University is bound to complete their education? I see nothing that binds them to do it. I see only this, that there is a permission to study medicine if the professors in the Faculty of Medicine will instruct them. It is a permissive measure altogether. I beg to move the following amendment:—"That the subject to which the motion of Dr. Alexander Wood refers being at present duly under consideration of the proper authorities of the University, the General Council decline to interfere in the matter at present, being confident that the cases of the several ladies who have commenced their medical education will be considered with all favour compatible with the Universities Act, the University Statutes, and the University Charters."

Professor Wyville Thompson seconded the amendment.

Professor Christison said: It was not my intention to take any part in the discussion, but Dr. Wood has referred to me, and I wish to put him right. Dr. Wood stated that the proceedings of the Senatus Academicus and the University Court were not taken without the advice of the most venerable of the professors. Of course I must take the imputation that I am venerable, although I have no sensation of being venerable; and except in regard to one peculiar quality which is venerated, that of white hairs, I don't think there is any very great difference between myself and Dr. Wood. But I did give advice. My advice was this, that the Faculty and the Senatus were running on very dangerous ground; that they did not know what they were to commit themselves to; and that they had better pause and consider well before they took any step. Dr. Wood has talked of a trap. Who made that trap and who laid it? Not the opponents of the ladies. It was their friends who laid that trap. We had nothing to do with it. We opposed the intention of the ladies to get into that trap—("hear," and applause)—and we opposed it in this way, and showed there was no disposition on our part to deceive the ladies at all, because when these resolutions were first passed by the Senatus, and forwarded to the University Court, I stated, and another member, whose opinion on that matter was of far greater consequence than mine—our Professor of Scots Law—stated that that decision did not decide the question of graduation. It decided that they were to be admitted to the classes to be instructed, but not to graduation, and the Professor challenged the friends of the ladies to bring up that question, but they did not do it. Therefore that question still remains undecided to the present day. I do not consider that the regulations agreed to by the University Court finally settle the question of graduation. Well, I am prepared, nevertheless, to accept of this amendment—viz., that the case of these ladies be considered. No doubt the University has been brought into a difficulty, but it has been brought into that difficulty not by those who opposed the wishes of the ladies, but by those who have been backing them and putting them forward. They are those who brought the University into a difficulty, but there is no doubt that these ladies have been brought into a difficulty too, and if we can get them out of it, I for one shall be glad to assist in getting them out. But how is that to be done? That is another question. There is one very obvious way in which it may be done. It is a way which many of our male students follow—that is, by going to other universities, which it is either more convenient to attend, or which they prefer to attend on account of the eminence of particular professors. Our students are a very migratory set; very few are educated entirely at our own universities. Many go abroad—some to Paris or the universities of America, and some to the universities of Germany, and there is nothing whatever to prevent these ladies going to these universities. They have already finished all the university education they require for going forward for examination, and there is no difficulty in them taking the remainder of their education abroad if they cannot get it in this country. If strangers go to one university, it will cost them very little trouble to exchange it for another. It would have been a difficulty for Edinburgh ladies staying here being asked to go abroad, and they would have pleaded that it was a great hardship to send them to a foreign university. But those ladies are strangers here, and they will not be more strangers where they go. (Laughter.) That is one way by which they can get out of the trap. But we know that the way pointed out in this motion, although it says nothing, refers to an innovation in the constitution of this University entirely new; because, look at it in any way you please, the real way in which you must look at it in the end is that it cannot be done without appointing new professors. Assistants you may call them, but they are substantially professors. Now I ask you is a proposition of this kind to be entertained—a proposition to extend the extra academical privilege, that of twelve subjects of medical study four may be taken with extra academical lectures? One of the propositions of Miss Blake is that this be extended to a greater variety of subjects; and it will require to be a question of a great variety of subjects indeed; because of the professors in the Medical Faculty I don't believe there is one, or more than one, at all events, who will be ready to give a separate course of lectures to the ladies. I believe that those professors who made the experiment in the winter are not likely to make it again—(laughter)—and, at all events, those who have not made it will not try it; and therefore the whole education will be given outside the University. Is that an innovation you would like to be exercised? Don't take a leap in the dark. Don't agree to a motion until you see what the consequence is to be.

Dr. Phin said: I wish the Council to know what I regret was not communicated through the newspapers, but what would have been communicated if the newspaper reporters had been present during the recent meeting. There was presented to the University authorities a decided legal opinion by two of

the most eminent counsel at the Scottish bar, that what the University authorities proposed to do with reference to women was contrary to statute, and that what the University Court and the Senatus had approved of was inconsistent with law; and that being the case, I ask this Council if it was not reasonable for the University authorities, for whose conduct in the matter I am in no degree responsible, to pause before they went forward in the course which had been pronounced by the highest legal authorities to be contrary to law.

PROFESSOR CALDERWOOD said that while it is true that a legal opinion was given that what had been done by the Senatus and by the Court—composed to a great extent of eminent lawyers—was illegal, it was also a fact that there was laid on the table of the Senatus an opinion from counsel stating that it was legal. Then Dr. Phin describes the opinion as having been got from the highest legal counsel. All I can say is, that there is an opinion in favour of it from a still higher counsel; and if there be anything higher than the highest, then we have got a little higher opinion than the highest in favour of the legality.

Dr. Alexander Wood replied, and the House then divided. The result of the vote was as follows:—

For Dr. Wood's motion	97
For Professor Turner's amendment . .	107
Majority for Professor Turner's amendment	—10

THE opening lecture of the Edinburgh Medical School was delivered by Mr. Annandale. In consequence of the resignation of Dr. Gillespie, Mr. Annandale will in future devote himself to clinical teaching, Dr. John Chine, assistant-surgeon Royal Infirmary, succeeding him as lecturer on Systematic Surgery. Dr. Watson and Dr. Joseph Bell will also lecture clinically.

SANITARY PRINCIPLES OF SCHOOL CONSTRUCTION.

Now that new school boards are preparing for the construction of new school-rooms, it is of importance they should be apprised of the sanitary defects that require amendment in the greater proportion of those existing for the elementary schools in this country. Mr. Edwin Chadwick, C.B., has, in a communication to the *Journal of the Society of Arts*, undertaken this service. He considers that the chief sanitary defects of these schools are—(1) Defective ventilation; (2) Defective warming; (3) Bad drainage and foul latrines; (4) Want of means of maintaining personal cleanliness; (5) Bad lighting; (6) Bad arrangements of desks and seats; (7) Want of proper means of gymnastic exercises; (8) Insufficient and ill-paved play-grounds. He would submit that it is important that school boards should require, in the competition for plans, that these evils should be first specially considered and provided for, and that the architectural designs and elevations be made of secondary consideration.

It is painful to observe the condition of children in the common schools in winter time, going there in cold and wet, in driving sleet and snow, frequently ill-shod, and commonly ill-clothed—kept in the school during excessively long hours under any conditions for children, with feet and hands painfully cold—fingers often so benumbed as to be scarcely able to hold their slates and pencils; the open fires at one end of the school not freely to be approached, and when approached, the warming or heating on one side, "roasting in front and freezing behind," so as to give inflammations or colds from the disturbed and unequal circulation. The confinement of children for five or six hours in such conditions, overtasked mentally, and painfully constrained bodily, are surely evil conditions requiring active intervention for their relief.

Mr. Chadwick considers that of the modes of warming, those by hot-water pipes and iron surfaces are of inferior, and sometimes, when for high heats, are of pernicious effect, and are very expensive. Besides, they are apt to warm only the sides of the rooms, or the upper parts of them, and to leave the feet cold, unless an inconvenient and objectionable degree of heat is created over the whole room. It is, moreover, matter of considerable experience that warming by earthenware surfaces, or stone surfaces, especially by heat diffused over wide earthenware, or concrete surfaces, is more agreeable and more salubrious than any warming by iron surfaces. Mr. Chadwick has long advocated the principle of floor warming.

Next to the foul air from overcrowding—from the breath—there is the foulness arising from a congregation of dirty skins, as well as of dirty clothes. Medical officers, who have to do the work of vaccination with children of the lower and middle class, are aware how small is the proportion of them who are ever properly washed, and how painful, and at times how dangerous, is the duty of operating upon numbers of them consecutively in confined rooms. The economical fact should be inculcated that a pig that is regularly washed puts on a fifth more flesh, and that flesh of a better quality, than the pig that is unwashed; and that the same rule holds good with washed, as against unwashed children. Five washed children may be sustained on the food requisite for four that are unwashed, to bring them up in the same condition. Besides, the washing itself is preventive of infections and contagions, such as the itch and other diseases.

In the large children's institutions, where children are boarded, the effects of progressive sanitary improvement have been distinctly marked. In one, where the death-rate had been about twelve per thousand, the foul air from cesspools and bad drains was excluded, the latrines were mended, and the ventilation was improved, when the death-rate was reduced to eight in a thousand. Next, regular tepid ablution, and, in summer time, cold water bathing, and careful skin-cleanliness was introduced, and the death-rate was reduced to four in a thousand.

To deal with these cases, there is, in well-appointed schools in Holland, usually a female attendant on the schoolmistress, some old woman, who takes the dirtied children into an apartment and washes them, the schoolmistress herself being of an occupation of a quality above such service.

On such experience it is to be insisted upon that every elementary school should be provided with a retiring room or closet, with warm water, with the proper appliances for the cleansing of children. It is a provision of a very high order of importance for the infant schools of the lower districts.

The common play-grounds for children are either the natural soil, which is very dirty, or a gravel, which is sharp and wasteful in the excessive wear of shoes and clothes; children fall down upon it and seriously bruise or lacerate themselves, and the sharp grit gets into their eyes or the lungs. A Val de Travers' asphalted paving would, with its peculiar elasticity of feel at the surface, serve much better, especially for gymnasiums. Where very good smooth paving of the quality in question is laid down, Mr. Chadwick does not see the necessity of children, or at least those of the poorest class, kept in public institutions, wearing either shoes or stockings in dry, summer weather. If the feet be regularly washed and kept clean, he questions whether they would not be better bare at such times.

As the efficiency and economy of teaching requires the children to be gathered from wider areas than heretofore, often from considerable distances, it will often be necessary to make provision of food for them. In the great middle-class school of the City of London, it has been found requisite to provide cheap dinners for those boys who do not bring their food with them, in what the Rev. Mr. Rogers, the governor, calls their "nose bags." In the great metropolitan Jews' school, which provides for 1,700 children of the poorest class of Jews, its leading supporters, the Baron Lionel de Rothschild and the Baroness, of their own munificent educational grants, have been accustomed to bestow on that one school £800 per annum,

to provide a portion of bread and some milk for the very destitute and necessitous children, to enable them to attend.

On this subject Mr. Edward Tuffnell observes—"In many schools the children bring their dinners, usually miserable enough, and eat them between twelve and one, when there is an interval of school. Now, I think every school should have a small cooking apparatus, in which some girls should be taught to cook cheap soups, stews, &c., and then the children, girls, at least, should be kept in school, and given dinners so cooked, which might be done, as I have ascertained, at a penny a head, the parents paying."

There is yet a very frequent and serious defect in the constructions of the common schools, which requires to be guarded against, namely, the bad distribution of light. From a paper by Dr. Varrentrapp, of Frankfort, it appears that from the insufficiency of light, and from the bad distribution of light, in the schools of Germany, nearly a third of those who remain in them during and beyond the secondary stages, are subject to short-sightedness. A great deal of distortions and curved spines are, as Dr. Varrentrapp shows, occasioned by the wrong adjustment of seats, a topic which, as well as others of the wall-colourings and school-fittings, is beside Mr. Chadwick's immediate purpose, who considers that schools ought to have more of window space, of windows made with double or with very thick glass, which is economical, as saving heat, and is, moreover, advantageous, as lessening the transmission of sound from the streets.

SPECIAL CORRESPONDENCE.

THE MEDICAL CONGRESS AT ROME.

(FROM OUR SPECIAL CORRESPONDENT.)

ROME, 25th October, 1871.

I have great pleasure in sending you a brief account of the Medical Congress here for your ably conducted journal. We have had a great success—so great that it is not easy to say in a few words how successful we have been.

The great questions that have occupied us have been :—

1. The cultivation of rice. This must be restricted, and a knowledge of the subject should form a part of the education of all practitioners in the provinces.
2. The measures for preventing the spread of venereal diseases—such as the increase of hospitals for syphilis, and adding to the number of inspectors.
3. University organisation. We have confided to a commission of medical men from different parts of the Peninsula this question, including the proposal to transform the theoretical chairs into experimental and practical professorships, and also that of extending the curriculum over six years.
4. Fees. We have condemned the plan of a legal tariff, as we desire to leave every practitioner free to fix the fee which he thinks fit for his services.

The discussion on all these points was very interesting, and is sure to lead to good results.

A very important decision has also been adopted on the proposition of Dr. E. Rey, one of the delegates at the Congress. It is to the effect that at the next congress, which is to be held two years hence, a discussion shall take place as to how we can proceed to establish true liberty of instruction and obtain the benefit of free competition in medical education. Several other questions have also been proposed for discussion at the next congress which is to be held at Bologna. Among these I may mention another brought forward by the same distinguished delegate, Dr. Rey. It will interest your readers and your well known liberal views will receive it with fair consideration. It is this—considering the actual scientific and commercial relations of various nations, whether it is not time to admit the universality of the diploma of doctor, and establish a true international authority to practise our profession. Particularly since the Convention of Geneva it becomes clear that there are contradictions in the laws that prevail in different countries and in questions of science it is time to reconcile them. Nations that have adhered to the Geneva Convention may perhaps carry their relations a step further towards international fraternity.

The Congress was honoured by the presence of Virchow, who was received with acclamation and enthusiasm. Everyone here knows that the illustrious author of "Cellular Pathology" was the first to propose to his government to recognise the Kingdom of Italy in 1862, and we all appreciate him most completely.

Adieu, my honoured colleague. I shall have great pleasure in penning a few lines from time to time for your English readers from this city.

IRISH COUNTY INFIRMARIES.

The *Tyrawley Herald* says :—At the last Assizes, the Grand Jury passed a resolution, recommending that any future appointments to offices in county infirmaries should be made contingent on the retention of those institutions—conveying the opinion of that body, that the work of the county infirmaries was done, and that their days were drawing to a close. At the ensuing Assizes, the Grand Jury ought to add to the resolution already passed, one calling on the Government to issue a commission of inquiry into management, expenses, and results so far as these infirmaries are concerned, with a view to test their practical efficiency, and their superiority or otherwise to the workhouse infirmaries, which are claimed rather than they to be the true helpers of the sick poor of the country. Such a resolution would follow naturally and properly the one on record, and would hasten the solution, so anxiously desired by many of the best friends of our suffering humanity, of the question as between the respective institutions. The expense of both upon the tax-paying community is felt to be very grievous, and it is insisted on every hand that one should yield to the other. Let the question then be fairly tested—which does the work, or which is best calculated to do it? It will admit of easy decision, and no time, in our opinion, should be lost in deciding it.

The view which the *Tyrawley Herald* in identifying the function of the County Infirmary and the Union Workhouse is not new, but it is totally fallacious. There is really no such identity, and it would be as reasonable that the necessity for a Blind Asylum or Incurable Hospital should be judged by the efficiency of a general Surgical Hospital, as to attempt to pass a verdict on the County Infirmaries by comparison with Union Workhouses. Everyone knows that a very considerable portion of the medical constituency of a county is in the small farming class, who are in independent, but struggling circumstances. Such persons do not, as a rule, take dispensary tickets, but they pay a small sum for the doctor when they are sick. But when their illness becomes one of life and death, which would require hospital treatment, or involve an operation, it would be very unfair to put them to the alternative of becoming paupers and going into a pauper hospital where their companions would be destitute persons supported by the rates, or on the other hand, of paying to a doctor such remuneration as would be necessary for a long attendance. For such persons the County Infirmaries are provided, and if such institutions did not exist, the petty farming class would be

compelled to remain in their own houses badly nursed and insufficiently attended to.

The very feeling prevents such persons from becoming paupers, whether we call it pride or self-respect, and is by all means to be encouraged and certainly ought not to be regarded as a mere matter of sentiment which is not worth setting against a money saving.

Literature.

THE ANNUAL ORATION DELIVERED BEFORE THE MEDICAL SOCIETY OF LONDON, 1871.*

"The work of the Medical Society of London in the Advancement of Therapeutics and the Science of Medicine" is the subject of Dr. Cholmeley's eloquent discourse, which we should like to see in the hands of not only the Fellows of the Medical Society of London, before whom it was delivered, but also in the hands of the entire Profession, on account of the information it conveys as to the doings of our medical fathers from a century past to the present time, and their opinions on subjects that even now keep in a state of active fermentation the medical mind—Vaccination—Electricity—Transfusion of Venous blood—Bronchotomy—Venesection—The Hygiene of Public Institutions, Towns, &c. In verity, Dr. Cholmeley has engrasped within the space of thirty-five pages of carefully-composed letterpress the rarest gems of medical literature that have been submitted to us for some time, and, diverse as are the subjects treated, the reader will be agreeably surprised to find in this Oration, instead of a limping, unconnected literary essay, a golden chain of medical facts, cohesively united, eloquently rendered, trite, pithy, and masterly.

Correspondence.

INNOCENT ADULTERATIONS AND THEIR RESPONSIBILITIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In the last number of the Medical Press and Circular, there is an article on "Innocent Adulterations and their Responsibilities," which commences thus:—"It is a satisfaction to observe that Dr. Letheby's view that adulteration is not a fraud, or to be tolerated as long as the adulteration is not noxious to health, is repudiated by a body of traders, amongst whom it has been the general impression that adulteration is rife. We have heard a good deal about effervescing citrate of magnesia made up with tartaric acid and washing soda, and such practices have been defended in high pharmaceutical places as innocent and unavoidable. Our view has always been that the buyer ought, in common honesty, to have what he pays for. Let him pay for, and have a mixture of mustard, bath-brick, and turmeric, instead of real mustard; or of sugar, potato starch, and cocoa, instead of real cocoa." Now, although it is difficult to arrive at the exact meaning of the author, through the maze of bad grammar, and exaggeration which pervade the sentence, yet I presume he intended to say that in my view innocent adulteration is not a fraud, and may be tolerated as long as it is noxious to health. Permit me to state that to a certain extent, this is my opinion, but not altogether, for even such adulterations are described by me as fraudulent when practised on the public without their knowledge and sanction. If the writer of the article, in question, will trouble himself to read the report of my paper on "Legislative Measures for Preventing the Adulteration of Food, Drink, and Drugs," in the "Sessional Proceedings of the National Association for the Promotion of Social Science," for Thursday, March 9th, 1871, he will find that I have clearly described two kinds of adulterations, namely, innocent and noxious; the former being, in my opinion, fraudulent, when practised on the public without their knowledge and consent, and the latter always criminal. As regards the former, which is generally the result of that kind of competition in trade which the public encourage, and from which, in the end, the public derive advantage, where is the harm provided the adulteration is innocent, and the public have full knowledge of it? What good reason, in fact, is there, why we should prevent the dealer from increasing the bulk of an article, or improving its appearance, or adding to its flavour, providing he does it without injury to the nutritive quality, the dietetical uses, or the wholesome nature of the substance. All that is required to guard against fraud in such cases is, that the dealer should sell the article for what it really is, and should specify by means of a distinct label what the mixture is composed of, and the proportions of the several constituents. If he failed to do this, and sold a mixture of things for a genuine article, he should be liable to penalty for fraudulent dealing; and with these safeguards, I would let the manufacturer employ whatever materials he likes to cheapen or improve his wares, provided always that the materials are harmless. It must be otherwise, however, with the use of mineral, poisonous, or unwholesome compounds—the addition of alum to bread, of mineral, pigments to confectionery, or, indeed, of any mineral substance to food, as well as the use of unsound or decayed articles of diet should be regarded as adulterations of a serious nature, and should be strictly prohibited." These are my views of the subject, as set forth in the paper referred to, and, in reality, they do not seem to differ substantially from those of the writer of your article; for he is clearly of opinion that the dealer should be at liberty to satisfy the demands of the public, and that the buyer should be at liberty to purchase either the genuine or the adulterated article,—that which he condemns, as I do, is fraudulent dealing.

I remain, yours, &c.,
Henry Letheby.

17 Sussex place, Regent's park.
Nov. 4, 1871.

OBITUARY.

THE LATE DR. EVANSON.

Richard Towson Evanson, the genial poet of the Profession, has passed away in the seventy-second year of his age. Well does the writer remember his last interview with the gentleman and physician, who through life has secured the affection of so many of his fellow men. In his youth he had been a Professor in Dublin. Among his colleagues were Jacob, Marsh, Stokes, Beatty, and others, whose names are household words. Maunsell and Evanson on "Diseases of Children" was for many years without a rival as a Manual; and, notwithstanding the many works since published on the subject, may be studied with profit even now. That written in conjunction with his friend Dr. Maunsell, was Dr. Evanson's most important medical work, but he contributed to this Journal a number of valuable papers. Three years ago he collected his poems into a handsome volume, under the title of "Nature and Art."

THE LATE LANGSTON PARKER.

For many years the late Mr. Langston Parker has been regarded as an eminent syphilographer. He too has died at a ripe old age, sixty-seven, having been born in 1803, at Birmingham, where his life has been passed. He was from the first connected with Queen's College, and held the Chair of Anatomy, and the Surgeoncy to the Hospital for many years. His chief work was the "Modern Treatment of Syphilitic Diseases," which has reached a fifth edition; but he was also the author of many papers on this and other subjects. Indeed, he was interested in subjects outside his profession, and *au courant* with all that passed in medicine, science, and general literature.

* "The Annual Oration delivered before the Medical Society of London, 1871." By Wm. Cholmeley, M.D., F.R.C.P., Physician to the Great Northern Hospital, and to the Margaret street Infirmary for Consumption and Diseases of the Chest. London: J. and A. Churchill.

THE LEGAL RESPONSIBILITY OF MEDICAL CHARITY.

THE profession in Ireland has been much exercised in the consideration of the relations of medicine to the prosecution now under trial in Dublin, and the novelty of the position in which surgery has been placed by the line of defence adopted, cannot fail to produce decisions and discussions which will yet turn to profitable account, by defining more accurately the relations of hospital surgeons to criminal law, and the moral position of medical witnesses. It has never, as far as we know, occurred before that the entire burthen of the defence has fallen upon the medical evidence, and, in this case, it has not so fallen from any real flaw in the medical testimony, which should tempt the defending counsel to select it as the weakest point, but rather because there seems to have been no shred of a defence on any other ground, and thus it was necessary desperately to contest a disputed point which, in the construction of a strong case, would have been of little or no importance.

But the decision of the Lord Chief Baron in favour of the admission of expert medical evidence is of great importance, because it lays open to legal attack, the competency of medical men which the law had already recognised, through the medium of the Medical Register. In other words, the official certificate of competence which the law had conferred was set aside, and the defending counsel was allowed abundant latitude in raising the question as to whether a registered practitioner was, or was not, up to the proper educational standard. Henceforth, no medical witness can give his opinion in the witness box as a recognised authority, but must be prepared to see his opinion stand or fall by other evidence produced in contradiction. The arguments on this point were of such importance as to justify their republication here :—

The Solicitor-General said : It is not competent for my learned friend to go into what the opinion of other medical men might be. That is the very thing Judge (afterwards Chief-Justice) Erle says would be objectionable ; for he says to admit the evidence would be to raise a collateral issue in every case as to the degree of skill a medical man possesses. The question will arise, not what was the animosity of the man who fired the shot, not what was the natural result of that wound, not was a crime committed, but what was the amount of the skill of Dr. A., and whether Drs. B., C., and D. had more skill and experience, training and education ; whether Dr. A used his sklli as rival doctors would approve, they alleging that if another mode of treatment was adopted the man would have lived. It would be a most dangerous doctrine to lay down, and I think the wiser course would be to prevent any such collateral question being raised. I submit the only question here is that the jury must be satisfied,—First, did the prisoner fire the shot, what was the intent with which he fired, and was the shot dangerous to life ?

Mr. Butt submitted that the evidence should be received. Lord Hale said : "If a man gives another a stroke which it may be was not in itself mortal, but with good care he might be recovered, yet, if he dies of the wound within a year and a day, it is homicide, or murder, as the case is. But if a man receives a wound or hurt that is not mortal, but with the ill applications of those about him of unwholesome salves or medicine, the party dies, if it can clearly appear that the medicine, and not the wound, was the cause of his death, it seems it is not homicide, but this must be made to appear clearly and certainly to be so." He (Mr. Butt) intended to bring the case within the principle so laid down by Lord Hale. He would give evidence that Talbot's wound was not mortal ; that it was the ill application of Dr. Stokes that made it so ; it would be made clear that it was the operation, not the wound, was the cause of death, and, therefore, there was no homicide.

Serjeant Armstrong (for the Crown) contended at great length against the admissibility of any such evidence. The law, he should contend, ran thus : If a man of malice aforethought inflicted a dangerous wound, he is answerable for the death which may ensue, though that death be immediately caused by the treatment of a fit and competent surgeon, acting on that treatment in good faith and to the best of his skill and knowledge. The settled law of the land and the law of common sense was, that when a man wilfully wounded another he was responsible for all the consequences of his act and of his victim's death, even if the death arose from the mistake of a competent, honest practitioner treating him *bonâ fide*.

The Chief Baron gave judgment, which was in effect that evidence could not be received to show whether the operation was injudicious or not, but that evidence could be taken as to whether the operation was skilfully or unskilfully performed.

The Lord Chief-Justice thought that evidence could not be taken either as to the judiciousness of the operation or the skilfulness of the *modus operandi*, but as when two judges differ the law leaned in favour of the prisoner, the Lord Chief Baron should rule the case.

It is, of course, not our place to express an opinion at present, as to whether or not Dr. Stokes' treatment of the case was skilful and judicious, but, so far as the case has gone up to the moment when we write, the profession has, we think, no cause for shame either of its surgery or its testimony in the witness box. Dr. Stokes' demeanour there and the nature of his evidence throughout the terrible ordeal to which he was subjected, was in the highest degree honourable to him and to his profession. With gentleman-like frankness and an evident readiness to tell the truth—the whole truth and nothing but the truth, he combined lucidity in his explanations and a manifest intimacy with the surgical and anatomical points which where the subject of his examination, and he retired from the witness box, leaving behind him the assurance that whether in this case his treatment was judicious or the reverse, he possesses in a high degree the qualities of a good surgeon and an honourable man.

We have yet to hear what is to be said in support of the theory of malpraxis in the case. No doubt a case will be made, but it must evolve new and startling disclosures if it succeed in removing the impression created by the Crown medical witneesses. The gentlemen who have the courage voluntarily to enter the witness box to prove the impropriety of the treatment have submitted themselves to much unfavourable criticism in the Profession. With the censure involved in that criticism we have only a certain degree of sympathy. If any of the medical witnesses for the defence introduced themselves unsolicited into the case for the purpose of throwing discredit on their professional brother, or, if they availed themselves in doing so, of information acquired in confidential consultation, there can be no second opinion that their conduct is unworthy of imitation ; but we cannot see that a medical man called upon for his opinion, on a given point, should hesitate to give full and faithful expression to it, because it might happen to be adverse to a member of his own profession.

We are distinctly of opinion that reticence under such circumstances is an honourable quality, and we hope that when such emergencies arise, it will not be open to the public to say that personal pique or professional jealousy, or even political bias, have been served at the expense of our character for good fellowship and *esprit de corps*.

THE first meeting of the thirty-fourth annual session of the Dublin Obstetrical Society will be held on Saturday evening, the 18th inst., in the hall of the College of Physicians, at eight o'clock, when Dr. Kidd, President for the past session, will deliver an address ; and an election of officers for the ensuing session will be held. The Council have invited a number of visitors. The Council recommend that Dr. Kidd be re-elected president, and that Dr. J. A. Byrne and Dr. Sibthorpe be elected vice-presidents. They also recommend that Dr. Halahan be re-elected treasurer, and that Dr. Atthill be re-elected secretary.

Tubercular Leprosy.

At the last meeting of the Ulster Medical Society Dr. H. S. Purdon, physician to the Belfast Hospital for Skin Diseases, exhibited a patient suffering from the tubercular form of leprosy. He had resided for some years in the East, where malarial diseases were common. At the time of coming under Dr. Purdon's care, the lobes of ears, face and wrists were distinctly tuberculated. Skin thickened, and hard over posterior part of both legs, alæ of nose ulcerated; tongue fissured; voice husky; skin of face, hands, arms and legs of a purplish brown colour; complete anæsthesia of arms, and only partial of feet. He had tried different plans of treatment without any benefit. Dr. Purdon prescribed carbolic acid, commencing with four drops thrice daily, and gradually increased. The anæsthesia was slightly improved in the lower extremities, and hardness of skin less; faradization was suggested to stimulate the atrophied muscles of arms.

NOTICES TO CORRESPONDENTS.

THE DYTE APPEAL FUND.

To the Editor of "The Medical Press and Circular."

Dear Sir,—In addition to the £12 already announced in your columns as received for the "Dyte, *v.* the St. Pancras Guardian's Appeal Fund," I have to acknowledge, with best thanks, the following subscriptions. In doing so, however, permit me to mention that, unless further help be speedily forthcoming, Dr. Dyte will be liable to lose some hundreds in the prosecution of his just claims, admitted as such by the Guardians themselves:—

	£	s.	d.
Andrew, Dr. James	1	1	0.
Beale, Dr. Lionel	1	1	0.
Byles, J. C. Esq.	0	10	6.
B. C. Esq., M.D.	1	1	0.
Brodhurst, R. E., Esq.	2	2	0.
C. C. R., Esq.,	0	5	0.
Clinton, Colonel	1	0	0.
Corfe, Dr. George	1	1	0.
Codd, G. G. Esq.	0	10	0.
Couper, John Esq.	1	1	0.
Gill, Dr. J. B.	1	1	0.
Godfrey, Dr.	1	1	0.
Guy, Dr. W. A.	1	1	0.
Harley, Thomas, Esq.	1	1	0.
H. B., Esq., M.D.	0	10	6.
Lidderdale, John Esq.	1	1	0.
Mackenzie, G. W. Esq.	1	1	0.
Ramskill, Dr. J. S.	2	2	0.
Rayner, Messrs. (Uxbridge)	1	1	0.
Sequeira, H. L. Esq.	0	10	6.
Sequeira, J. S. Esq.	0	10	6.
Tay, Waren Esq.	0	10	6.
Wartheimer, Messrs.	1	1	0.

I am, dear Sir,
Yours faithfully,
W. Bathurst Woodman.

6 Christopher street, Finsbury square, E.C.
Oct. 31, 1871.

THE SOCIETY FOR THE WIDOWS AND ORPHANS OF MEDICAL MEN.

To the Editor of "The Medical Press and Circular."

Sir,—Who is the Secretary of this Society, and what is his name and address? Yours, in confidence,
D. H.

[The Secretary is Mr. J. B. Blackett. The offices of the Society are at 53 Berners street, London, W. We can assure our correspondent that it is a most excellent charity, deserving the support of every member of the profession.—Ed. M. P. & C.]

To the Editor of the "Medical Press and Circular."

Sir,—Will you kindly state in next issue, in whose gift do the Appointments of Physicians to Lunatic Asylums lie?
Subscriber.

[[In the gift of the Lord-Lieutenant.—Ed. M. P. & C.]

Dr. R. E.—We are very much obliged, and will write to you soon. We will send to you the things that you want. We shall be very pleased to see, and in the meantime will do all you propose.

E. R.—We will have the journal sent to the new address, but are not sure that it is correctly deciphered. In case of error, please send it again, *legibly* written.

Agent.—Please send us the proper address in full.

VACANCIES.

Hospital for Women, Soho square, London. Assistant-Physician.

Victoria Hospital for Sick Children, Chelsea. House-Surgeon.

Hampstead Small-pox Hospital. Assistant Medical Officer. Salary 12 guineas per month, with board and lodging.

Paddington Parish, Middlesex. Medical Officer. Salary £120, exclusive of fees.

Wandsworth Union, Surrey. Medical Officer. Salary £250 per annum.

Liverpool Infirmary for Children. House-Surgeon, Salary £80 per annum.

Infirmary for Consumption, Margaret street, London. Visiting Physician.

Royal Infirmary, Edinburgh. General Superintendent. Salary £450.

Kent Hospital, Canterbury. House-Surgeon. Salary £80 per annum.

Royal College of Surgeons, Ireland. Assistant Librarian. Salary £100 (See advt.)

APPOINTMENTS.

Kennedy, D. M., M.D., Visiting Medical Officer to the Kirkdale Hospital, Liverpool.

Mark, Joseph, M.D., L.R.C.P., L.R.C.S.Ed., Resident Surgeon to the Belfast Union Hospital, vice Dr. Core, resigned.

Marriott, C. W., M.R.C.S.E., Surgeon to the Warneford Hospital.

Saundry, J. B., L.R.C.P.L., Resident Medical Officer to the Royal Kent Dispensary, Greenwich.

Watson, Patrick Heron, M.D., F.R.C.S., Senior Acting Surgeon, and Lecturer on Clinical Surgery at the Royal Infirmary, Edinburgh.

MEETINGS OF THE LONDON SOCIETIES.

Wednesday, Nov. 8.—Hunterian Society.—7½ p.m. Council Meeting.—8 p.m. Mr. Bryant, "On Insuperable Constipation and its Treatment."

Epidemiological Society —8 p.m. Opening Meeting of the Session.—Address by the President, Inspector-General Lawson.

Friday, Nov. 10.—Clinical Society of London.—8½ p.m. Dr. John Murray, "On a Case of Paracentesis Thoracis."—Dr. Anstie: The continuation of a Case previously reported.—Mr. Christopher Heath, "On a Case of Wound of the Intestine during Ovariotomy, with Recovery."—Dr. Ogle: "Notes on the Temperature in Tetanus."

Monday, Nov. 13.—Medical Society, 8 p.m. Ordinary Meeting.

Tuesday, Nov. 14.—Royal Medico-Chirurgical at 8 p.m. Ordinary Meeting.

OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, Nov. 8.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1½ p.m.
London Hospital.—Operations, 2 p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, Nov. 9.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

Friday, Nov. 10.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Saturday, Nov. 11.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 2 p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.

Monday, Nov. 13.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Mark's Hospital.—Operations, 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.

Tuesday, Nov. 14.

Royal Westminster Ophthalmic Hospital,—Operations, 1½ p.m.
Guy's Hospital.—Operations, 1½ p.m.
Westminster Hospital.—Operations, 2 p.m.
National Orthopædic Hospital.—Operations, 2 p.m.
Royal Free Hospital.—Operations, 2 p.m.

Marriages.

Dobson—Bourne.—On the 24th ult., at the Parish Church, Edgbaston, Thomson Dobson, of Windermere, to Marianne, youngest daughter of the late Henry Bourne, Esq., of the Limes, Edgbaston.

Hall—De Leonval.—On the 25th ult., at the Parish Church, Bolton, John Hall, M.D., of Ruddington, Notts, to Margaret Louise, daughter of the late J. Baptiste P. Chappe de Leonval, of Prestwich, Lancs.

Stevens—Winter.—On the 25th ult., at Pewsey, Wm. Edward Stevens, L.R.C.P.Ed., M.R.C.S., to Eliza, daughter of George Winter, Esq.

Deaths.

Abercrombie.—On the 1st ult., at Cape Town, James Abercrombie, M.D., L.R.C.P., Edin.

Bowen.—On the 23rd ult., D. Bowen, M.R.C.S.E., of Newport, aged 32.

Cooke.—On the 19th ult., F. Cooke, M.R C.S.E., of Ashton, aged 60.

Evanson.—On the 26th ult., R. T. Evanson, M.D., of Torquay, aged 71.

Hilder.—On the 29th ult., H. H. Hilder, M.R.C.S.E., of Great Berkhampstead, Herts, aged 68.

Lowdell.—On the 18th ult., G. Lowdell, F.R.C.S.E., of Brighton, aged 58.

Moore.—On the 28th ult., (after suffering for a long time from locomotor ataxy), W. D. Moore, M.D., of Fitzwilliam square, Dublin, aged 58.

Simpson.—On the 24th ult., Edwin Simpson, M.R.C.S., L.S.A., of Long Melford, Suffolk, aged 49.

Established 1848.

PROFESSIONAL AGENCY AND MEDICAL TRANSFER OFFICE.

50 LINCOLN'S INN FIELDS, W.C.

J. BAXTER LANGLEY LL.D. M.R.C.S., F.L.S., &c., (King's Coll.), and Author of VIA MEDICA,
Has always upon his books a large number of desirable investments and available Appointments for negociation.

The business of the Professional Agency is based upon the general principle that no charge is made unless work has been done and services rendered.

No Commission charged to Purchasers.

Full information as to terms, &c., sent free on application.

Office hours, from 11 till 4 ; Saturdays excepted.

PRACTICES AND PARTNERSHIPS NOW OPEN for negociation (in addition to those advertised in Dr. Langley's List, (which is sent post free on application).

Y 330. DEATH VACANCY. Dr. Langley has been honoured with instructions to negotiate for the succession to the PRACTICE of the late Mr. Langston Parkes, F.R.C.S., of Birmingham, just deceased. The practice was partly special, with a good family connection, and realised about £1,300 a year. The copyright of valuable works may be included in the purchase, and would afford a fine scope for a specialist in the same department. A very efficient introduction can be given to the private practice, and liberal terms would be conceded to a suitable gentleman. Applications in the first intance, to be addressed to Dr. Langley, as above.

Y 331. FOREIGN APPOINTMENT with Private PRACTICE. The succession to a valuable Appointment in the East, is open for negociation upon easy terms. Salary £400 a year, with the right of private practice, which is estimated to be worth £1,000 a year, in the hands of an active gentleman, the life is pleasant, and the expenses, including horses, servants, &c., need not exceed £300 a year. The Country is beautiful, and the locality healthy.

Y 332. In the suburbs of a LARGE TOWN, a non-dispensing practice, realising £550 a year, and capable of great extension. Midwifery fees, £1 1s. and upwards ; visits, 3s., 5s., and 7s. 6d. The locality is pretty ; the air, clear and bracing ; the house is very conveniently situate, with large garden, stabling, &c. Rent, £35. A thorough introduction can be given by partnership or otherwise, and easy terms of payment could be arranged, but no gentleman without £250 at present command, can be communicated with.

Y 329. ASYLUM. The resident medical proprietor of a large asylum in a Western County, desires to meet with a gentleman to join him as partner, with option of succession. The mansion stands in its own grounds within sight of the sea, and is within three minutes' of a railway station, and within half an hour's drive of an important junction, affording communication to all parts of the Kingdom. The asylum has been established about thirty years, and is licensed for about 150 patients, male and female. About 100 are at present resident. The rent of the whole, without buildings, &c., is £245. The furniture may be taken at a valuation at the end of the partnership. No gentleman can be communicated with, unless he can give a satisfactory reference as to the capital at his command.

Y 327. HOME COUNTIES. An old-established practice in a SMALL TOWN, about 130 miles from London, realising £470 a year, but capable of considerable increase. Patients are chiefly good middle class ; very little opposition. About seventy midwifery cases a year. Easily worked appointments produce £150 a year. The house contains every convenience, with garden, meadow, &c., on very beneficial lease ; three-fourths of the rental being paid by the produce of the ground. An efficient introduction can be guaranteed.

Y 323. Excellent opportunity for a Surgeon with small capital. NUCLEUS of unopposed PRACTICE for transfer, present income, £350 a year. Part of the premium may be paid by instalments.

The Medical Press and Circular

OFFERS UNUSUAL ADVANTAGES

FOR the Insertion of announcements, from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c., it will be found a most valuable medium for Advertisements of Books, Vacancies and Appointments, Sales and Transfers of Practices, Surgical Instruments, Chemicals, and Trades generally.

The scale of charges is as follows :—

Seven lines and under	£0 4 0
Per line afterwards	0 0 6
One quarter page	1 5 0
Half-page	2 10 0
One do.	5 0 0

When advertisements are given for a series of insertions, a very considerable reduction from the above scale is made.

☞ Advertisements for Insertion in this Journal must be at the Office, on Saturday, by Two o'Clock.

TO MEDICAL MEN. — To be LET, at HARROW, a Residence in a good locality, where a first class practice can be secured. Apply to B. C., care of C. MITCHELL and Co., 12 and 13 Red Lion court, Fleet street, London.

ROYAL COLLEGE OF SURGEONS IN IRELAND. —The Council of the College will, at the Meeting to be held on Thursday, the 16th inst., proceed to elect a properly qualified person to act as Atsistant Librarian, at a salary of £100 per annum.

Sealed applications, accompanied by testimonials, directed to the Library Committee, to be forwarded to the Regist rar of the College, on or before one o'clock, on Monday, the 13th. The person appointed, will be required to give security.

By order,

John Brennen, Registrar.

COOKESTOWN HOUSE, INSTITUTED FOR

THE MEDICAL TREATMENT OF THE INSANE OF BOTH SEXES.

This highly respectable Mansion in no respect resembles, either internally or externally, what is usually known as an Asylum.

The Demesne, Conservatories, Graperies, and Grounds are unusually extensive, and in good condition.

There are Billiard Tables for both sexes, with indoor and outdoor amusements, including Vehicles.

Cookestown House is within three miles of Carrick-on-Suir Station, with a like distance from Fiddown, both on the Waterford and Limerick Lines, and in connection with the G. S. & W. and Kilkenny Lines.

For terms, and Form of Admission, apply to the Resident Physician.

JOHN PEPPARD, M.D., &c.
Cokestown House, Piltown, co. Kilkenny.

ROTUNDO LYING-IN HOSPITAL, DUBLIN.

Consulting Physician—Alfred Hudson, M.D., F.K.Q.C.P.I.
Consulting Surgeon—Robert Adams, M.D., F.R.C.S.I.
Master—George Johnston, M.D., F.K. Q.C.P., &c.
Assistant Physicians—Alex. Taylor. L.K.Q.C.P., &c. J. J. Cranny, L.K.Q.C.P., &c.

This Hospital, the largest Chartered Clinical School of Midwifery in the British Dominions, contains wards for the treatment of diseases of females, in addition to the wards (10 in number) appropriated to lying-in-cases.

A large Dispensary for the diseases peculiar to women is connected with the Hospital.

An Obstetrical Museum, containing upwards of Five Hundred Preparations, and a Library, are attached to the Hospital.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 15, 1871.

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LECTURE ON EPILEPSY

DELIVERED IN THE

LEDWICH SCHOOL OF MEDICINE,

By Henry Eames, M.D., Dub. L.C.P., &c.

Physician to Mercer's Hospital, Joint Lecturer on the Practice of Medicine, Ledwich School, &c.

Gentlemen,—In my course of lectures during the coming session I propose to draw your attention to some of the nervous maladies to which the system is liable. The first which I shall bring under your notice is Epilepsy, one of the gravest of them all, not perhaps in its immediate effects upon the life of the sufferer, but yet in many respects the most productive of misery, and tending to induce evils worse than death.

This is no new disease. Some neuroses, of which we shall speak hereafter, owe their places as distinct maladies to modern research; but epilepsy was as well known ages ago as it is to-day. Nay more, it was even of greater importance in some of its aspects then than now. It was considered as peculiarly and directly inflicted by the Heavenly Powers as a mark and token of their displeasure towards, either the individual affected, or the community to which he belonged. Hence it was named *morbus sacer*, or the sacred disease. Again, at the great assembly of the ancient Roman people, known as the Comitium, should anyone present be affected with the disease, it was deemed a religious duty there and then to adjourn the assembly, since aught transacted under such evil omen would surely eventuate in misfortune. The disease hence took the name of *morbus Comitialis*. *Morbus qui sputatur* (the disease which is spat upon) was another Latin name, since those present spit upon the sufferer, or into their own breasts, to express their abhorrence, or to avert the evil omen. *Morbus Heracleus* was another name, from the supposition that the hero Hercules was a sufferer from the disease. The Greek name ἐπιληψια, from which epilepsy is derived, means a sudden seizure, in allusion to the suddenness with which the sufferer is attacked. The falling sickness, or simply fits, is the English name for the disease. The French names for the disease are *epilepsie*, *le mal cadue*, and *le petit mal*, and *le grand mal*. The reasons of these two latter names I shall have to tell you by-and-by.

The definition of epilepsy is not easy. Indeed, from the various forms in which the malady manifests itself all definitions must needs be imperfect. It is not simply a motor neurosis, as tetanus and chorea, but it has in addition two other important phenomena—namely, loss of consciousness, and loss of sensation. The absence of any of the factors, spasm, unconsciousness, or insensibility, renders the attack imperfect. Now "le petit mal" is just imperfect epilepsy; but yet it is true epilepsy, since the "petit mal" and the "grand" often alternate, and the lesser commonly eventuates only too frequently in the greater.

Permit me to describe the ordinary form of the disease—the true epileptic fit. A man, apparently perfectly healthy, engaged possibly in his ordinary occupation, is heard suddenly to give vent to a strange cry, and at the same instant falls down breathless upon his face. At the moment of his fall the sufferer's countenance is of a deadly pallor; not, as you may often see it stated, of a suffused redness. Now he begins to be convulsed. The convulsions are at first, for some ten, twenty, thirty, or forty seconds, tonic; then they become clonic, relaxations of the muscles alternating with their contractions. The convulsions are usually predominant on one side of the body, and occasionally exist on one side alone. Thus you may see the right or left arm twisted on itself, the hand turned backwards, the thumb flexed into the palm, and the fingers tightly clasped, the opposite side remaining nearly motionless. The leg on the convulsed side is somewhat similarly affected. These contractions are amazingly forcible. You cannot overcome them by any exertion of your strength. If you at this time place your hand over the muscles, you can readily perceive the fibrillar contractions. Respiration is now much embarrassed, or even suspended. The face now becomes of a livid redness, the blood being arrested in the lungs and unaë

rated; a throttling sound is heard in the trachea, and foam mingled with blood rests upon the lips. This blood is derived from the tongue and lips, which are generally cut by the teeth during the clonic spasmodic stage. The fit lasts one minute, two minutes, or three minutes; very rarely longer. This estimation of the time may seem to such of you as have witnessed an attack of epilepsy as understated; but the time has been carefully observed in a large number of cases by Calmeil, Trousseau, and others. The horrible nature of the spectacle no doubt causes it to appear longer than it really is. When the attack is terminated, the sufferer remains in a state of hebetude, exhausted, almost comatose. These events recur from time to time at irregular intervals. Such, in brief, is an epileptic fit.

This is the "grand mal" of the French; but, as has been mentioned, there is a milder form of the disease, the "petit mal," or epileptic vertigo. In this, if there is any convulsion, it is very slight, and may pass unnoticed. There is commonly a transient pallor of the face, but no succeeding suffusion. The tongue is not bitten. No foam is seen on the lips. Consciousness and the mental functions are suddenly put in abeyance. The person affected fixes a stedfast gaze, or rolls his eyes, totters a little, and the attack is presently over. He resumes his conversation or reading; he continues his work, aware that something, he knows not what, has occurred. He feels as though awaked from a distressing dream. There is an infinite variety in this form of the malady. A child, in the midst of his play, stops, slowly turns his head to the right side, and gazes with wide open eyes. There is not the slightest spasm of the facial muscles, and insensibility is at the same time so great that a needle passed through his flesh is unfelt. In five seconds the child regains consciousness, but appears astonished and out of humour. In a quarter of a minute more the affair is terminated, and the child resumes his play. I am indebted for this and the following examples to the classical work of the late Mr. Trousseau. A child, whose mother and grandmother were healthy, but whose aunt and great-aunt were epileptic, utters a plaintive cry, and places her hand over the pit of her stomach, turning her head slowly to one side. She gazes fixedly, and at the same time makes grimaces. A minute is not passed, when the patient rises with a stupefied appearance, reels and sometimes falls. At first she cannot speak at all; then gives utterance to some inarticulate sounds. After five minutes the attack is terminated, and she speaks distinctly. Her own account of her sensations is that she feels at first an acute pain at the pit of the stomach; that almost immediately this pain gains the tongue, and becomes extremely intense; that she then loses consciousness during one or two minutes, and when she begins to come to herself again, she finds that she cannot speak because of a painful paralysis of the tongue, which disappears gradually.

A person subject to epileptic vertigo is playing cards. He holds one ready to throw upon the table. He suddenly rests motionless, his eyes fixed or shut; he heaves a deep sigh and plays his card, consciousness having returned.

An ecclesiastic, whilst performing the ceremonies of his church or preaching, suddenly commences to make grimaces, and to sing or speak in a strange, or incoherent manner. A musician, playing with others in an orchestra, suddenly ceases to see or to hear those around him, but he yet continues to perform his part. These last examples are of great interest, as showing that during the attack the epileptic may, with a degree of regularity, perform some acts automatically. It further sometimes happens that during the fit the epileptic may assault and do grievous harm to some of those present; this tendency to commit acts of violence being a peculiar phase of the disease.

A gentleman of literary pursuits, standing conversing with a friend, suddenly stops short in the midst of a sentence, gazes wildly around him; then, without warning, falls with fury upon his companion, striking repeated blows with his stick, and truly endeavouring to kill him. A minute passes. He is surprised to find himself struggling, being utterly unconscious of what had occurred. Some of you may recollect a patient in the wards of Mercers' Hospital who, when the fit was almost passed, was accustomed to strike at anyone who happened to be near him. These cases are interesting in a medico-legal point of view, since an epileptic, in company with a single person, might kill him, and morally be innocent of crime, conscious of no evil till he waked horror-struck to find the deed done, when possibly his fears might lead him to conceal the corpse. The character of epileptic delirium is essentially impulsive, and instantaneous in its access; indeed, this rapidity of its invasion, unpreceded by any symptoms, serves to distinguish it from other forms of mania. But I cannot now pursue this branch of the subject.

When detailing the phenomena of a true epileptic fit, the "grand mal," it was stated that it attacked with extreme suddenness. It very frequently happens, however, that there is a premonitory symptom. I allude to the well-known "aura epileptica." This sensation is variously likened to a breeze or a vapour, which, starting from some part of the body or extremities, rises to the head, and the fit at once begins. Sensations of creeping, warmth, or numbness take the place of the aura in many. A shooting pain is the aura in other cases. Sometimes the premonitory symptom is not a sensation, but a convulsion or paralytic attack in one of the extremities, yet to these the generic name "aura" is equally applied, so that we have two distinct classes of "auræ," the "sensory" and the "motor." Among the sensory we class those curious phenomena connected with the organs of special sense, such as sparks of fire and various colours before the eyes; humming, or reports of rifles or cannons, in the ears; odours pleasant or the reverse in the nose, and strange tastes in the mouth. Troubles of the digestive organs, such as borborigmi, eructations, cramps in the stomach, serve as premonitions. Sneezing, yawning, stammering, cramps in the limbs, have also been observed.

Hallucinations replace the aura in some cases. A woman dressed in a red cloak, with a crutch, walks into a room, strikes the sufferer on the head, and he immediately falls down in a fit. A black dog rushes against another, and these phantasms are of regular recurrence in each case before the access of the fit. Quite analogous to these are the mental states, which precede and are the sole precursors of the attack in some. Hoarseness, irritability, quarrelling, or unusual gaiety; in fact, an entire change of disposition and character preceding by some hours the access of the disease.

The aura frequently has its starting place in one of the fingers, more especially in the thumb. The finger thus affected has been observed to grow red and to swell. The ring on the finger, for example, becoming unbearably tight, showing a determination of blood to the part. Strange enough, too, it has been found in some cases that a ligature tied around the point of origin, as it were isolating it, has sufficed to ward off the threatened attack. This may succeed for a few times; but then the attack will manifest itself with doubled or quadrupled force, so that many epileptics who have made trial of the ligature, refuse to resort to it. On the other hand, it must be stated that there are by no means few cases of epilepsy in which the ligature has proved an effective preventive of the threatened attack, and indeed permanent cure has resulted from section of the nerves leading to the part. When the starting point of the aura has been in an isolated portion of the integuments, destruction of the skin by potassa fusa has cured the disease. But you cannot predicate with certainty that the disease is peripheral in its character when capable of being arrested by ligatures on a limb. In a celebrated case detailed by Odier, in which cramps in the little finger of the

right hand commenced the seizure, and in which ligatures to the arm and fore-arm arrested the progress of events, after death an enormous tumour was found in the left side of the brain. When the aura assumes the form of spasms or cramps in a limb, forcible extension of the member has often an effect similar to that of ligatures in other cases. By many the aura is regarded as the first convulsion of the fit. That no aura precedes the attack in many persons subject to the falling sickness forms no conclusive reason, in the opinion of M. Brown-Séquard, for denying that the aura epileptica exists in these persons. For, he remarks, the aura may pass through nerve fibres which are not sensory, or the occurrence of the aura and the fit may be simultaneous, and that hence the aura is not perceived. As the aura passes up the arm, this member often becomes stiff or affected with convulsions, and extremely painful. An old cicatrix is occasionally the starting point of the aura, which almost invariably, no matter where it starts from, seeks directly the brain, the convulsions commencing when this goal is reached. However, it happens rarely that the aura, having originated in the body or head, passes down a limb—or, still more rarely, passes downwards and, then returning—attains the head. The aura is found more frequently in connexion with the *grand* than the *petit mal*, and according to the late M. Trousseau may be itself the sole manifestation of epilepsy.

The cry of the epileptic is a peculiar sound, striking with terror not only mankind, but even the brute creation. Animals flee away affrighted at the sound, and a parrot has been known to fall from his perch, and you will hear by-and-by it is a frequent exciting cause of the disease in others. It is caused by spasms of the laryngeal and contraction of the expiratory muscles.

(*To be continued.*)

ORIGIN OF SPECIES:

PART OF A LECTURE INTRODUCTORY TO THE COURSE OF

NATURAL HISTORY,

DELIVERED IN THE

UNIVERSITY OF EDINBURGH,

By Professor Wyville Thomson.

My distinguished predecessor, the late Professor Edward Forbes, appears to have been the first who undertook the systematic study of marine zoology with special reference to the distribution of marine animals in space and in time. After making himself well acquainted with the fauna of the British seas to the depth of about 200 fathoms by dredging, and by enlisting the entire co-operation of many friends, among whom we find MacAndrew, Lee, Gwyn Jeffreys, William Thomson, and many others entering enthusiastically into the new field of natural history enquiry, in the year 1841, Forbes joined Captain Graves, who was at that time in command of the Mediterranean survey as naturalist. During about eighteen months he studied with the utmost care the conditions of the Ægean and its shore, and conducted upwards of 100 dredging operations at depths varying from 1 to 130 fathoms. In 1843, he communicated to the Cork meeting of the British Association an elaborate report on the mollusca and echinata of the Ægean Sea and on their distribution as bearing on geology. Three years later, in 1846, he published, in the first volume of the "Memoirs of the Geological Survey of Great Britain," a most valuable memoir on the connection between the existing Fauna and Flora of the British isles and the geological changes which have affected their area, especially during the epoch of the Northern drift. In the year 1859 appeared the "Natural History of the European Seas," by the late Professor Edward Forbes, edited and continued by Robert Godwin-Austin. In the first 100 pages of this book Forbes gives a general outline of some of the more important of his views with regard to the distribution of marine forms. The remainder of the book is a continuation by his friend Mr. Godwin-Austin, for before it was finished, an early death had cut short the career of the most accomplished and original naturalist of his time. I will give a brief sketch of the general result to which Forbes was led by his labours, and I shall have to point out that although we are now inclined to look somewhat differently on certain very fundamental points, and although recent investigations with better appliances and more extended experience have invalidated many of his conclusions, to Forbes is due the credit of having been the first to treat these questions in a broad philosophical sense, and to point out that the only means of acquiring a true knowledge of the *rationale* of the distribution of our present fauna is to make ourselves acquainted with its history, to connect the present with the past. This is the direction that must be taken by future enquiry:—Forbes as a pioneer in this line of research was scarcely in a position to appreciate the full value of his work. Every year adds enormously to our stock of data, and every new fact indicates more and more clearly the brilliant results which are to be obtained by following his methods, and by emulating his enthusiasm and his indefatigable industry. Forbes believed implicitly, along with nearly all the leading naturalists of his time, in the immutability of species. He says:—"Every true species presents in its individuals certain features, specific characters, which distinguish it from every other species; as if the Creator had set an exclusive mark or seal on each type."

He likewise believed in specific centres of distribution. He held that all the individuals comprising a species had descended from a simple progenitor, or from two, according as the sexes might be united or distinct, and that consequently the idea of a species involved the idea of the relationship in all the individuals of common descent; and the converse, that there could by no possibility be community of descent except in living beings which possessed the same specific characters. He supposed that the original individual or pair was created at a particular spot where the conditions were suitable for its existence and propagation, and that the species extended and migrated from that spot on all sides over an area of greater or less extent until it met with some natural barrier in the shape of unsuitable conditions. No specific form could have more than a single centre of distribution. If its area appeared to be broken up, a patch not in connection with the original centre of distribution, occurring in some distant locality, it was accounted for by the formation, through some geological change, after the first spread of the species, of a barrier which cut off part of its career, or by some accidental transport to a place where the conditions were sufficiently similar to those of its original *habitat* to enable it to become naturalised. No species once exterminated was ever recreated, so that in those few cases in which we find a species abundant at one period over an area, absent over the same area for a time, and recurring at a later period, it must be accounted for by a change in the conditions of the area which forced the emigration of the species, and a subsequent further change which permitted its return. Forbes defined and advocated what he called the law of "representation." He found that in all parts of the world, however far removed, and however completely separated by natural barriers, where the conditions of life are similar, species, and groups of species, occur, which, although not identical, resemble one another very closely; and he found that this similarity existed likewise between groups of fossil remains and between groups of fossils and groups of recent forms. Admitting the constancy of specific characters, these resemblances could not be accounted for by community of descent, and he thus arrived at the generalisation that in localities placed under similar circumstances, similar though specifically distinct, specific forms were created. These he regarded as mutually representative species. Our acceptance of the doctrines of "specific centres" and of "re-

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presentation," or at all events the form in which we may be inclined to accept them, depends greatly upon the acceptance or rejection of the fundamental dogma of the immutability of species ; and on this point there has been a very great change of opinion within the last ten or twelve years—a change certainly due to the remarkable ability and candour with which the question has been discussed by Mr. Darwin and Mr. Wallace. I do not think that I am speaking too strongly when I say that there is now scarcely a single competent general naturalist who is not prepared to accept some form of the doctrine of evolution. There are no doubt very great difficulties in the minds of many of us in conceiving that, commencing from the simplest living thing, the present state of things in the organic world has been produced solely by the combined action of "atavism," the tendency of offspring to resemble their parents closely, and "variation," the tendency of offspring to differ individually from their parents within very narrow limits ; and many are inclined to believe that some law, as yet undiscovered, other than the "survival of the fittest," must regulate the existing marvellous system of the extreme and yet harmonious modification. Still, it must be admitted that variation is a *vera causa* probably capable within a limited period, under favourable circumstances, of converting one species into what, according to our present ideas, we should be forced to recognise as a different species ; and such being the case, it is perhaps conceivable that during the lapse of a period of time—still infinitely shorter than eternity—variation may have produced the entire result. The individuals composing a species have a definite range of variation strictly limited by the circumstances under which the group of individuals is placed. Except in man and domesticated animals, in which it is artificially increased, this individual variation is usually so slight as to be unappreciable except to a practised eye ; and any extreme variation which passes the natural limit in any direction clashes in some way with surrounding circumstances and is dangerous to the life of the individual. The normal or graphic line, or line of safety, of the species, lies midway between the extremes of variation. If in any period in the history of a species, the conditions of life of a group of individuals of the species are gradually altered with the gradual change of circumstances, the limit of variation is contracted in one direction and relaxed in another ; it becomes more dangerous to diverge towards one side, and more desirable to diverge towards the other, and the position of the lines limiting variation is altered. The normal line, the line along which the specific characters are most strongly marked, is consequently slightly deflected, some characters being more strongly expressed at the expense of others. This deflection, carried on for ages in the same direction, must eventually carry the divergence of the varying race far beyond any limits within which we are in the habit of admitting identity of species. But the process must be, so to speak, infinitely slow. It is difficult to attach any idea to ten, fifty, or a hundred millions of years ; or of the relation which such periods bear to changes taking place in the organic world. We must remember, however, that the rocks of the Silurian system, overlaid by ten miles thickness of sediment, entombing a hundred successive faunæ, each as rich and varied as that of the present day, are themselves teeming with fossils representing all the existing classes of animals except perhaps the very highest. If it is possible to imagine that the marvellous manifestation of Eternal Power and Wisdom involved in living nature can have been worked through the law of descent with modification alone, we shall certainly require from the physicists the very longest row of cyphers which they can afford. Now, although the admission of a doctrine of evolution must affect greatly our conception of the origin and *rationale* of so-called specific centres, it does not practically affect the question of their existence, or of the laws regulating the distribution of species from these centres by migration, by transport, by ocean currents, by elevations or depressions of the land, or by any other causes at work under existing circumstances. So far as practical naturalists are concerned species are permanent within their narrow limits of variation, and it would introduce an element of infinite confusion and error if we were to regard them in any other light. The origin of species by descent with modification is as yet only a hypothesis. During the whole period of recorded human observation not one single instance of the change of one species into another has been detected ; and, singular to say, in successive geological formations, although new species are constantly appearing, and there is abundant evidence of progressive change, no single case has as yet been observed of one species passing through a series of unappreciable modification into another.

Hospital Reports.

ST. GEORGE'S HOSPITAL.

Smallpox and Vaccination.

We have already given the details of all the cases of smallpox in the late outbreak. An analysis of them shows that out of the whole number recorded by Dr. Jones (27), as stated in the MEDICAL PRESS, 6 died, 4 in and 2 out of the hospital. Of these, 3 had other serious organic disease to contend with. 21 cases had been vaccinated ; 7 had good marks ; 14 indifferent ones. Of the 7 with good marks, 6 cases were very slight. Dr. Jones followed up diligently the inquiry as to how the infection was introduced, and in the new volume of the hospital reports his investigations are detailed at length. He was led to think that the disease might, having been introduced, be propagated through the laundry, as he noticed a correspondence between the changing days of linen and the days of supposed infection.

He states the matter thus :—

Case 1. Saw a friend suffering from smallpox on Nov. 10.	The same patient presented smallpox eruption on Nov. 24 or 25. Probably exposed to infection on Nov. 10.
The sheets of case 1, in which the patient had slept one or two nights, were sent to the wash without undergoing disinfection on Nov. 24.	Smallpox eruption appeared in cases 2 and 3 on Dec. 14 and 15 respectively.
The same sheets returned and placed on the beds on Dec. 1.	Probably exposed to infection on Dec. 1 and 2.
Sheets of Case 2 were sent to the laundry after the patient had slept in them two nights, without being disinfected, on Dec. 15.	Eruption of smallpox appeared in Case 26 on Dec. 29. Probably exposed to infection on Dec. 15.
The infected sheets sent to the wash on Dec. 15 were returned on Thursday, Dec. 22.	Three cases showed the eruption on Thursday, Jan. 5. They were therefore probably infected on Friday, Dec. 23.
	Three presented the eruption on Jan. 7, and were, therefore infected on Dec 25.
Some of the above sheets, returned on Dec. 22, were placed on the beds on Monday, Dec. 26.	Seven cases presented the eruption on Monday, Jan. 9. They therefore received the infection on Dec. 27.
Clean (?) sheets placed on beds on Monday, Jan. 2.	Smallpox eruption appeared in Case 20 on Jan. 15. Infection received on Monday, Jan. 2.

It follows, that if it be true that the disease was propagated through the medium of the laundry, the present

outbreak teaches us some very important practical lessons, some of which are :

1st. That the disease is communicable during the period extending from the commencement of the fever to the appearance of the eruption ; and that any cases showing febrile symptoms during such an epidemic as we have lately experienced should be closely watched, in order that they might be isolated early and the linen be thoroughly disinfected.

2nd. That the ordinary temperature of the water in which infected sheets are washed—which are *said* in this instance to have been boiled—is not sufficient to destroy the fever-poison.

3rd. The importance of disinfection of all linen used by patients suffering from this disease by any of the ordinary disinfectants generally employed. After the 22nd or 29th of December all the cases attacked were discovered before the linen-changing days ; the sheets were therefore thoroughly steeped in a solution of carbolic acid before they were sent to the laundry. It is a fact worth observing, that but two cases were infected that could be attributed to the sheets after the above dates.

This outbreak also supplied us with farther evidence, if any were required, of the protective power of re-vaccination against smallpox. On the 12th of January almost all the patients and inmates were subjected to this operation, and there has not occurred a single case of smallpox since the 14th of January.

Besides the care taken to disinfect the sheets in all the cases after the 22nd of December, much of our immunity from the disease after this date is no doubt to be attributed to re-vaccination.

In connection with this subject, we have to consider the subject of recent vaccination at the same hospital. At the present time this is so important a question, and the profession is so deeply interested with it, that we shall perhaps be thanked for allowing the obstetric assistant, Dr. Richard Wilson, who had charge of the matter, to speak for himself. He says :

In the month of November of the past year (1870) the first case of smallpox broke out amongst the patients at St. George's Hospital (this patient had been an inmate for eleven weeks previous). In a short time several more patients were attacked, increasing the number to eighteen. It will not be necessary for me to give an account of the cases of smallpox, as a full report regarding them will be found in Dr. Jones's paper (see page 229). I propose merely to give the results of the vaccination. As the disease was still spreading, it was resolved by the board of the hospital, at the recommendation of the medical staff, that all the nurses and patients in the hospital should be at once vaccinated, that only urgent cases should be admitted, and that these should be vaccinated, if thought advisable. It was also resolved that the visits of the friends of the patients should be stopped. These measures were speedily taken, and from that time there was no farther increase of smallpox in this hospital : whilst at this date (March 28th, 1871) it is gratifying to observe there is not a smallpox patient remaining in the hospital, proving how necessary it is to apply the usual precautions ; and when these are carried out effectually, how certain is the result. The vaccination was commenced on the 13th day of January.

Three methods of vaccination were adopted, namely, puncture, abrasion or scratching, and vesication. The puncturing was performed in the ordinary way ; that is, by grasping the arm (usually the left) with the left hand, drawing the skin tense, and then making from four to five punctures down to the cutis-vera with an arrow-headed lancet, having a central groove running to the point ; and in this groove the lymph was placed so that it flowed well into the puncture. If points were used, these were slightly moistened, passed into the puncture, and allowed to remain there about three minutes, to give the lymph an opportunity of being absorbed. In abrasion or scratching the arm was held in the same manner as for puncturing, but an ordinary bleeding-lancet used, and two or three small parallel scratches were made, taking care that they were only deep enough to allow the smallest quantity of blood to exude ; the lymph, if liquid, was then rubbed well in with the point of the lancet ; if points were used, these were first moistened by the breath, and rubbed into the different scratches, until they presented a shining appearance. Vesication : three or four small blisters were made by means of a blistering-fluid the night previous to the vaccination ; on the following day they were pricked to allow the serum to exude, and then the lymph was applied to the raw surface.

From the number of cases vaccinated in the hospital, it has appeared to me that the scratching was much more effectual than the puncturing. I am not in a position to speak as to the success of vaccination by blistering, as only a few cases were treated in that way. I think that it is necessary to take one or two precautions in vaccinating by means of scratching—namely, that persons advanced in years, or those presenting an unhealthy appearance, should not be operated on in this manner, as we have had as a result several cases of very inflamed arms. The arm becomes swollen and red, the inflammation and swelling often extending to the hand ; the glands in the axilla become affected ; and very often the vesicles slough, leaving sores which have to heal up by granulations. It seems also necessary that the scratches should be *parallel*, and not crossed, because under the latter circumstances the skin is much more likely to die.

(*To be continued.*)

METROPOLITAN FREE HOSPITAL.

Ulcer of Stomach.

(Under the care of DR. C. R. DRYSDALE.)

Reported by MR. WILLIAM KIPLING.

Family History.—Father living, thirty-six years of age ; mother died at forty-two, of a tumour in the stomach ; three brothers living in good health.

Previous History.—Patient is nineteen years of age ; unmarried ; used to work a machine. Had rheumatic fever a year ago, and was laid up for eight months.

Present attack.—Came on three years ago with tenderness over her epigastrium and pain at the back between her shoulders, which was increased directly after she took any food and was followed by vomiting, the vomited matter was sour. She also had hæmatemesis, and vomited as much as half a pint of blood at a time, and sometimes twice a day. She has since that time been under treatment at the German Hospital (fourteen weeks) ; Bartholomew's Hospital (six months) ; Brighton Hospital (four months) ; and London Hospital ; and during the intervals at home under medical advice, but has not experienced much relief.

Admitted here August 11th with the following symptoms :—Pain at the epigastrium and between the shoulders, the former increased by pressure, and over a surface the size of the palm of the hand ; vomits about three times a day, and with clots of blood in the vomited matter occasionally ; her lips are very much blanched ; feels faint and languid ; swimming in the eyes and muscæ volitantes ; catamenia absent for two months ; before that, they were regular and attended with pain ; has leucorrhœa ; has flushings of the face through the day.

Pulse 100 ; tongue furred ; bowels constipated, and motions black ; abdomen tympanitic ; heart and lungs normal ; seems to be well nourished.

During the time she has been here, she has had the above symptoms all along, and been under the following treatment :—

℞ Tinct. opii., m. x. ;
Mucilage, ℥ss. t.d.s.

For a week but no benefit.

℞ Argent. oxydi., gr. j. ;
Pulv. opii., gr. ½ ;
Acacia q. s.
Missi. fiat. pilulæ. ter. die.

Four days no relief.

℞ Argenti. nit., gr. ¼. ;
Micæ. panis. q. s.
One omni. mane. et. nocte.

For two weeks but of no avail. She has a hypodermic injection of morphia, gr. ⅓ every night to relieve pain. Has had her epigastrium blistered occasionally, which relieved the pain a little.

℞ Acid sulphurosi, ℥ss. ;
Aqua, ℥ss. t.d.s.

Four days no good result.

℞ Tannic acid, gr. j. ;
Zinci. sulph., gr. ½ ;
Aqua, ℥j. t.d.s.

Five days but of no use.

Since then, September 22nd, till the present time, October 16th, she has been taking gradually increasing doses of bismuth trisnit. : commencing at 10 grain doses with mucilage ℥j. three times a day up to ℥j. doses in mucilage, the same number of times a day, and says she has received more benefit from it than from anything else she has had. She has had ice to suck when there has been much clotted blood in the vomited matter, but she has only had three attacks of hæmatemesis since she has been in the Metropolitan Free Hospital, to the extent of about five ounces, and that within the last two weeks. October 16th, she has been fed by the mouth with beef tea, milk (sometimes mixed with lime water), brandy, which she alleges "does her good," but which Dr. Drysdale is much opposed to her taking, jelly, light pudding, &c., but she cannot bear solids. She has had no nutritive enemata by the rectum, as she had them at the hospitals mentioned at the beginning of the case, sometimes for six weeks at a time, and was forced to leave on account of their disagreeableness. Her bowels have been kept open by means of warm water injections, but lately they have been opened by means of the primary current of Stöhrer's battery, one pole being placed upon the sigmoid flexure, and the other moved from the ascending colon of the right side along the transverse one, and then down the descending colon, and this has proved to be very effective.

The points of interest in this case up to the present time are, that she has not required the use of injections since Faradisation has been applied by Mr. Kipling : it has been remarked, that ℥j. doses of trisnitrate of bismuth have been well borne, and lastly, that when the patient made use of (for three days) an entirely milk diet, her symptoms were greatly relieved, and there was less blood vomited than at any other period. This treatment would then have been persevered in, would the patient have submitted to it ; but she had such a craving for brandy, that had she not been supplied with a moderate quantity of it, she would have probably left the hospital, as she seemed to have done others in former experiments which did not please her.

CLINICAL RECORDS FROM PRIVATE AND HOSPITAL PRACTICE.

I.—OXYGEN IN DISEASES OF THE LUNGS.

By Henry N. Read, M.D., House-Surgeon, Long Island College Hospital.

The cases taken from observations extended over about a year's time, during which period oxygen gas has been used in the Long Island College Hospital, and include cases of phthisis pulmonalis, pneumonia—acute and chronic—and chronic bronchitis. Only those cases have been reported in which the gas was used regularly, and for a sufficient time to warrant the drawing of a conclusion as to its effects ; and a large number of cases in which the patients left a short time after commencing its use, or in which the observations were not sufficiently accurate, have been thrown out :

Case I.—Bernard Fratus, aged thirty-four ; Portugal ; sailor ; admitted July 19, 1870. Was admitted to surgical wards for anal fistula, but in a short time was transferred to the medical side for trouble with his lungs. History : Nine months ago he cought cold, which was followed by cough, bloody expectoration, pain in the side, etc. ; was in bed only a few days, and then resumed duty on shipboard ; from that time, however, he has had a constant cough, with expectoration of thick mucus, but has had no hæmoptysis ; has lost flesh and appetite. Physical examination gives dulness at base of right lung, mucous *râles*, increased vocal resonance, bronchial breathing, etc. Has hectic and night sweats ; temperature ranging from 100° to 101° ; pulse, 100 to 105. Gives no family history of consumption. Ord. ol. morrh., with three gals. gas daily ; generous diet. Weight 128 pounds.

August 10th.—No improvement manifest except in regard to appetite ; temperature as at last record ; night-sweats continue ; treatment continued.

August 26th.—Marked improvement. Night-sweats disappeared ; temperature averages from 98° to 99° ; has gained four pounds in weight. Ord. one additional gal. of gas, making four gals. in all daily.

September 29th.—During the last month there has been a steady improvement. The expectoration, which was at first copious, has almost entirely disappeared ; the *râles* are no longer heard in the lung, and the respiration is almost normal. Weight 136 pounds. Appetite continues excellent.

October 19th.—Patient discharged to-day, and goes to sea again. Weight 139 pounds—a gain of 11 pounds. Feels as strong as ever and has no cough.

Case II.—James Mulligan, aged twenty-six ; Ireland ; sailor ; admitted September 8, 1870. Patient gives history of hereditary tuberculosis ; has lost several relatives from consumption. He has had cough for ten months, with the characteristic yellow sputa ; has had hæmoptysis several times ; is much emaciated, weak, and sallow ; the general tuberculous "habit" strongly marked. On examination a cavity is detected at the apex of the left lung ; amphoric breathing, with the cracked-pot sound, very marked. Anorexia, hectic, etc. Was ord. ol. morrh. ; four gals. gas, daily, also the free use of whiskey, with milk and nutritious food. Weight 133 pounds.

October 16th.—Patient's condition slightly better, but no marked improvement ; has better appetite and less hectic ; still coughs badly ; average temperature, 99½° ; pulse, 100. No perceptible change in the physical signs.

December 2nd.—Apparently much better ; has gained six pounds in weight ; night-sweats have disappeared ; has a good appetite ; temperature 99° ; pulse 90 to 92 average ; cough still troublesome. Ord. the following *mistura tussis :*

℞. Cloral hydrat.	℥ ss.
Liqu. opii comp.	℥ ij.
Syr. Tolut.	℥ iss.
Aq. q. s. ad	℥ iv.

M. Sig. teaspoonful, pro re nata.

February 1st.—Not so well as at last record ; has lost four pounds in weight. Pulse and temperature the same ; cough better. Suffers from nausea ; bowels constipated. Ord. porridge for breakfast, and a laxative pill after dinner. Same treatment continued.

March 5th.—Has improved steadily the last month. Is stronger than at any time since his admission, and takes a great deal of exercise. Has gained five pounds in weight. Physical signs show improved condition of the lung, and the cavity is quite empty. Treatment continued.

April 1st.—Continues to improve.

May 14th.—Patient discharged to-day, and returned to work; but is advised not to go to sea again. Weight 147 pounds. Strength and general condition very good. Cavity still empty, and no abnormal sounds heard beyond the cavernous breathing, and puerile respiration in healthy portions of the lung.

Case III.—Thomas Hughes, aged twenty-nine; Ireland; sailor; admitted September 8, 1870. On admission right lung was found dull on percussion at apex, dulness extending as far down as fourth rib; bronchial breathing, voice-sounds increased; mucous *râles*, etc. Has considerable aphonia, anorexia, and hectic. Has had cough and expectoration for three months, but hæmorrhoge has never occurred. Inherits the tubercular diathesis. Weight 134 pounds. Pulse ninety-five. Temperature 98½° to 99°. Ord. ol. morrh.; four gals. gas daily; good diet, etc.

October 12th.—Some improvements; cough much less troublesome, and expectoration less. Has a good appetite, and has gained one pound. Pulse 98 to 100. Temperature 99° to 99½°.

December 20th.—Has one or two slight hæmoptyses, and has sharp pains through right side, otherwise a little better.

March 5th, 1871.—During the winter months, the patient got alternately better and worse; no very decisive alteration taking place either way. In the month of January the gas was increased to six gals, and the oil to ℥ iij. per diem; but producing no corresponding change, were reduced to the original quantity. At present the physical signs are not so marked as formerly, and the cough is almost well, but he has lost four pounds in weight.

April 1st.—A decided improvement manifest since last record; has gained three pounds; pulse and temperature normal.

May 17th.—Strength and condition of patient very favourable, *râles* disappearing from lung; and the respiration, though exaggerated, is not bronchial; signs of consolidation have almost disappeared. Weight 136 pounds. Does work about the hospital, and is in a condition to be discharged.

Case IV.—William Dan, aged forty-eight, Denmark, printer, admitted November 5, 1870. Been affected with cough and copious expectoration of yellow mucus for the last four months; is extremely emaciated and weak, and has exhaustive night sweats; has had several hæmoptyses. A large cavity detected in apex of left lung, also slight tuberculous deposit in upper portion of right lung. His father died from consumption. Weight 116 pounds. Temperature 101°. Pulse 105. Ord. ol. morrh. with four gals. gas daily, and good diet.

December 17th.—Decided improvement. All bad symptoms have abated. Weight 125 pounds.

March 1.—1871.—For the last two months the patient has been declining; an exhaustive colliquative diarrhœa supervened, which resisted all attempts to check it. The quantity of gas was doubled, but owing to the development of unpleasant effects, was discontinued. He has lost all the flesh he gained, and five pounds besides. Weight 112 pounds.

April 3rd.—Worse. Both lungs hopelessly involved, and the constant expectoration, night-sweats, and diarrhœa, are wearing the patient out. Has lost two pounds more.

May 15th.—Patient evidently sinking, is treated at present only in reference to his symptoms.

The result in this case was unfavourable; a decided apparent improvement for the first month or six weeks, was followed by a steady decline, tubercles rapidly developing throughout the whole of the right lung, which was, at admission, only slightly affected. A thorough trial of the gas was made, assisted by all the usual remedies, but it proved in this case inadequate to check the disease, and, at the present writing, the patient can apparently live but a short time.—The case was analagous to Cases II. and III., the diathesis being hereditary in all, but the disease was much farther advanced at the date of admission.

(To be continued.)

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

October 30th, 1871.

Dr. Andrew Clark in the Chair.

FIBROID PHTHISIS DEPENDING ON TRAUMATISM.

Mr. Victor de Meric narrated the following case:—

The patient, æt. forty-five, was forcibly raised from the ground by his assailant, who attempted to throw him into a wine vat, some of the lower ribs on the right side suffered fracture near their angles. He was sent to the London Hospital to have a broad bandage applied. On the fourth day the bandage was comfortable, and there was no dyspnœa or fever. During the next few days, the symptoms became alarming; hurried breathing; severe pain in the left side of the chest; restlessness; anxious countenance, and abundant expectoration. On the 11th, the patient was in a typhoid state, the whole of the left side of the chest being dull on percussion, and offering no respiratory sounds whatever. The right side sounded well, the respiration being quite puerile, it was concluded that from pressure or shock, the left pleura had been injured, that effusion had taken place, and that the case was one of acute pleuro-pneumonia. The negative symptoms were absence of pain or stitch, and no bulging of the intercostal spaces. The patient gradually rallied, and at the end of two months left his bed; the physical signs varied but little; the cough and dyspnœa were at no time very distressing. It was thought that, since succussion produced no splashing, false membranes were lining the pleura costalis. About ten weeks after the assault, faint gurgling began to be heard towards the apex of the left lung, and it was supposed that the left lung was getting partially freed. The gurgling soon, however, assumed the character of air passing through a small vomica filled with fluid. It was regarded now as a case of phthisis of long standing, followed by the complications described. The fractured ribs had united, the patient gradually sank and died on the ninetieth day after the accident. P. M.—Right lung collapsed, filled two-thirds of the cavity, adhesions and several tuberculous circumscribed deposits in it, varying in size from a pea to a walnut; on the left side lay a large dense greyish-looking mass, occupying four-fifths of the whole cavity. It was extremely hard, and had contracted adhesions—the pleural fluid on both sides (four ounces) was reddish and small in quantity—the left lung formed a solid mass, composed of tuberculous fibroid infiltration; on section, no trace of vessels, air tubes, or air cells could be made out, no oozing was perceived; not a sign of breaking up or of pus, and, of course, no vomica; heart atrophied; the man supposed himself to be healthy; his occupation was laborious; there was no family history of phthisis, we must, therefore, suspect that the pleuro-pneumonia did the mischief, though it is difficult to believe that the induration would be so extensive, if some previous pathological changes had not been present; the importance of the bulging of the ribs and dyspnœa is shown in this case. The presence of tubercle in the right lung, suggests that it might be present in the left also. Ninety days were hardly sufficient to transform the left lung from a perfectly healthy state to the mass above alluded to.

Dr. Douglas Powell was unable to understand why this was called a case of phthisis, he would consider it from an examination of the specimen, and the clinical history, a case of pneumonia in the grey stage.

The President remarked that it was not a case of what he called fibroid phthisis, which would present ulceration and suppuration of a more or less circumscribed non-malignant deposit in the lung. If there was no cavity, there was no phthisis. Some bronchi become blocked by exudative fluid matter collecting in them, and gives rise to gurgling. The specimen was an excellent example of the hard form of grey pneumonic consolidation.

POLYPUS OF THE EAR.

Mr. John Pennefather showed a large gelatinous polypus, extracted from the ear by means of a spring forceps, which he prefers as a more simple and effectual method of removing these growths. He then read a paper on

THE SENSE OF HEARING.

By experiments with the air pump, it was proved that a vacuum surrounding a body rendered it incapable of emitting

sonorous vibrations, that sound is produced primarily by the vibration of a sonorous body, but that the composition of that body and the atmosphere surrounding it, materially affected the radius to which the pulses of sound were transmitted. That the pulses of sound were conveyed in undulating waves which is fully illustrated by casting a substance into the water, the circular undulations gradually expand until the inceptive force is expended. But, on coming in contact with an unyielding structure, the ripples leap up and surround it again uniting, but with decreased force, should there be a hollow space in the fixed object, it will be observed that the water rushes in with increased violence; so in the sonorous undulations of sound, as the pulses strike the sides of the cranium, they surround and rush into the entrance of the external ear, with augmented power. Allusion was then made to the way in which the sonorous vibrations may be directed to a given point by reflectors. Mr. Pennefather then traced the comparative anatomy of the organ of hearing from its first rudimentary structure through the different orders of creation, to its perfect development in the mammalian class, showing what was essential in the organic structure for the mere perception of sound, and for the perfect realisation of the sense. The manner in which the sonorous waves were transmitted to the internal ear was then explained. The author contended that writers on this subject were in error in supposing that the bones of the head, or the air contained in the tympanum, had any power of conduction, unless the sonorous body was in actual contact with the cranium. The structure of the internal ear, with the cords of Corti, was then explained and demonstrated, both by microscopical preparations and plates.

A spirited discussion ensued, in which Dr. Routh, Dr. Symes Thompson, and Dr. Dalby took part.

Mr. Teevan then exhibited

(1.) A new Lithotrite, having a square heavy handle, and a vertical slide, instead of a button. The heaviness of the handle permitted the lithotrite to glide in more easily than others; its squareness combined firmness of grasp with the greatest delicacy of manipulation, and the pressure of the thumb on the slide was a more simple action than thrusting a button to and fro.

(2.) A syringe for deep urethral injections, very small, of glass, and having an elastic nozzle five inches long, surmounted by a ball, attached to it. An elastic nozzle was infinitely preferable to a metal one, and the ball permitted accuracy of application, for on account of the alterations in the length of the penile, urethra measurement could not always be depended on.

(3.) A syringe for patients to use in gonorrhœa or gleet, made of a small elastic ball, with a bony nozzle three and a-half inches long; it was durable and inexpensive.

Mr. Teevan also exhibited the bougie olivaire à ventre, the bougie à trois boules, and M. Mercier's Sondes coudées et bicoudées.

Foreign Medical Literature.

DR. ULLERSBERGER ON ELECTRICITY IN DISEASES OF CHILDREN.

A prize having been offered by the Editor of the *American Journal of Obstetrics* for an essay on the use of electricity in the treatment of the diseases of children, it was won by Dr. Ullersberger, of Paris, and his elaborate essay, translated by Dr. McLean Hamilton, is appearing in the pages of our valuable contemporary.

The following is an abstract of the prize essay in question:—

The notable advantages of the remedy are:

1st. The patient has little or no fear or aversion to this mode of treatment.

2nd. It admits of the possibility of modifying the degree of application.

3rd. It is impossible to produce the special lesions of the skin.

4th. There are means of applying this remedy on all parts of the body, even to the most inaccessible.

5th. The operation of electrisation occupies very little time, is of short duration, and requires but few preparations.

6th. The operation, after being performed, does not leave pain, like the cautery, and all the revulsions of more or less intense effect.

The enumeration of the advantages of electric medication leads us to the question: "What is, then, the general effect of medical electrisation?" Its effect is *to invigorate and stimulate those nerves* whose function has been weakened: to calm the irritable or irritated nerves; to compel paralysed nerves to contract; and to restore tetanised nerves. It stimulates or suppresses the glandular secretions; it can change solid matters so as to favour their absorption; and will bring together material for the formation of solid matter—*i.e.*, in checking muscular atrophy, a continuous application of electricity excites contraction of the fibres of cellular and connective tissue; it increases the activity of the lymphatics, causes contraction of the capillaries, and increases the tone of the vessels.

Electricity, when used in medicine, is applied in four different ways:

1. *By Frictional Electricity* (rubbing).
2. *By Contact* (galvanism). Of the electricity of contact the following currents are used in preference, and to accomplish the following results. (*a.*) An electro-dynamic current, in order to change the action of the nervous system; (*b.*) an electro-chemical, for producing decomposition, reduction, oxidation, precipitation, and coagulation; (*c.*) an electro-thermal, for calorification, cauterising, and destroying by heat.
3. *By Magnetism* (electro-magnetism); and finally,
4. *By Electricity.*

The two last modes of inducted electricity (Faradisation) can only be employed when the currents intermit to produce shocks, irritation of the nervous system, and of the contractile tissues.

The action of the constant current (*dynamic electricity*) on the motor nerves was made known by Remak;* previously Nobili, Matteucci, and Eckhardt, had observed that a continuous galvanic current which was used for stimulating rendered a part of a nerve insensible. By this discovery Remak profited, and he used the current to cause contractions for overcoming shortening. A current of 30 elements of Daniel, conducted for several moments through certain contracted muscles, produced a mollification, and re-established the will over the flexors. When used in shortening, deviation, contraction of the muscles, and paralysis, great improvement was manifested in a few minutes; in other cases it was of no avail.

The mollification and relaxation of such contractions are now constantly effected. The electric current acts as a stimulant on all the sensory nerves, and is consequently applicable in all cases in which stimuli are generally indicated.

The degree and duration of stimulation should be proportioned to the individual susceptibility. In an irritable individual it is necessary to commence with a current of the least intensity and duration. It follows that congestions, inflammations, and feverish affections form contra-indications.

But what then is the effect of the constant current?† It increases the conductibility of the muscle; it is an excitor of the nerves and muscles; it penetrates and agitates, and as a diffusive stimulant congests, the tissues it traverses.

The general effects are the following:

1. Increased supply of blood with simultaneous elevation of the temperature of the parts under electric stimulation.

* Robert Remak: *Galvanotherapie der Nerven- und Muskelkrankheiten.* Berlin, 1858. 8vo.

† Comp. Dr. H. G. Hammer, director der electrischen Heilanstalt zu Dresden: *Die Electricität als fortlanfende bildende und erhaltende Kraft.* Dresden, 1855. 8vo.

2. Increased energy of the contractile power of the walls of the vessels.

3. The electric current prevents and overcomes these changes, secondary and consecutive, which are manifested by inactivity of the nervous and muscular radii.

4. It re-establishes the lost or suspended power of the nerves, and it consequently stimulates innervation.

5. It is capable of provoking a supplementary activity in the non-paralysed nerves. We can use the electric current as an excitor of muscular power in paralytic affections.

It is precisely in such cases that it has been heretofore employed, as also in cases of anæsthesia or lost sensibility.

Electric stimulation is capable of restoring, under certain conditions, the vital energy of the motor-nerves and muscles, when weakened or entirely suspended.

It can regulate or effect material transformation in the parts mentioned.

Electricity exerts a special effort on the systems of locomotion and nutrition; it exerts a reflex compensation.

Stimulated innervation can produce absolutely the same physiological phenomenon as electrisation—that is to say, elevation of temperature; acceleration of pulse; division of fluids; increase of the secretions and excretions; congestion of the skin and contraction of the muscles.

METHODS OF THERAPEUTICAL ELECTRISATION.

Medical electricity comprises statical electricity, electricity by contact, electric bath, electric spark, discharge by the Leyden jar, electric blowing, electricity by the brush or the pincers. Electrisation by these modes is very rarely employed. The dynamic, which is divided into—

1. Electricity by contact (galvanism), subdivided into (*a*) continuous current, (*b*) an intermitting current.

2. Inducted electricity (Faradisation), thus called by Duchenne of Boulogne, after the name of the inventor.

They take their source either from a galvanic column (apparatus of Volta, electric or electric-dynamic,) or by magnetism (rotatory magnetico-electric apparatus).

METHODS OF LOCALISED ELECTRISATION, LOCALISED FARADISATION.

1. Electric irritation of the skin. We Faradise the skin, (*a*) by means of the electric hand, (*b*) by means of the metallic excitors, (*c*) by means of the electric wires, electric flagellation, or on a single point the electric moxa.

2. Electric irritation of the muscles, muscular Faradisation, which is direct, or indirect Faradisation of a nerve or muscle in the normal state, produces always a contraction, or sensation. The indirect presupposes an exact knowledge of the position and the direction of the nerves. The muscular consists in that each individual muscle is contracted; we become aware of this when we place the damp electrode over the parts of the skin which correspond to the surface of the muscle. Electricity, under the influence of very strong currents, can penetrate deeply in the tissues.

3. Faradisation of the internal organs—the organs of sense; the genital parts of man; the rectum; the anus; the pharynx; the œsophagus; the bladder; the larynx. The Faradisation of these parts requires special instruments.

Faradisation of the stomach, lungs, or heart, is only affected by the indirect Faradisation of the pneumogastric. Faradisation, applied to the treatment of disease, should be applied every day, or every other day. It is not well to prolong the *séances* more than 10 or 15 minutes. We apply it in centrifugal or centripetal currents, or by irritating the peripheral ends of the nerves by the electric currents.

Localised electrisation consists then in this: that the effect of the electric current is confined to the skin, a branch of a nerve, or a nerve-fibre, a single muscular fasciculus, or finally to the internal organs, by irritating directly or indirectly their nerves. These operations do not injure the skin, and we use in their performance wet or dry metallic excitors (sponges in metallic cylinder).

In one instance the dry metallic excitators only produce on the skin an irritation limited to it; in the other, the wet excitators, applied to the wet skin, cause the electric currents to penetrate the skin without irritating it, and diffuses them through the organs immediately beneath.

We have, as established galvano-therapeutical rules, the following:

1. The descending extra polar electronus should be in preference employed, when it is desirable to restore a pathological excitability, an anomaly of irritability, around the peripheres of the nerves, to their normal state.

2. The extra polar catelectronus, on the contrary, should be used where lowered excitability or diminished excitation exists at the periphery of the nerves, that is to say, the muscles that are to be restored.

3. The indication for the production of the anelectronus and of a localised ascending catelectronus, should start absolutely from the same point of view. The electronus is in general contraindicated in increased excitability, while the other, the catelectronus, is contraindicated in diminution of excitability in the central part of the nerves—in the central spinal ramifications and the roots of origin of the nervous fibres.

We have characterised the therapeutical value of the currents of tension "die spannungströmme" in the following manner:

1. They are able to render the same service as the Faradaic currents.

2. Against complete paralysis of sensation of the integument; the currents of tension, separated a certain distance from the skin, operate with much more force than the Faradaic and constant currents applied by means of the electric flagellation.

3. It is, without dispute, the energetic effect of the immediate currents of tension directed over the flat muscles and vessels of the skin, which dissipate the passive hyperæmias and puffy swellings of the skin which are secondary in the aforesaid paralysis.

In 1867 Dr. Joseph Dropsy, of Cracow, presented to the International Medical Congress a memoir on generalised electricity, founded on new processes, from which we take the essential points.

It is necessary, in treating diseases of the centrifugal function, to apply positive electricity to the top of the head and to the pit of the stomach, and negative electricity to the hands and feet. It is necessary, in treating diseases of the centripetal function, to use negative electricity at the top of the head and to the pit of the stomach, and positive electricity to the hands and feet.

1. The sensitive nerves can only respond to effects to which they are forced through their physiological nature.

2. The motor nerves will contract or retract.

3. The trophic nerves will only serve the purpose of nutrition, and the transformation of organic and organised substances. They will lend themselves to the processes of secretion and excretion.

We have stated in our general rules of electro-therapeutics, that the causes of the affections submitted to electrisation must never be lost sight of, and as diseases of motility are the most frequent, we will examine the etiology of the disorders of motility without paralysis. It can be produced, (*a*) by alteration of the sensibility, (*b*) by derangement of the equilibrium of the antagonistic muscular parts, (*c*) by suspension of the localised power of movement, (*d*) by a disproportion between normal impulse of will and excitability, as well as the conducting capacity of the different parts of the nervous system, (*e*) by general disturbance of the cerebral functions without total suspension of the last.

1. The antispastic effects of the constant galvanic current manifest themselves visibly, (*a*) against the reflex spasms (*i. e.*, celepharosparmes, (*b*) against trembling of the limbs, (*c*) against paralysis agitans, (*d*) against mystagamas (coma-virgil), (*e*) against stuttering, (*f*) against chorea.

2. The antiparalytic effects are seen, (*a*) against partial secondary paralysis, and atrophy, with or without contrac-

tions, as the sequela of articular or muscular rheumatism, (*b*) against primary and secondary atrophies of the muscles "das premierstades," (*c*) against traumatic paralysis, (*d*) against hemiplegia, (*e*) against paraplegia, and tabes dorsalis.

3. The catalytic effects of the constant galvanic current are seen: (1) by dilatation of the vessels which contain blood, and of the lymphatics which clear the cells of blood, or of stagnant lymph, then by reabsorption of effusions, establishing a circulation of fluids in the interior of the tissues. (2) By a chemico-electrolytic change, joined to an electrodynamic removal of the fluids. (3) By diminution of pain after lesions and traumatic inflammations.

We may thus rely on these catalytic effects.

1. Against phlegmon of the joints—either acute, traumatic, or chronic; (*a*) against chronic articular or muscular rheumatism of the tendons, of the sheathes or periostitis; (*b*) against neuralgia; (*c*) against deep-seated inflammations of the spinal cord—the consequences of which are paralysis of the lower extremities, of the urinary organs, and of the rectum; (*d*) against deep-seated inflammations of the brain, accompanied by trembling and other spasmodic paroxysms. (2) Against exudations (hydrarthrosis). (3) Against painful and inflamed tumors.

The continuous currents, operating rapidly or slowly, then the interruptions, rapid or slow, of the successive currents, produce different effects, consequently a complete apparatus should be constructed in order that the current may operate by shocks which succeed each other rapidly or slowly; the effects of the rapid discharges of the current on the muscular contractility of the muscles is condensed in the inducted current, and is relaxed very soon after the suspension.

In this last case, the less rapidly the discharges follow each other, and the shocks produced by the suspensions diminish, the more rapidly the separate discharges follow. The muscular sensibility is more powerfully stimulated by rapid discharges of the current than by interruptions which slowly follow each other. The muscular tone is increased by the rapid discharge of the current as soon as it is diminished, and returns to its normal state; a prolonged influence of the current can even produce contraction of the muscle.

The nourishment of the muscles is more active under the influence of currents rapidly discharged, which may be obserted in atrophies.

The electro-cutaneous sensibility is much more stimulated by a strong current rapidly discharged than by a slowly interrupted current.

A New Syringe for Uterine Injection.

At a meeting of the New York Obstetrical Society, Dr. B. F. Dawson exhibited a new instrument for uterine injection. It consisted of a silver tube, which is enclosed by two steel blades or valves, which can be opened by pressure upon the handles of the instrument, thus dilating the uterine canal, allowing all fluid to escape which may be thrown in by the syringe attached to the extremity of the injector tube. The opening and closing of the valves present the additional advantage of breaking up and removing any clots which may be in the uterine cavity, and collect so as to prevent reflux.

Dr. Noeggereth said he had used the instrument, and found it a good one. Where uterine catarrh has existed a long time, and the tissues are soft and readily dilatable, the instrument will be of service; but where the disease is recent the tissues are too firm to allow of much stretching by such an instrument. The facility with which clots can be broken up and removed is a good feature in the instrument. It is not the entrance of the fluid nor the exit which sometimes occasions death; certain substances occasion death by reflex action resulting in an inflammation; the liquid goes to the depth of the utricular glands, which extend deep into the uterine tissue. The sesquichloride of iron, nitrate of silver, and chloride of zinc have occasioned death.

Dr. J. C. Nott said he had also used Dr. Dawson's instrument, and thought it possessed many points of merit; he asked if there is danger in the injection of iron for hæmorrhge when the uterus is dilated.

Dr. Noeggereth believed the subsulphate of iron less dangerous than the sesquichloride, from the use of which he once occasioned a metro-peritonitis.

Dr. J. G. Perry said he had seen flabby uteri contract vigorously on the injection of iodine. Dr. T. A. Emmet said he had seen such vigorous contraction as to eject the iodine which had been introduced.

Dr. E. R. Peaslee said that in metrorrhœa, metrorrhagia, or hæmorrhage proper, the utricular glands are full, so that by injection he thought no fluid would pass into the glands; it is not necessary to have the injected fluid pass into the glands to get up sudden contraction, for the surface itself is very sensitive.—*American Journal of Obstetrics.*

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 15, 1871.

MEDICAL ASPECT OF THE FRANCO-GERMAN WAR.—No. III.

Pyæmia.—No hospital, whether of the Army or under the Red Cross, seems to have been exempt from pyemia. Of 117 deaths from all causes in the hospital of the American Ambulance at Sedan, thirty at least were from pyemia. In other places this affection is alluded to as "that hideous scourge;" and it is stated that it was, under certain conditions, as common in small as in large buildings. On 12th August the disease attacked a case of gunshot fracture of the left arm; others soon followed, and ended in death from the twentieth to the twenty-seventh day after the receipt of the wound. The disease occurred only in cases of gunshot fracture or amputation, and in wards, the conditions of which were most insanitary. Here, for example, is a specimen:—"Cases accumulated to overcrowding for a period of three weeks in a building by no means truly adapted to hospital purposes, the surrounding air being, moreover, strongly tainted with cadaveric miasm."—P. 113. Nor was it found practicable, after the disease had once appeared, to check it by what are usually called "sanitary" means, for "the most thorough disinfection was carried out, the utmost cleanliness maintained, and all available means for securing efficient ventilation were carried into effect; the patients affected with

pyemia were removed to a large, well-ventilated shed in the garden"—"all in vain." In this war, as in all others, it has been shown that, wherever large accumulations of wounded took place, there pyæmia, in one form or other, appeared, and proved as fatal as it had ever done.

Disinfectants would appear to have been more extensively used during the late war than on any previous occasion. Perhaps there were circumstances which justified the profuseness of this expenditure, although the question naturally presents itself, Would they not have been in some measure at least unnecessary had simple cleanliness and free ventilation been fully enforced? Many allusions to the employment of artificial substitutes for these purifiers occur in the Report. At p. 22 we read that, "the advantage of the free use of disinfectants, especially carbolic acid, for purifying the wards, and for washing, when diluted, the wounds, has been shown, and will never be forgotten." But disinfectants were not of themselves sufficient to prevent injury where cleanliness was imperfectly carried out. A large number of cases of bad wounds and diarrhœa having been removed from tents and distributed through the wards of the Anglo-American Ambulance at Sedan, the old patients there contracted diarrhœa and purulent infection, notwithstanding that disinfectants and free ventilation were employed. Pyæmia also prevailed to a great and fatal extent, although "carbolic acid, besides disinfectants, &c., were largely used in washing the floors and deodorising the privies and heaps of refuse abounding in the neighbourhood."—P. 112. The real state of the case seems, indeed, to be, that where sick or wounded are crowded together, or cleanliness neglected, disinfectants were really useless, in so far as prevention of hospital disease is concerned, and the question not unnaturally presents itself,—Is it not now far too much the fashion to trust to them?

Notes on Current Topics.

Alum Adulteration of Bread.

THE existence, amount, and facility of detection of this adulteration has been thoroughly discussed in Melbourne recently. The *Pharmaceutical Journal* says that samples of the bread of the whole of the bakers in Melbourne were seized by the police, and in every instance the Government analyst found alum. The bakers were punished, but they stoutly denied their guilt, and appealed against their conviction. Mr. Johnson, the Government chemist, gave evidence to the effect that from the quantity of alumina found by him in the bread, he calculated that there was an addition of alum to it, to the extent of four grains to the pound. The cross-examining counsel attempted to show that the alumina had been introduced into the bread in dust, in the impurities of water and salt, and in potatoes. Mr. Johnson said he did not believe that it was the bakers who used the alum, for he had examined six samples of flour, and found alum in all, in proportions varying from eleven to twenty-eight grains to the pound. The judge allowed the appeal, and quashed the conviction in one case in which the amount of alum was so small as to make it possible that it was accidentally introduced, but affirmed the conviction in another case, where as much as eighteen grains to the pound was found.

Edinburgh University Address.

THE Edinburgh University was opened by an address from Sir Alex. Grant, the Principal. This address was exceedingly interesting, but dealt largely in topics of a non-medical character, or such as most affected the alumni.

The encouraging position of the Medical Faculty was exemplified in the statistics put forth by the learned Principal:—

The increase which has taken place during the past year is chiefly due to the numbers which have joined the Medical Faculty. Everything tends to show the high estimation in which this Faculty is held. There have been 189 first entrances for the purpose of studying medicine during the past session. Of these 26 had previously attended other Scottish universities, 6 had attended English universities, and 7 foreign or colonial universities. Of the whole number it would appear that 98, or at least half, were foreign both by birth and residence to the soil of Scotland, and had come as pilgrims to a shrine of learning. Among the birth lands recorded we find 21 of the counties of England, Ireland, Wales, the Channel Islands, Malta, St. Helena, the Cape of Good Hope, Mauritius, India, Ceylon, Australia, Tasmania, Nova Scotia, Canada, the United States, the West Indies, South America, France, Germany, Spain, and Switzerland. And the record of schools points, in the cases referred to, to a previous domicile outside the limits of Scotland. This circumstance, while on the one hand flattering to ourselves, may, perhaps, on the other suggest some little deduction from the common boast that in Scotland, alone of all countries, one out of every thousand of the population comes under university education. If there be a considerable foreign element in the Scottish universities, that fact must be borne in mind in framing educational statistics for the Scottish people.

It is, in our opinion, of importance to the profession to see degrees in arts more commonly possessed by medical men. We have given prominence to the statements on this subject by the other Scottish University authorities, and we therefore invite attention to the opinions of Sir A. Grant, although we do not pretend to subscribe to them except partially.

CURRICULUM IN ARTS.

The question still remains unsolved whether our curriculum for a degree in arts as at present constituted is not too rigid and inflexible and too little suited to meet the bent of different minds, and the different shades of requirement for various professions and walks of life. This is, it must be confessed, a very difficult problem for us. On the one hand, we have to meet the views of an exceedingly practical nation, whose tendency is to ask for tangible results and professional advantages in return for all the time and money spent on education. On the other hand, we are bound not to concede too much to such views, which are in themselves sometimes rather narrow and short-sighted. We have to stipulate for a sufficiently broad and liberal basis for all education which is to be stamped with a university degree; but with this proviso, I am still of opinion that the Scottish universities might do more than they have hitherto done to meet the wants of the nation—wants which seem to me to be proclaimed anew by every generation of our arts students. (Applause.) If there are any universities in which a fixed and exclusive arts curriculum might have been maintained, one would have said that the universities of Oxford and Cambridge would have been such; yet the degree system of Oxford and Cambridge, as compared with that of the Scottish university, is flexibility itself; while our curriculum, as compared with theirs, looks like a Procrustean bed, on which minds of all dimensions must be equally stretched. I have heard accomplished scholars declare

that they would not have taken our arts degree without much difficulty to themselves, owing to the amount of mathematics required. But again, many students come to us to whom the prospect of studying mathematics is the chief inducement, and who would be glad to be free of Latin and Greek after passing a moderate examination in these subjects. I find in our "First Year Book," though we do not ask for these details, that three students have entered their names as wishing to study "chemistry and natural philosophy," and one as wishing to study "chemistry and mechanical drawing." Such combinations of subjects evidently imply a desire of scientific preparation for different lines of professional life. Should they not, then, be encouraged, and at the same time regulated, by the University? The only means we have of encouraging and regulating such studies is to constitute them, with such additions as may be found advisable, into a degree curriculum. Whether this can be done, and how it can be done, are complex questions, on which I will not trouble you with any opinions. Facts, in the meantime, seem to indicate that if possible we should introduce more liberty of choice into our degree system. The extremest form of this kind of liberty is to be found in the German universities, where the student, after showing in his "Aliturieuten examen" a competent knowledge of Latin, Greek, and elementary mathematics, is allowed to choose any two subjects he likes for his degree as Doctor of Philosophy. And of these two subjects he is expected to make himself profoundly master. Short of this total absence of all prescription of subjects many other systems might be mentioned, allowing the student more or less choice, if not at the beginning, at all events after a certain period of his career. But this is not the place to dilate upon them. I will only allude to one other result of the hard-and-fast curriculum in arts which is common to the universities of Scotland. The result of this sytem is not only to diminish the number of graduations, and to drive away arts students, who, under different arrangements, might have been induced to prolong their stay in the University, but also to cast a blight on those professorial chairs which remain outside the favoured circle. The class returns show that it may be taken as an axiom that no chair will permanently enjoy full vitality unless the subject which it teaches is available for degree examination. In saying this, I am reminded with satisfaction of the academical legislation of last year, which created a degree in engineering, and in the "First Year Book" I am glad to see that several of the entrants have recorded themselves as students of this subject.

Earth Closets.

THE earth-closet system of disposal of household excreta has been found to be practically impossible, in consequence of the bulk of the powdered mould which is necessary, the trouble and expense necessary for procuring it in towns, the difficulty of removing the resultant manure, and the impossibility of finding servants cleanly and regular enough to keep the apparatus clean and full of earth. Mr. Edward Stanford, F.C.S., has made to the mechanical section of the British Medical Association a proposal to substitute carbon in some form for the earth.

By the use of charcoal the amount of deodorizer required is reduced to less than a fourth as compared with earth, and by carbonising the manure removed, a constant supply is secured.

The quantity per head to be removed per annum may be fairly estimated at eight cwt., of which about seven cwt. represents urine alone. The amount of carbon required to perfectly absorb the whole of this quantity is less than eight cwt., so that in an ordinary household of ten persons, the total annual quantity required cannot exceed four tons, and the whole removal will probably, owing to the drying action of the charcoal, be about five to six tons.

The carbon closets are also arranged to be quite automatic, and require no attendance from within. The charcoal is introduced through an aperture in the roof into a reservoir at the top of the house; a closet on each floor draws on this source of supply, and the whole of the product is discharged in a dry deodorised state into a cemented vault in the basement story of the house.

The reservoir need only be replenished, and the vault emptied, once a year. The manure removed can scarcely be distinguished from cinders by an ordinary observer, and it is equally inoffensive.

The value of the material removed is about one shilling per cwt., or eight shillings per head per annum. The household has the charcoal and the material removed without cost. A company called "The Nitro-Carbon Manure Company (Limited)," has been formed in Glasgow (Office, 154 West street, Regent street), to collect and treat the manure, and supply the charcoal.

New Books.

THE past month has been as prolific in medical books and new editions as November always is, and the book circulars devote large space to their enumeration. Dr. Allingham has brought out a small octavo on "Fistula and other Rectal Diseases;" and Dr. Anstie has published a somewhat more pretentious work on "Neuralgia and the Diseases which resemble it." Dr. Arthur Donkin puts on record in book from his views "On the Skim Milk Treatment of Diabetes and Bright's Disease."

"Gant's Surgery" is an immense work of thirteen hundred pages and nearly 500 wood engravings; and Sir James Simpson's book on "Anæsthesia, Hospitalism, and Hermaphroditism" will be read with equal interest.

Williams "On Consumption" is also out, and will, no doubt, take its place at the head of the standard works on the subject. New editions are issued of "Bowman's Chemistry," Matthew Duncan on "Fecundity and Sterility," Watson's "Practice of Physic," and W. H. Walshe "On the Lungs"; and Messrs. Baillière, Tindall, and Cox have turned out a fresh supply of the "Revelations of Quacks and Quackery."

From America we have Beard "On Stimulants and Narcotics," Hale "On Diseases of the Heart," Prince's "Reports on Plastics and Orthopædics," and Holden "On the Sphygmograph and the Physiology of the Circulation."

Among the smaller ware of the library table we find Budd "On the Bristol Epidemic of Cholera," Dr. Cholmely's "Inaugural Oration to the Medical Society," Wilson Fox "On Hyperpyrexia," Florence Nightingale's "Notes on Lying-in Institutions," and Dod's "Notes on Comparative Anatomy."

WITHIN a few weeks a man has been arrested in New York city for perpetrating an abortion on a woman, which killed her. He put her corpse in a trunk, and shipped it to Chicago. This rascal, who claims to be a doctor of medicine, formerly kept a large beer saloon, and about a year ago procured a diploma from a spurious medical college in Philadelphia for 100 dols., since which time he has been practising his profession of abortionist with wonderful success. Besides a house in Amity place, he had several others in different parts of the city, and a numerous corps of assistants.

Dr. Robert Adams's well-known and much valued work on "Pneumatic Disease" is in the press of Messrs. Churchill for a second edition, which will be issued this session.

In consequence of an outbreak of small-pox in Exeter, the local Board, with praiseworthy activity, have determined to erect a temporary hospital for the reception of cases forthwith.

By the latest advices from the Cape, the sudden death of Dr. James Abercrombie is announced. Deceased was an M.D., L.R.C.S., and L.R.C.P. Edin., and was universally esteemed in the colony.

Surgeon Major J. P. Brougham, M.D., has been permitted to retire from the Indian Medical Service on a pension of £550 per annum from Oct. 1.

At Constantinople the cholera is alarmingly increasing. More deaths occurred on Saturday last than on any other day since the beginning of the epidemic. The weather is oppressive.

In the Metropolis last week 1,400 deaths were registered, being 101 below the average. Of the deaths 61 were from small-pox, while those from bronchitis, pneumonia, and phthisis further rose from 315, 347, and 420 to 437 last week; these, however, only exceeded the corrected average weekly number by 14.

The mails from India give us anything but a reassuring description of the health of some parts of that country. At Bushire, Bassidore, Decca, and Bunda Sungow, cholera has appeared, and is spreading most alarmingly. In the neighbourhood of Calcutta fever is raging with unusual virulence.

Dr. Atthill's "Lectures on Obstetric Diseases," which we have been enabled to lay before our readers within the past summer, have been reprinted and issued in a form suitable alike for the student's text book and the library shelf.

Another case as to the competency of Hospital authorities to perform *post-mortems* upon the bodies of patients who have died under treatment, without the consent of relatives, is likely to come before the Court in a few days. The complaint is against the East London Childrens' Hospital, where the corpse of a chi'd was mutilated against the express wish of the parents. In his summing up, the coroner condemned the practice severely, and recommended proceedings against the parties concerned.

The first business meeting of the Medical Society of the College of Physicians, Ireland, will be held in the College Hall, on this (Wednesday) evening, when the following communications are set down for reading:—

1.—Dr. Grimshaw—"On the Prevalence and Distribution of Fever in Dublin."
2.—Dr. Eames—"On the use of Phosphorus in Diseases of the Skin."
3.—Dr. Hayden—"To Exhibit a Stethometer."

The Editor of the "Irish Medical Directory" begs that those members of the Profession who have not returned the circular forwarded to them, or communicated details for publication, will kindly do so at once, and without delay. Most of those who have omitted to send back the return are, no doubt, under the impression that their names and qualifications will appear in the "Irish Medical Directory" in the same form as in the "London Directory." This is a false impression, for it is not possible for the editor to copy from any other work unless so specially instructed. The "Medical Register" is thus the only source of information at the disposal of the editor, and those who omit to afford the necessary information will have the dissatisfaction of seeing their names with no other appendage than their legal qualifications.

In another place we have noticed the issue of many medical publications within October. We are promised still more to come in the course of the current season. Messrs. Baillière, Tindall, and Cox have in the press a monograph of Professor Morgan's, of Dublin, "On the Contagious Diseases"—meaning thereby venereal affections, a reprint of the valuable "Reports on Sewage and its Disposal," which have made their first appearance in our columns, and a work "On Food" from the able pen of Dr. Letheby. The Messrs. Churchill promise the Profession a "Handbook for the Laboratory," "A manual of Surgery" by Dr. Bryant, Dr. Risdon Bennett's new work on "Cancerous and other Intro-thoracic Growths," a book by Dr. Protheroe Smith "On the Mechanical Aids to Labour," a treatise "On Diseases of Women" by Dr. Barnes, a book "On Fracture" by Dr. Sampson Gamgee, and one "On the Functional Diseases of the Reproductive System" by Dr. Campbell Black, and lastly an "Experimental Investigation into the Action of Medicines" by Dr. Lander Brunton. Besides these monographs the same firm are to give us new editions of Dobell "On Winter Cough," Adams "On the Spine," Pirrie's "Surgery," and Lescher's "Elements of Pharmacy."

Messrs. Longman announce an abridgement of Pereira's "Materia Medica" by Bentley and Redwood, the second volume of Lane's edition of Cooper's "Dictionary of Surgery, and the Supplement to Watts's "Dictionary of Chemistry."

Lastly, Mr. Murray announces a book "On the Longevity of Man."

SCOTLAND.

NATURAL PHILOSOPHY.

Some interesting statements were put forward at the opening of the Class of Natural Philosophy in the University of Edinburgh. We take a few of these from Professor Tait's Introductory Address.

In his preliminary remarks, he stated that the fundamental discovery of natural philosophy is that there can be no increase or diminution of the quantity of either matter or force. The laws of matter and energy, or force, are, the whole subject matter of natural philosophy. Professor Tait, gave instances of the necessity imposed on the student of natural philosophy of calculating distances of the largest as well as of the most minute dimensions. He dwelt on the fact that Sirius, the Dog Star, was 80,000,000,000,000, or 8×10^{13} miles distance from the earth, while in a single drop of water there are 10^{26}, or 1,000,000,000,000,000,000,000,000 ultimate particles. He endeavoured to give the idea presented by these incomprehensible figures by saying that each particle in a drop of water

is to the entire drop as the size of a walnut is to that of the earth. The sun, said Professor Tait, if placed in the position of Sirius, the nearest of the fixed stars, would be to us on this earth 400,000 of its present size—a paltry affair altogether inappreciable. The sun, in fact, is in size to the nearest to the fixed stars as is a walnut to the earth. He went on to illustrate the means we have of estimating the motions of the heavenly bodies. The Dog Star, Sirius, is receding from the earth at the rate of thirty miles a second. This star has been under the observation of men for 3,000 years. It has been moving away from the earth for all that time, and yet if has shown no diminution of size. So that in cosmical space, such a retreat—that is, about 2,839,659,120,000 miles since this star began to be observed, adding for the leap years—is as a drop in the bucket. The sun, said Professor Tait, is getting aged. A young star is bright and white. As the stars get older they become yellow and foggy. In their old age they are red. He showed that they sometimes in this latest stage blaze out with jets of hydrogen gas. A remarkable illustration of this had occured lately in a star which had never attracted the attention of astronomers till it began so to blaze out. The sun is emitting such jets at present—some of them reaching as far as 70,000 miles, or nine times the diameter of the earth. Professor Tait proceeded to remark on the nature of nebulæ and comets. He regretted that the great comet of 1858 had not been observed by any one through a prism, and said we should have to wait for another great comet to have the advantage which such an observation would bring. He said—It is all but established that a comet is merely a cloud of detached masses of stones, called meteorites, and as long as these stones are small we may plunge through as many comets as come our way, and we shall experience little or no harm. Our atmosphere is a protection against them so long as they are small ; but if each stone were half a ton weight, the consequences of contact with a comet would be serious. The meteoric showers in November are simply results of the earth's passing through the tail of a comet. As to the appearance of comets, the tail is seen by reflected light, like the moon ; but the head or nucleus shines by a light of its own, caused by the impact of its particles, just as the flint and steel produce light. The light of the nucleus is generally of a greenish or bluish tint. With reference to the nebulæ, Professor Tait said the most recent observations seemed to establish that, at all events, the one studied by Mr Gill, of Aberdeen, was nearer to the earth than the fixed stars. This was important, as showing that Herschel's theory of the nebulæ being of the same nature as the milky way was not according to the most recently observed facts. The nebulæ observed by Mr Gill enlarged in size under observation, and this proves that it is nearer than the nearest fixed star. The lecture was concluded by an explanation of the difference between a wave and a ripple. The wave is the result of gravity the ripple is produced on the film or skin of the water, and does not depend on gravitation.

ROYAL COLLEGE OF SURGEONS.

At the Royal College of Surgeons, Edinburgh, the Introductory Lecture was delivered by Mr. Annandale. We take one or two of the more striking remarks from the able report in the *Evening Courant.*

Lectures properly selected and moderately attended are, in my opinion, most valuable ; but the incessant lecturing of the times is wearisome to the student, harassing to the teacher, and not calculated to supply the best instruction. I would wish the student to have more time and greater facilities for study in the hospital—more time for work in the practical laboratories connected with physiology, pathology, and chemistry, and more time for practical instruction. In the various classes you are required to attend, you will receive advice as to the best methods of studying the particular subjects taught in them ; so that I will only now offer you a few general remarks in connection with your future studies and position as medical students. Endeavour to devote some of your leisure hours to the improvement of your general education by a study of literature, art, general science, and the modern languages, for such studies form an excellent change of diet to the mind. Remember you are not merely working to pass examinations, but that you are preparing for the future practice of your profession. It is for this latter reason that the course of practical studies is of such importance ; and you cannot be too diligent in the wards of the hospital, in the dissecting-room, and pathological theatre. Such work will bring you true and sound knowledge, which will be serviceable all your lifetime. The mere acquisition of knowledge, and facts is not sufficient. You must learn how best to apply knowledge, so that it may be serviceable to yourselves and patients.

Note-taking.—The practice of taking notes is most useful, and its results valuable, provided you take notes of the right things in the right way. Don't take notes of what you can read with more advantage in print, but take diligent notes of any original observations of anything you do not understand (in order that you may master it at your leisure) ; and, above all, take careful notes of all you see and hear in the hospital. It is occasionally the sad experience of my colleague and myself to observe, and be helpless to prevent, the complete disgrace and ruin of a student who has joined us with bright prospects, but who instead of realising them, has given way to temptation, neglected his work, and brought himself to misery. You will all have temptations, many of them difficult to resist. Endeavour from the first to resist them, and their power over you for evil will soon become ineffectual ; but once give way to them, and it will be difficult often impossible, to escape their effects.

"Motions to ill resist in their first grass,
Lest, gaining growth, they shoot into the ear ;
Custom to sin at length will make you pass
That for a bat which was before a bear."

Learn to respect yourselves and your profession, and in this way prove that you are worthy of your position. In your general intercourse with the public avoid as much as possible special professional conversation. Be liberal minded in the widest sense of the term ; and if you wish to be happy in your future practice, avoid all tendency to what is termed gossip. To the patients who come under your care or observation in hospital or other practice fulfil the golden rule, and "Do to them as you would be done by." Ingratitude you may sometimes meet with, but if you honestly do your duty to them, you will receive many happy and pleasing testimonies of gratitude which will more than compensate for the former, and be real encouragement to persevere in your good work.

Sir Robert Christison, Bart.—The honor which has just been conferred on Professor Christison is a graceful recognition of the position he has acquired as the representative of the medical profession and of science in Scotland. The expression of satisfaction which it has called forth evinces the universal respect in which his name is held.

Edinburgh Royal Medical Society.—The session was opened by an address by Dr. Andrew Wood, who dwelt on the undoubted advantages which this Society affords to the medical student.

The election of Lord Rector of Edinburgh took place on Saturday. The candidates nominated by the students were Sir Roundell Palmer and Sir W. Stirling Maxwell, when the latter was elected by a considerable majority.

Female Medical Election.—A meeting of the senatus of Edinburgh University was held on Saturday, when a resolution was carried by a majority of 14 to 13 to the effect that the senatus represent to the University Court the propriety of rescinding their resoluti on and regulations in reference to the admission of women to medical education in the university, without prejudice, however, to the rights and interests of those ladies who have already entered upon their course of study, and without prejudice to the right of professors to give separate instruction to ladies in such classes as the University Court may approve.

THE HAMPSTEAD HOSPITAL ENQUIRY.

SPECIAL REVIEW.

(Prepared expressly for the MEDICAL PRESS AND CIRCULAR.)

No. II.

As we read over the charges closing our last article, with critical eye, and by the light of more years of medical experience than these young medical practitioners have of life, and with no desire to depreciate the wisdom and skill which Mr. Aikman acquired in his few months' practice in a respectable Northern Hospital with its thirty-nine beds, we more than regret that an appeal should have been made at once to the general public Press—confessedly defective on all medical subjects—and not to the Profession and through the Medical Press first. The ordeal would, undoubtedly, have been more severe; the sensational part of these charges (for, alas! to withhold this term would only be to provoke it), and the hardly dignified egotism of the concluding paragraph, would have exposed the writers to some admonitory hints, but it would have saved a most painful scandal—and let us own that the Profession can ill afford at this critical juncture to amuse the world by evidences of its mutual recriminations and not very dignified jealousies. There is no allegation in the development of these charges that the medical staff was in any way disparaged, or oppressed by the Governing Body of this Hospital. There is not the faintest hint that the lay authorities overbore the professional—on the contrary, the Committee seem to have been sublimely ignored by these complainants, whose entire action has been aimed against their medical superior—in fact, the contest resolves itself into a professional quarrel. We do not say that there was no subject for an explanation; we do not urge that either party was wholly in the right or in the wrong; we do not say that authority may not have been assumed by Dr. Grieve, which Messrs. Aikman, Kynaston, and Greaves were beyond all warrant in protesting against; we do not even assert that there was an absolute unwisdom in appealing to the Press before appealing to the Managers (although that course would have been recommended by us in the first instance); but we do say that the contest should have been first waged in the pages of the Press exclusively devoted to professional matters, and for the following reasons: 1stly. Professional knowledge and experience would have stripped the charges of the mere *seemings*, and grappled with the substantial points at issue. 2ndly. The true interests of the whole Profession, in relation to all classes, especially the more suffering portions, would have been kept steadily in view. 3rdly. The actual balance of scientific opinion on the moot-points in these charges would have been faithfully rendered. 4thly. The public would have been kept steadily to the gist of the charges without being carried to all points of the compass by irrelevant and even ludicrous interpellations.

Let us remind these youthful aspirants to world-wide reputation that no impression of a lasting kind has ever been made on the public mind in relation to reform of medical or surgical abuse which has not been first sifted by the Medical Press; and we go still further, and say, it is impossible it ever should, whilst the ignorance on all great medical questions is so crass and so almost universal.

It serves but to illustrate our position when we read in a by-corner of the *Times* that a certain excellent maker of boots has made himself conspicuous by rushing headlong into this quarrel, and judging before the case was even heard out. No doubt the sympathy of a good bootmaker is very desirable: who that has felt the pain of corns could deny this proposition; but then, the witty line of the great lyric writer, "*Ne sutor ultra crepidam*," floats instantly to the surface of memory, when we find the excellent bootmaker's medical experience brought into competition with the best medical experts of our day. What we wish to enforce by this example is, that young medical men, beginning life, should look more to the approbation and judgment of those skilled and long-accustomed to great medical questions than simply to the ever doubtful and often dangerous impulsiveness of the unskilful and unlearned.

Every man has a right to be credited with good intention in his public and private acts, and yet, without collecting the evidence from which the intention is to be deduced by those who stand in the place of the jury, little or no reliable verdict can be given. The intention or *animus* of a man must be gathered, if you would form a correct idea of conduct. Hence, Mr. Aikman and his associates set forth the "intention" of "doing the State a service" in his proceeding; and, as this stands first in his letter, it must be grappled with. We turn, then, to the evidence by which this allegation must be tried. On Friday, Sept. 29th, evidence is produced of uncordiality of feeling between Dr. Grieve, the Medical Superintendent, and the young medical assistants, and Mr. Aikman states that he wrote the following placard to be stuck up in the sitting-room:—"Wanted, three active and unscrupulous young men, utterly devoid of any principles of honour. Applications must contain *cartes* and fighting weight, as the Superintendent (their medical superior officer) is a man of little physical, but immense mental power. All applications must contain previous experience with bullies, but strict secrecy as to the treatment of colleagues must be sworn to. These qualifications, with a total oblivion as to personal honesty, will be sure to secure the situation to the most enthusiastic applicant." We have, alas! another of these effusions, which, in fairness, we must give: "Wanted immediately, three active, intelligent medical officers for the Hampstead Small-pox Hospital. No one need apply who is not able to prescribe, dispense, and operate with the knife and fork, as the wittals is liberal, the wages good, and the lodging all found. Send *cartes de visite*, which will be returned unless good-looking. N.B.—Teetotalism preferred, as there has been a row about the beer." We do not think there will be great difficulty in gathering from these documents that the "intention" put forward by Mr. Aikman and his associates was not quite what is stated. He is not utterly free from impulsiveness of a more ordinary and less exalted motive—a bitterness and a want of that *reticence* which is characteristic of educated gentlemen glare out from these lines, not well in keeping with the exalted pretensions of the Assistants in their letter to the *Times*. We must not wholly pass over the vulgarisms which mar Mr. Aikman's evidence, and sadly jarred on the feelings of those who do not think slang stands profitably for sense and judgment. In answer to one of the Commissioners, who were anxiously inquiring about a child who had died of small-pox, and whose death the

witness appeared to attribute to lice beneath what he termed scabs, but to which cultivated medical men give the name of crusts, he flippantly remarked, with something of incongruousness with the solemnity he had assumed, that lice bred in a head covered with scabs "like one o'clock." Men on their oath, giving evidence wherein every word should be measured and weighed— when life or death is in balance, and the good to millions jeoparded —do not, if well advised, talk thus.

The moment we enter into a consideration of the charges we see how more than pertinent, how absolutely indispensable are the considerations with which we preface our analyses (see charges).

1st. "Delirious patients, more particularly children, tied down when their bodies were covered with eruption;" and

2nd. "Strait-waistcoats have been used with the same motive."

The ward 3rd, which was the adult female ward, in which Sister Caroline, Miss Harrison, and Nurse Jenkins were principally responsible for the nursing, is one of the wards on which Mr. Aikman bases his charges. "I do complain of the tying-down and strait-jacketing in that ward." Subsequently he states to Dr. Buchanan (one of the Commissioners), he "did not object to tying down in general, but he preferred the use of the strait-waistcoat." (See evidence, Sept. 29.)

It turned out in the evidence that not a few of the least controllable of our entire population were admitted to this hospital; some whose intemperate habits, in the widest sense, rendered them extremely difficult to restrain. They were of those whose delirium was often furious and sudden; and not unfrequently starting up from sleep they would exhibit great violence. Miss Harrison, who to a simple gentle manner adds wonderful courage and great experience in the treatment of the "brutal, blasphemous, and reckless class of our London slums and alleys," stated that not three men nor four men, nor any number of night-watchers could restrain such persons in their maniacal delirium without completely upsetting the repose of the whole ward. The appearance of men attempting to restrain such a patient led to determined and furious resistance and antagonism. She had to restrain by means of a folded sheet across the chest, and under one or both arms, the ends being fastened to the bedstead. This she had observed did not provoke the personal hostility which the hand restraint of persons produced. "Patients were (she observed), generally quiet when under restraint of a folded sheet, and it was the kindliest treatment of them." It was elicited that she had offered her services to the hospital because those from the worst parts of London had been admitted therein. (See evidence, November 3rd). We do not quote any individual nor any number of men as settling the point. What the Chairman of the Board (Dr. Brewer) said in his evidence may be true, that medicine is peculiarly an uncertain science—more than law (in answer to Mr. Collins), inasmuch as there are no authoritative decisions of courts to settle moot-points in medicine; but we merely throw out for suggestion that Miss Harrison's long training and large experience entitle her to a fair hearing. Mr. Aikman's *first charge* with his and his colleagues' glossary, let alone the expressed opinion of medical men of great experience the treatment of zymotic disease, is certainly one which ought first to have been ventilated in a professional or scientific journal, and not thrust before the unskilful and unlearned merely to gain a point. When we come to charge No. 2 the case assumes a graver aspect. "Strait-waistcoats have been used with the same motive." It appears in the evidence that it was only at the urgent request of these very young men themselves that these strait-waistcoats were introduced into the hospital. "*With the same motive.*" We naturally ask what *motive?* These young medical assistants had obviously put these charges before the public as instances of the wanton cruelty of the managers and nurses of the hospital, and in that light they were regarded, as was proved by the monstrous illustrations which a sensational contemporary paraded in his weekly issue. But when the accusers themselves are giving evidence, protected with all that a very clever counsel can do to shield them from unpleasant disclosures, not only is all hint of *motive* absolutely dropped, but the charges become simply a matter of medical diversity of opinion, the accusers themselves making charges one way, and compelled by evidence to range themselves on the opposite.

It transpired that these medical assistants were each of them responsible for the entire medical treatment going on in their several wards. That restraint was a part of the treatment for which they were responsible. That each of them confessed the several nurses under each performed their duties to his entire satisfaction, and richly merited the encomiastic testimonials they had received. We conclude these remarks on charges *one* and *two* by reaffirming that without presuming to dogmatise about mechanical or manual restraint in the furious delirium of acute small-pox, we do unhesitatingly affirm this question was not one to be flung before the public in the way in which it has been, but it is better suited to the calm investigation and discussion of educated and scientific professors.

The third charge.—"Patients in an acute ward have been provided with a totally inadequate supply of milk and beef-tea for their use during the night."

Nurse Haynes, in support of this charge, says "she was not aware that there was ever too much milk in the children's wards, and that the overplus in the morning was handed over to the other wards. Sister Caroline was the sister (head nurse) in one of the wards I was in, and I complained to her of the beef-tea and milk being short once or twice." (See evidence Oct. 2nd.)

Sister Caroline, who was night superintendent from Feb. 7th to April 6th, and went *round the acute wards* twice every night, deposes, "Occasionally there was a deficiency of milk before I went on, but I always got an order for an additional supply, and the patients in these wards never suffered from want of beef-tea and milk. In the children's ward there was often more than was wanted." Again, "I had no difficulty in obtaining ice or barley-water when they were required." Nurse Haynes admitted that she gave or allowed the convalescents to take the milk, which was solely for the acute cases, and that the acute cases required incessantly drink. She had been cautioned by Sister Caroline not to do so; but says, "I had given milk to convalescents, and that was against my instructions, but I understood Mr. Aikman once ordered me not to give water." Again, "I am almost sure Mr. Aikman gave me instructions not to give water to patients." Mr. Aikman deposed (Sept. 29th), "I have no objection medically to children drinking cold water in small-pox." All the nurses called by the assistant medical officers state that they understood that

they (the nurses) were forbidden to give cold water to patients to slake their thirst in small-pox; and, strange, each officer denies that he either gave such an order or entertained such an opinion. Mr. Kynasten indeed thought the supply of milk in acute cases should be unlimited, which he did not suppose would either create indisposition or tend to create thirst, in however great quantities taken.

Thomas Jones, a patient, said, "He always wanted something handy to drink. He did not get enough to drink. He did not mean enough of milk, unless milk was the only drink. He only got three half-pints of milk a day, and one half-pint and a drink extra by night. This patient expressed that it was quantity of fluid which he wanted. He did not like the beef-tea, but he did like the milk, and got the nurse to substitute milk for beef-tea." This charge seemed subsequently to resolve itself into this: the milk ordered by the medical authorities was supplied in tin cans, which were marked by measured lines; that the quantity in the twenty-four hours was sent to the wards at two intervals, but that the distribution of the night's supply was not even. Mr. Aikman says he once knew the evening milk turn sour. "It was on a very hot night." The nurses of two or three wards depose to milk turning sour at or after midnight during very hot weather; but they had always beef-tea, water, barley-water, arrowroot, and toast-and-water at hand to supply the deficiencies. Dr. Jarvis deposed that the medical assistant officers were entirely responsible for the cases in their several wards "until they had drawn the medical superintendent's attention to them, and then there is a joint responsibility." Dr. Brewer considered that the diet, especially in the acute stage, is an essential part of the medical treatment, and that those responsible for the latter are responsible for the former also. Mr. Surgeon-Major Bostock, C.B., considered the diet of Hampstead Hospital a most liberal diet—the beef-tea as good and the arrangements as perfect as any in London. (The evidence of this witness in favour of the modes of restraint, and the general condition of the wards was clear, pointed, and very important, as it was on all the principal issues.)

Again, we have to deplore the crudity of the statement put forth in the charge three, as we did on charges one and two. If the question is on the subject of limited or unlimited supply of milk to acute cases, and on the mixing of milk with water in the course of the twenty-four hours, or of the best substitute if milk turns sour in the night—or if the question be whether the only test of sourness is litmus and turmeric paper, as one of these young medical assistants testified to the surprise of the more intelligent portion of the audience, surely in a scientific journal should this question have been first discussed. The third charge was certainly not sustained by the evidence, and the accusers have not gained confidence by it. The fourth charge being a simple iteration of the third, and not separately maintained, falls under the weight of the third.

The fifth charge.—"Complaints have frequently been made to us by both nurse and patients, that food supplied has been totally unfit for consumption."

We look in vain through the whole voluminous evidence before us for any substantiation of this charge save of the vaguest description such as any public institution in the Kingdom might be subjected to. Surgeon-Major Bostock, C.B., who deposes to frequent visits alone and with others to these wards, says: "I never heard any word of complaint. I saw the meat used in the wards at Hampstead frequently, and inspected it, and I can say it was equal in every respect to what the Guards eat in London; the invalid's meat in the Guards is exactly the same as the other rations." (Evidence, Oct. 17th.)

Elizabeth Meredith, who was changed from ward to ward, stated: "It was the duty of the assistant medical officers to order the diet for the patients. She had not found the diets insufficient, and, after serving each patient, there was always some left for those who could eat more than others. She had once to notice in hot weather a leg of mutton being a little tainted in the vein; she complained to Dr. Grieve, and she served out cold meat. The patients eat the mutton for supper; and beef-tea was served out this same hot day instead of milk. (This nurse had received glowing testimonials of efficiency from the assistant medical officers). She never made any such statement as this (fifth charge) to Mr. Aikman; all such statements were without foundation." (Oct. 17th).

Nurse Meredith was, she said, summoned on the side of Mr. Collins, the assistant medical officers' counsel. She had sufficient milk for her patients, but although sometimes milk was left over in the morning, this was not so often the case as with the beef-tea.

Nurse Manning states "the meat was always good and always eaten; it was never left. The beef tea was good and often preferred to milk by the patients. She remembered the patient Hatcher, who gave his evidence at the opening of the inquiry, and he told her he was going to see Mr. Greaves and Mr. Kynaston at a public-house in Wellington street, Strand. He promised to let her know what went on at Wellington street. Hatcher said he had nothing to complain of except the loss of a suit of clothes, and he was going to see the young doctors about that. 'All the clothes of the patients were always new when they could not be found.' She had written to Hatcher to remind him of his promise, for she thought it most ungentlemanly of the young doctors to go meeting people in public-houses on Sunday nights. Several respectable working men spoke of the meat in the Hospital as very good, and one or two expressed how happy they should be if working men could get as good in their daily employment when well. The contractors showed that the meat was of the same quality as that supplied to the clubs and other high-class London societies and institutions. One child complained that sometimes the meat got into and between its teeth, before it was changed for stew."

Dr. Bridges, Inspector of the Local Government Board, had visited the Hospital six times. He had inspected the food, and it appeared to him to be of good quality. He had spoken to individual patients, and all, with one exception, expressed satisfaction with their treatment: the exception was that of a man who complained that his nurse had drunk his wine. The case was inquired into, and the nurse was dismissed. [This freedom of complaint, which the patients enjoyed at least four times in every week (as the evidence testifies), and this summary redress of an ascertained wrong must not be passed unnoticed.]

Mr. Ernest Hart, who had gone round the wards with the Chairman of the Board (Dr. Brewer), and with Surgeon-Major Bostock, expressed satisfaction with the diet, which was generally better than that of similar institutions.

Dr. C. A. Gordon, C.B., Deputy-Inspector of Hospitals

in the Army, said the price paid for the meat was higher than that paid in the military hospitals.

Dr. John Murray, Visiting Physician of Middlesex Hospital and the Children's Hospital, Great Ormond street, acknowledged publicly writing a report setting down the charges of the Assistant Medical Officers as "*childish and exaggerated*," and his subsequent examination of the Hospital, in all its detail, confirmed him in that view of the charges under inspection.

We must leave charge *five* to take its fate. We do not believe anything would have been lost, but much every way gained, had this also been first sifted by competent professional investigation and comment.

Coming to charge six, we at once confess we approach it with a doubting mind. We have very little sympathy for the old morbid, half superstitious, half heathen sensationalism about the last minute of unconscious life. Some people still deem to atone for a life-long neglect by mere watching the last breath of their relative. Some pander to the vulgar predilection for a particular posture of becomingness—as if a child curved on the body of the bed died less decorously than one laid straight from pillow to foot. Charge six is simply that a child, in *articulo mortis*, was allowed to remain in a position in which it had become unconscious, and the nurse, seeing the doctor coming, hurried to her ward-room, and put on a clean apron; then meeting him, walked round the ward, and, coming to the dying child's bed, found it had, indeed, expired in the interval. Medical men will certainly not sympathise with the false, the morbid, and the mischievous—their mission is the diametrical opposite to all this.

The same censure applies to the seventh charge. A patient is said to have died at midnight, or thereabout. The nurse, finding the hot night oppressive in the ward, and that the body was offensive, gets the bed wheeled on its castors to the adjacent bath-room, and there it is deposited, covered with a sheet. Notice is given early the next morning (Sunday) and the assistant medical officers informed of the occurrence. One writes out a report to Dr. Grieve, but, "before it can be completed, the body is duly removed to the mortuary." If the dead body was acting prejudicially the assistant medical officers should have taken good care not to allow it to remain where it was, but themselves have engaged actively in its removal, either by authority or action; if it was only to point a sensational charge, it was a contemptible subterfuge.

This charge, too, would have been put in its proper place had Messrs. Aikman, Greaves, and Kynaston done what more experienced, and better informed, and higher in repute fathers in the Profession have done, and do, and must do, if they do not intend to bring medicine into contempt, viz., appeal to the Profession and to scientific knowledge to substantiate and investigate their alleged wrongs and charges against those who, by force of circumstances, happened to be placed over them.

The last charge about the loss of Elizabeth Bellue is totally imputenant. The child has once before, it seems, been lost, and was subsequently found by its father in the Police Office. The Local Government Board are investigating into any defect of management which may have contributed in any way to this. In the meantime it appears by the evidence that the father of the child has expectations that if a proper reward be offered for the missing child, and if the neighbourhood of his own house be well searched to see if some parent or other person has not the straying one, this charge, too, may turn out as ill-founded as the others. The charge of lousy heads was thoroughly gone into, and the suggestion that when the scab, as Mr. Aikman calls the crust of one child's head was removed, lice were underneath and the child died, is simply the confusion, moral or intellectual, or both, which science abhors.

Surgeon-Major Bostock says in his evidence, in answer to a question from one of the Commissioners, as to what he did with the lice found on the men in the Crimea, "Well, we all had them then." "And what did you do then?" "Well, we didn't write to the *Times* abusing the Commander-in-Chief."

Mr. Aikman also interpellated a case of contracted limbs, the blame of which he tries to throw on the general management of the hospital. (See evidence of child Stokes). Mr. Bostock says, "I cannot understand a medical officer finding out a large bedsore of that character on the sacrum without knowing something of its previous history and character. I do not think the medical officer of the ward (Mr. Aikman), absolved from responsibility on account of such a bedsore because the nurse had not reported it; he should have looked out for it and anticipated its formation. In the then condition of the child, when the sores were formed, mechanical means to prevent contraction of the limbs would have been worse than useless. Mr. Aikman should have reported the case to the Medical Superintendent if even he had only reason to have anticipated a bedsore. Mr. Aikman should have found out the bedsores earlier, and their tendency to form on the sacrum. It is the practice in hospitals for a medical officer treating the patient to inspect the skin over the sacrum, and to make applications to prevent bedsores, for this is the most important part of the medical treatment." Sister Agnes had pointed out to Dr. Aikman the child Stokes lying in an unconscious state; it had a water-cushion to lie on; she had herself fed her every ten minutes. She showed Mr. Aikman the bedsores. Mr. Aikman never gave her (the head nurse) any instructions respecting the contraction of the child's legs, although she had pointed it out to him. She told Mr. Aikman she had tried to straighten the child's legs several times a day. Mr. Aikman, according to the whole evidence of this highly educated nurse, was hardly for a minute at Stokes' bed, even when his attention was specially drawn to the case by the nurse. The case of Sarah White had been most tenderly and assiduously watched and tended by the nurse.

In the charge of defective supply of linen, the fact seems to be that, although the laundry when adapted to the latest ascertained requirements turned out easily a thousand pieces a day in good order and fit for use, yet there was a time when, under the heavy pressure to which the hospital was subjected, that only by hard work and some grumbling the twenty-four laundry women could get through their task; and some heavy arrears at times disheartened the Superintendent of the washing department. There was a month "when the convalescents were not sufficiently supplied with changes of sheets and body clothes, although the acute wards were never suffered to be in want of either."

Thus, having gone over the charges, we come to the conclusion, as summed up by Messrs. Aikman, Kynaston, and Greaves. "Had we remained, we should have trusted to our own energies to have kept down mismanagement." We entertain very grave doubts on the subject on which these gentlemen express themselves so confidently. We think

neither their conduct, as exemplified in the *affiche* attached to the walls of their sitting room, which in any other rank of life would have been thought impossible ; nor in their proved conduct of their several wards ; nor in their conduct of their case ; nor, in short, in any evidence produced before the Commissioners, are they warranted in assuming any such inference.

We shall investigate the charge respecting the lost child, Elizabeth Bellue, in a subsequent article.

Literature.

DISEASES OF WOMEN.*

CLINICAL teachers of obstetric medicine and surgery are frequently asked, and as frequently hesitate to give, a decided answer as to the special treatise on the diseases of women they would recommend their pupils to study. The length, to say nothing of the expense of the many varied and able works on this subject, debar most students from adding any of these to their library during their educational career. Dr. Atthill, however, has come to the rescue and done good service by giving to the world a concise, lucid, and inexpensive treatise on the more commonly met with forms of uterine disease. His book consists of fourteen lectures, the substance of which was addressed to his class attending the Adelaide Hospital, and published in this journal at the time. In the first of these he explains the various modes of examining a patient in order to ascertain the disease she is suffering from. We are glad to find that our author does not rank himself with those who characterise the uterine sound as a "dangerous weapon," and as one never to be used save in the cases of the direst necessity, but, on the contrary, advocates its use in suitable cases, and points out in clear and terse language the mode of its employment. We do not hesitate to express our conviction, that had the late Sir James Simpson done nought else for science save to invent and recommend the use of this little instrument his name would have been rendered famous, and he himself characterised as a great benefactor to suffering humanity. In the second lecture leucorrhœa is largely discussed, and advantage is taken of the opportunity to condemn in the strongest terms the operation of clitoridectomy as a means of treatment for masturbation. It has been the habit of late years to utterly denounce this operation under every circumstance and contingency ; we believe, nevertheless, that it is beneficially applicable for the treatment of some exceptionally rare lesions of that organ, and of conditions connected therewith, but we entirely accord our assent to the views expressed by Dr. Atthill as to its utter uselessness for the cure, or even alleviation of the debasing practice of which he treats.

Menstruation, and all its abnormalities, forms the subject matter of the next four lectures, and there is no part of this little work which we more strongly recommend to the perusal of the student than this, more particularly the chapters on menorrhagia. Special care is taken to explain the pathological lesion of *sub-involution*, a term but little known, and seldom met with, even in comparatively recent books. In his description of plugging the vagina, Dr. Atthill has confined himself to the use of Ferguson's vaginal speculum. We wish mention had been made of the great ease with which this simple operation can be performed by using Marion Sims' duck-bill speculum, which to our mind seems equally, if not more applicable to the purpose. The author also has forgotten that the practitioner may be hastily summoned to a case demanding the immediate use of the *tampon*, when he may not have a speculum at his command, and has omitted to inform the student of any means of its introduction under the circumstances. We ourselves in such cases have been in the habit of adopting a simple and ever-ready plan—namely, introducing the first two fingers of the left hand into the vagina and applying them against its posterior wall, thereby affording a protection to the perinæum, and forming an inclined plane along which the plug—be it a pocket-handkerchief, or a piece of cotton, or a sponge, can be introduced without pain or injury.

Uterine polypi, fibrous tumours of the uterus, and ovarian cystic disease, are all ably treated of in the next three lectures ; the various means that may be adopted for diagnosing the latter being clearly placed before the mind of the reader. In treating of the means usually employed for exploring the uterine cavity, our author discards the old and objectionable method of dilating that organ by means of sponge tents, and directs special attention and approval to those made of *laminaria digitata*. He here pays a just tribute to Dr. Kidd, of Dublin, whose modification of its use he strongly recommends, and in the ensuing paragraph accurately describes as practised by himself. He also bears ample and just testimony to the value of Dr. Barnes's india-rubber bags for the rapid dilatation of the cervix uteri. Much stress is laid on local blood-letting in cervicitis ; we have in many cases employed this method of treatment, but our experience is not of so favourable a character as to adopt it to such an extent as Dr. Atthill recommends. Instead of the application of nitric acid to an inflamed surface the author advocates the use of a solution containing benzoic acid, tannic acid, and collodion. We ourselves have no experience thereof, but we think it merits a fair trial at the hands of obstetric practitioners. Cancer, and some of the various displacements commonly met with are the subjects of the remaining lectures, and which have met with careful consideration at the hands of our author.

To a work such as that which is the subject of this review, plates and illustrations, when properly and correctly finished, are invaluable ; but we regret that in the present instance more attention was not paid to the delineation of the sketches before they were placed in the hand of the artist. In illustration of this we direct attention to Plate IV., which purports to represent a Hodges' pessary in position supporting a uterus that had been replaced after retroflexion ; the uterus is certainly not lying in its normal position, nor is the pessary properly located *in situ*. Again, in the majority of the sketches illustrating the various obstetric operations, the bladder is represented as distended ; this is objectionable, as the unwary student may thereby be misled into the dangerous idea that the evacuation of that scarcely demands his attention, whereas its imperative necessity before the commencement of any—even the most trivial obstetric operation, cannot be too strongly advocated. The limited space at our disposal prevents our alluding to many other points of interest in the work before us, wherein we have found so much to approve of and so little to condemn ; but we cannot conclude without expressing our surprise and gratification that so much valuable information has been condensed into so small a compass ; and we trust that the success of this, we believe, Dr. Atthill's first essay as an author (putting aside, of course, short detached communications) will be such as to induce him at some future time to fully complete that which he has so well begun.

* "Clinical Lectures on Diseases Peculiar to Women." By Lombe Atthill, M.D., Univ. Dub., Fellow and Examiner in Midwifery, King and Queen's College of Physicians ; Obstetric Physician to the Adelaide Hospital, Dublin ; and formerly Assistant-Physician to the Rotundo Lying-in Hospital.

Inventions.

BARTH'S LIQUID NITROUS OXIDE GAS APPARATUS.

In this Apparatus, which appears to realise the extreme of portability, everything that is required for producing anæsthesia in short operations, is contained in a neat case, about seven inches square, by nine inches high.

The copper bottle, two inches by eight inches, containing twenty-five gallons of gas in the liquid state, weighs only 2 lbs. 1 oz. when full. A Catlin's bag and union, with Clover's double-valved facepiece, completes the Apparatus, and the whole may be easily carried in one hand.

BROMATINE.

A preparation of the Theobroma cacao, introduced by Messrs. Dunn and Hewett, of Pentonville. It is stated to be "absolutely pure, easy of digestion and assimilation," with the superfluous fat removed. We have not analytically tested this particular article; indeed, were we to lay ourselves open for laboratory examination for all the articles of diet, &c., introduced or brought out under a new name, a chemical expert would have as much as to fairly employ his time. But we have tasted the article in question, and find it agreeable to the palate, but would prefer for the sake of those whose stomachs rebel against fatty substances, to see a little more of the cocoa-butter removed, as is the case with Cadbury's and Van Houten's essences. Another preparation of cocoa and condensed milk by Messrs. Dunn and Hewett, which has now been before us several weeks, is a really excellent and convenient article for the sick room or for travellers.

Correspondence.

SNAKE BITES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR

Sir,—There is no effective antidote, not even alcohol or ammonia, against the stings and bites of these frightfully destructive vermin. There is nothing except to destroy them outright, as has been done in regard of wolves in most European countries. Let cobra heads, for example, be counted in payment of taxes, and these swarming reptiles would then soon be thinned to some purpose. The same procedure might indeed be adopted with regard to other poisonous serpents, and wild beasts as well. The best and safest way to deal with a venomous snake, is to shoot him outright. I saw them destroyed in this way in a moment in West Africa. In some places, as in America and Van Dieman's Land, they often pull serpents by the protruding tails from their lurking holes, and swinging them quickly round, dash them with force, so as effectively to crush them, against stone or tree. Prussic acid in milk would kill house snakes quickly, as most serpents will drink milk. Nicotine is poisonous to the whole tribe, but it is not easy to administer. Deer, swine, the mongoose, the abject ants, all destroy snakes, but man is able to destroy them best of all. Only set a money value on the heads of reptiles, increasing the value as they became scarce, and they would soon be found to prove comparatively harmless. No antidote could possibly efficiently avail, even if such a one were discovered, because it seems simply impossible that it should be always at hand when wanted. In other respects, the poison of most venomous snakes is so excessively rapid in its operation, as to leave little or no time for effective medication of any kind. In other respects, the thousands of persons who, terrible to relate, are yearly destroyed in India alone by snake bites, prove the almost utter futility of the different proposed palliative appliances.

I am Sir, &c.

H. MacCormack.

Belfast, 26th October, 1871.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—If the following case, which I believe to be of rare occurrence, possesses sufficient interest, you will kindly give it a place in your well-conducted paper. On the 27th of July last, I was summoned to attend Mrs. T., of Killyleagh, in her second confinement. On examination, I found the uterus well dilated, and the head presenting. She stated her belief that she wanted a month of the natural term. I was not more than an hour at the bedside until she was delivered of a female child, and certainly its appearance fully justified her statement, as it had all the look of a child between seven and eight months. Having been taken aside by a nurse-tender, I was about to apply the binder, which I always make it a point to do, in order that it may be in readiness to adjust when the placenta is removed, when to my surprise I found the abdomen still very prominent, and rightly suspected another child. I sat for two hours, expecting every minute a renewal of the labour; but there was not the slightest return of pains, notwithstanding repeated doses of ergot. I then left, and on the 30th (three days after) I was sent for hastily, and when I arrived, at 11 p.m., on examination I found the feet of a second presenting, with strong expulsive pains, and in half-an-hour she was delivered of another female child, the head coming away almost simultaneously with the shoulders, saving its life; inside of twenty minutes, two separate and distinct placentæ came away. Both mother and children are doing well.

R. J. Sheil, M.D.

Killyleagh, Nov. 2, 1871.

VACCINATION AND DISEASE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—On the 23rd inst., I sent a letter to the *Irish Daily Telegraph*, in reference to one recently addressed by Mr. Hickson to that Journal. As the *Telegraph* has unfairly withheld my reply, may I ask you to publish it, a little altered but in no important particular. I wish to place on record a true statement of this Fermoyle vaccination case—so insignificant in itself—as anti-vaccinators may again attempt to press it into their service.

It pains me to have any controversy with Mr. Hickson, but I am bound to defend myself from his gratuitous attack conveying an unfounded charge.

I remain Sir, your obedient servant,

John William Busteed.

Castlegregory, October 30th, 1871.

To the Editor of the Irish Daily Telegraph.

Sir,—A friend has this day sent me the *Irish Daily Telegraph* of 17th inst., containing a report of some speeches delivered at an Anti-compulsory Vaccination Meeting held in Cork.

Mr. T. W. Corker in his speech, referred to a letter which appeared in the *Irish Daily Telegraph* some days before "from a gentleman in Kerry, stating that to his knowledge, not only an infant had been infected by the 'loathsome' infection, but the vile disease had been communicated to his mother." I do not deny that this statement so full of injurious insinuations, is the fair inference to be drawn from the letter referred to, purporting to have been written at "Fermoyle, Castlegregory," dated October 7th, 1871, and signed "R. C. Hickson." It was *there* that the alleged case of loathsome infection is said to have occurred, but Mr. Hickson has been in Dublin since September 1st, and has had no personal knowledge of the case. The real facts are very simple. On Sept. 13th, the child was vaccinated by me at request of the mother, with perfectly pure vaccine matter, taken by myself from a healthy child, and that infection was the product of other infection, which I had carefully transmitted from arm to arm, week after week, for six months, always with satisfactory results. On the 8th day after vaccination, I inspected the child's arm, and found the vesicle as perfect and characteristic as could be desired. On the 15th day I was at Fermoyle, at

Mr. Hickson's house, every inmate of which knew perfectly well the state of the child, and heard nothing as to illness of him or his mother, but being there again on the 22nd day, I was told that the child's arm had "festered" considerably, and that the mother having had a cut on one of her fingers, had with it touched the sore, that her arm had in consequence inflamed, but was then nearly well, and that it was not necessary for me to visit either mother or child. Now, sir, the fact is clearly that the child had rubbed its own arm and produced a sore, *perhaps* unusually severe, that the mother through inadvertence vaccinated herself, for which she may blame (or rather thank) herself and no other person, and the whole matter exhibits the recklessness with which anti-vaccinators make unfounded statements. I hope Mr. Hickson did not *mean* to insinuate that "vile" "foul" "loathsome" infection was conveyed to either mother or child, but his expressions may be and have been so interpreted. Fair play is a jewel, and these over zealous gentlemen ought to be careful not to asperse character, especially in ambiguous language, nor to impute "criminality" to persons who only seek to carry out what they are convinced is a most beneficent law in the kindest and most careful way.

I am Sir, your obedient servant,

JOHN WILLIAM BUSTEED.
Medical Officer, Castlegregory Dispensary.

Castlegregory, 23rd October, 1871.

Medical News.

Apothecaries' Hall, London.—At a Court of Examiners held on the 9th instant, Messrs. George William Graham, of Winchester; Thomas Mayne, of Devonport; and Erancis Seymour, of Odiham; having passed the necessary examinations, received the L.S.A. diploma:—Messrs. Alfred Edwards, of University College; William Edwin Griffith, of the Middlesex Hospital; William Thomas Hawthorn, of the London Hospital; and George Woodward, of St. George's Hospital; passed the primary professional examination.

Hampstead Small-pox Hospital.—Yesterday (Tuesday) a deputation from the Hampstead Hospital Removal Committee waited upon the Right Hon. James Stansfeld, President of the Local Government Board, to urge the importance of removing the present "temporary" hospital sheds at Hampstead at the earliest possible opportunity, and the unsuitableness of the site for a permanent hospital for contagious or infectious diseases. The Hampstead Vestry have also resolved to memorialise the Local Government Board and Metropolitan Asylum District Board against the erection of additional hospitals for the reception of cholera patients.

The Legion of Honour.—We are informed that the French government intend to bestow this honour, or have already done so, upon Mr. MacCormac, F.R.C.S.I., late of Belfast, and now assistant-surgeon to St. Thomas's Hospital, for his meritorious services as surgeon of the ambulance during the war.

Advantages of Vegetarianism.—We stand an excellent chance of being educated for the millennium between societies for the suppression of alcohol, of tobacco, of Sunday trading, of public amusements, of flesh meat. The sort of mirror of chivalry and example of everything noble in human nature who would be the product of a joint operation on a single creature of these remedial confederacies, strikes the imagination with envy and wonder. No wine, no pipe, no theatre, no sinful soup or ensnaring hash for him. He eschews light conversation. He has been early married, and has an immense family; both vegetarians and curates being invariably the possessors of fruitful vines. He entertains with slops and watercress.—*Globe.*

Varicella in San Francisco.—Chicken-pox has prevailed lately in this city in an aggravated form, some cases so near to small-pox in character as to have been reported as such to the Board of Health.—*Pacific Medical and Surgical Journal.*

Alleged Neglect of a Patient at King's College Hospital.—In our last we mentioned that the coroner's inquest had been adjourned in order to procure the attendance of Mr. Roche; we now give this gentleman's explanation of the alleged inhuman treatment which was offered before the coroner's court on Thursday last. Mr. Roche stated that the man spoke to him while he was dressing the wound, and at that time presented the appearance of having sustained only a slight shock, not serious enough to be taken into the hospital. He told the men who brought him to take him home, put him to bed, and keep him quiet. The men urged that he was only a poor potman, but he did not think that a sufficient reason for admitting him. When he was afterwards admitted witness did all that was possible for him, but he died during the night. Cross-examined by the coroner, witness said deceased was certainly not insensible when first brought to the hospital, nor did the men tell him that deceased had been so. There being no indication that any fatal result was likely to follow, he considered himself justified in refusing to admit the deceased. The Coroner summed up the evidence at great length, and said the case was of great importance, both to the hospital and to the friends of the deceased. After some deliberation the jury returned a verdict of "Accidental death," the foreman at the same time handing to the Coroner the following written document:—"From the nature of the evidence and the symptoms apparent at the time the patient was brought to the hospital, in his inability to walk, and his state of partial insensibility, it is the opinion of the jury that it was an urgent case for admission to the hospital; and it is to be regretted that Mr. Roche, the house-surgeon, turned him out in defiance of the remonstrance of the persons who brought him, thereby lessening the chance of the poor lad's recovery." The proceedings then terminated.

Metropolitan Asylums Board.—On Saturday there was a very fully attended meeting of the members of the Metropolitan Asylums Board, Dr. Brewer, M.P., the chairman of the Board, presiding. A report was received from the committee of the Leavesden Asylum, in reference to a communication from the Local Government Board read at the previous meeting, intimating that there were a number of patients in that institution who did not strictly come within the scope of its operations. The report stated that during the past fortnight thirteen patients had been received, eight had died, and twenty-four had been discharged, leaving 1,613 in the asylum. Of thirteen patients discharged, nine were sufficiently recovered to be returned to the workhouses, or their own friends, and four to a county asylum. As to cases of dangerous and curable patients, steps had been taken as required by the Local Government Board, to transfer all to the proper hospitals. Two commissioners of lunacy had visited the asylum, and directed that five males and eight females should be moved to county asylumns; but the committee were at a loss to understand upon what grounds the commissioners had made this selection, as these patients were reported by the superintendent to be perfectly harmless, and fit to be retained in the asylum, and this had since been supported by the medical superintendent of Colney Hatch—that four out of the five males sent there were of the chronic imbecile class, and ought not to have been sent there for any lengthened period. Under these circumstances the committee did not propose to take further steps till they received instructions from the Local Government Board. The report from the Hampstead Hospital Committee was an interesting one. During the past fortnight 126 fresh cases of small-pox have been admitted, sixteen have died, and sixty-one been discharged, leaving 190 under treatment, as against 141 at the date of the last report. The total number treated up to the present time has been 5,822, of whom 1,089 have died, and 4,543 have been discharged. It will thus be seen that the number of fresh cases has been 80 per cent. higher during the past fortnight than in that preceding, and has exceeded the vacancies caused by discharges and deaths, by forty-nine. This, the committee state, has rendered necessary the immediate reappointment of a second assistant medical officer. The committee feared that from present appearances the whole of the accommodation which can be afforded, will be called into requisition during the whole of the forthcoming winter. The report of the Dreadnought Hospital Ship Committee showed, that, as it seemed very improbable that cholera will appear in London for some time to come, they had felt it desirable to give notice to the medical and other officers that their services would be dispensed with, which would reduce the expenditure by upwards of £30 per month. This report was also approved. Reports were also presented to the board from the committees of the Caterham Asylum, the Stockwell, and other hospitals.

NOTICES TO CORRESPONDENTS.

INNOCENT ADULTERATIONS AND THEIR RESPONSIBILITIES.

To the Editor of "The Medical Press and Circular."

SIR,—Permit me to correct an error in the copy of my letter on the above subject, at page 425 of last week's MEDICAL PRESS AND CIRCULAR, in which I am made to say, "that in my view, innocent adulteration is not a fraud, and may be tolerated as long as it is noxious to health," whereas it should have been, "as long as it is *not* noxious to health."

I remain, yours, &c.,
HENRY LETHEBY.

17 Sussex place, Regent's park,
Nov. 11th, 1871.

MR. STEAD.—Received with thanks.

MR. BLACKETT.—Sorry we cannot give you the information.

MR. J. L. MILTON.—We have not received the communications referred to.

DR. H. STANLEY GALE, Manchester.—Your paper "On the Relief of Pain by the Constant Galvanic Current," received.

The Rev. W. A. AYTON, Tamworth.—No former communication for back numbers of the Journal was received from you.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The Treatment of Pulmonary Consumption. 2nd Edition. By J. Henry Bennett, M.D. London: J. and A. Churchill.

The Clinical Uses of Electricity. By J. Russell Reynolds, M.D., F.R.S. London: J. & A. Churchill.

Essentials of the Principles and Practice of Medicine. By Henry Hartshorne, A.M., M.D. Philadelphia: H. C. Lea.

The Treatment of Skin Diseases. By Robt. Liveing, M.D. London: Longmans.

A New Ovariotomy Clamp. By B. F. Dawson, M.D., New York.

New York Medical Journal; Nature; The Medical Cosmos.

VACANCIES.

Royal Free Hospital, London. Junior House-Surgeon. Board and residence free. (See advt.)

General Hospital, Birmingham. House Governor and Secretary. Salary £200 per annum, with board and residence.

Derby County Lunatic Asylum. Superintendent Physician. Salary £400 per annum.

South Staffordshire General Hospital, Wolverhampton. Assistant Physician. Salary £100 per annum, with board and lodging.

Chorlton Union. Assistant Resident Medical Officer. Salary £120, with residence.

Westhampnett Union, Sussex. Medical Officer. Salary £100.

Royal Infirmary, Edinburgh. General Superintendent. Salary £420, with £80 for house.

St. Marylebone, Middlesex. Medical Officer. Salary £100.

Charing-cross Hospital. Junior Surgeon Dentist. Honorary.

Evelina Hospital, London. Medical Registrar.

Mountmellick Union, Coolrain. Medical Officer. (See advt.)

Carrickmacross Union. Medical Officer. Salary £80. (See advt.)

Enniscorthy Union. Medical Officer. Salary £90. (See advt)

MEETINGS OF THE LONDON SOCIETIES.

WEDNESDAY, NOV. 15.—SOCIETY OF ARTS, 8 P.M. Opening Address by Lord LENDOX.

Monday, Nov. 20.—MEDICAL SOCIETY, 8 P.M. Ordinary.

Tuesday, Nov. 21.—PATHOLOGICAL SOCIETY, 8 P.M. Ordinary.

OPERATION DAYS AT THE LONDON HOSPITALS.

WEDNESDAY, NOV. 15.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 2 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

THURSDAY, NOV. 16.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.

FRIDAY, NOV. 17.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

SATURDAY, NOV. 18.

HOSPITAL FOR WOMEN, Soho square.—Operations, 9½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

MONDAY, NOV. 20.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

TUESDAY, NOV. 21.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.

APPOINTMENTS.

BERNARD, A., M.B., Medical Officer to the Workhouse Infirmary, Liverpool.

CHIENE, J., M.D., Assistant Surgeon to the Royal Infirmary, Edinburgh.

CUMBERBATCH, A. E., M.R.C.S.E., Surgeon to the Metropolitan Dispensary, Fore street.

HIGGS, T. F., Medical Officer for the Dudley Union Workhouse.

HODGES, F. H., L.R.C.P., House-Surgeon to the York County Hospital.

HOWSE, H. G., M.B., F.R.C.S.E., Surgeon to the Evelina Hospital for Sick Children, London.

KNOTT, M. O'M., L.R.C.P.Ed., L.R.C.S.I., Surgeon to the Co. Mayo Infirmary, Castlebar.

MILLS, S., M.R.C.S., Surgeon to the E Division of Metropolitan Police.

NEAL, B., L.R.C.P., L.F.P. & S. Glas., Assistant Medical Officer to the Cornwall Lunatic Asylum, Bodmin.

ORCHARD, T. N., M.B., C.M., Senior House-Surgeon to the Ardwick Dispensary, Manchester.

ORWIN, Mr. A. W., Resident Accoucheur to Charing-cross Hospital.

READ, C., M.R.C.S.E., Resident House-Surgeon to the Royal Orthopædic Hospital, London.

SAVORY, Mr. A. H., Resident Medical Officer to the Charing-cross Hospital.

SLACK, G. F., M.R.C.S.E., Resident Surgical Officer to the Charing-cross Hospital.

SMITH, A. W., M.B., M.R.C.S.E., Senior House-Surgeon to the Preston and County of Lancaster Royal Infirmary.

STEELE, J. W., M.D., Medical Officer to the Workhouse Infirmary, Brownlow hill, Liverpool, vice James Ridley, L.K.Q.C.P.I., L.R.C.S.I., appointed to District No. 2.

SUTHERLAND, J., M.B., C.M., Junior House-Surgeon to the Ardwick and Ancoats Dispensary, Manchester.

TAYLOR, M. H., M.B., C.M., Assistant Medical Officer and Dispenser to the Hampstead Small-pox Hospital.

Marriages.

ATKINSON—DALY.—On the 8th inst., at Holy Trinity Church, Hull, the Rev. H. S. Atkinson, B.A., to Elizabeth Frances, daughter of Dr. O. Daly, F.R.C.P.Lond., and J.P. for the East Riding of Yorkshire.

NIXON—BLAKE.—On the 6th inst., at Booterstown, Dr. Nixon, of Westland row, Dublin, to Mary, daughter of the late Dominick Blake, Esq.

OTTERBOURG—COHEN.—On the 6th inst., at Dover, Solomon Otterbourg, M.D., Chevalier of the Legion of Honour, &c., of Paris, to Theresa, daughter of the late Rev. R. J. Cohen.

PERKINS—BANNISTER.—On the 7th inst., at All Saints, Hessle, East Yorkshire, Thomas Perkins, Surgeon, of Snaith, to Polly, daughter of Anthony Bannister, J.P., of Kingston Lodge, Hessle.

Deaths.

BUTLER.—On the 1st inst., at Sherfield Court, Hants, W. Butler, M.R.C.S.E., aged 23.

HANCOCK.—On the 6th inst., at Wedmore, Somerset, John Hancock, M.R.C.S.E., aged 61.

HAWKINS.—On the 3rd inst., John Hawkins, M.D., of Woodstock, formerly of Laugharne, Carmarthenshire, aged 87.

WILLIAMS.—On the 5th inst., Caleb Williams, M.D., of Micklegate, York, aged 73.

LIGHT, DELICATE, PALE SHERRIES.—A great and beneficial change has already taken place in the habits of our upper and middle classes by the more extended introduction of a variety of light wines of varied and unimpeachable dietetic value. The reduction of the wine duties has been a great boon, as not only has it had the effect of doubling the consumption of wine within the short space of ten years, but it has made light wine—what it should undoubtedly be—an article of daily and ordinary consumption, and far less liable to be taken in excess than when wine was a highly stimulating and costly luxury. At the present time the facilities for obtaining cheap and wholesome wines and other stimulants, bearing the guarantee of large and respectable dealers, in almost every town and village, is an advantage which deserves to be kept in veiw. Cheap wine has no doubt a certain amount of prejudice yet to overcome, and the medical man may do much in assisting to dispel this. Cheapness in wine does not necessarily argue a deficiency in stimulating and nourishing qualities, still less unwholesomeness. In our issue of January last we touched upon the article Sherry, and drew attention to the important place occupied by Spain as a wine-producing country. Since that time we have continued to use opportunities of testing and comparing the relative qualities and prices of various Sherries offered for sale, and have been especially struck by some light, delicate, pale Sherries obtained from the Messrs. W. & A. Gilbey. We think it due to the commercial enterprise, and a fair recognition of the undoubted benefit which this firm has conferred upon medical patients in the introduction of sound wholesome wines at moderate prices, to say that some of these Sherries approach nearer to our idea of what a good, generous, stimulating wine should be than anything we have seen for some time past, while the price places them within the reach of all when required for medicinal and dietetic purposes.—[*British Medical Journal.*]

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 22, 1871.

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LECTURES ON EPILEPSY

DELIVERED IN THE

LEDWICH SCHOOL OF MEDICINE,

BY HENRY EAMES, M.D., Dub. L.C.P., &c.

Physician to Mercer's Hospital, Joint Lecturer on the Practice of Medicine, Ledwich School, &c.

(Continued from page 431.)

THE convulsions are of great violence, as has been already said. They commence in the neck, and the head is generally drawn to one side, and slightly backwards. The thoracic muscles and those of the extremities are quickly involved. The chest is as though pressed upon by a heavy load, or held in a vice, and partial asphyxia is the result. The non-aeration of the blood is shown in the bluish tint of the cheeks and lips. The spasmodic muscular contractions are sometimes of such violence as to cause spontaneous dislocations. You will recollect that the convulsions may be unilateral throughout the attack. Frothy saliva mingled with blood rests on the lips, and blood may burst from the nose and ears. In severe cases of the disease you may observe about the eyes and forehead numerous small blood extravazations, ecchymoses, in the rete mucosum of the skin.

The fæces, with flatus and urine, are often expelled during the fit. The penis may become erect and the semen be discharged. The pulse at the wrist is generally small and irregular, and at times is hardly perceptible. The carotids pulsate violently. The action of the heart is tumultuous, becoming more regular towards the end of the fit, when the ventricular contractions often fall in frequency below the normal rate.

All through the attack consciousness is completely abolished. You may cut or burn the patient without hurting him. According to Romberg reflex action is not abolished during the seizure. The eye is closed if the conjunctiva be touched, and there is wincing if cold water be thrown on the face. This is true at least of milder forms of the disease.

As the fit is passing off the convulsions subside. Fœtid and clammy perspirations break out on the head, neck, and chest. Deep sighing inspirations are heard, and subsultus replaces the spasms of the muscles. The sufferer is not at once restored to the use of his mental and bodily faculties. He remains in a soporific, almost comatose, state. His respirations become gradually easier and freer. He presently sits up, speaks a few words with faltering voice, complains of headache, pain in the neck, occiput, or any parts he may have hurt in his fall, and after a longer or shorter interval is restored.

Epilepsy occasionally confines its attacks to the night time, then termed nocturnal epilepsy. The patient may know that he has had a fit only by finding in the morning his tongue sore and bitten: or his bed polluted by fæces, urine, or semen. Dislocations unexplainable on any other hypothesis than that of epilepsy may at the same time occur. The bones most frequently dislocated are the lower jaw and the humerus. The teeth are also occasionally fractured.

This disease is recurrent; that is, if an individual has had one attack of epilepsy, it is strongly presumable that he will have other attacks. The frequency of the fits varies greatly. The *petit mal* recurs much oftener in a given time than the *grand mal*. Ten times in one hour the epileptic vertigo may return; however, one or two attacks in the twenty-four hours is more common; and, more usually still, a much longer interval elapses. The *grand mal* is less urgent in its attacks, but each access of this form is incalculably more severe. Occasionally it happens that one attack rapidly succeeds another; the two or more—sometimes

many—constituting what is termed a paroxysm, or the status epilepticus. When you hear of epileptic fits having lasted for hours—nay, or even days—you will understand that you are dealing with this status epilepticus; for, I repeat, that the true isolated attack rarely endures longer than four minutes, an attack of six minutes' duration being very uncommon. When the status epilepticus is fully established, death is usually the result. In the convulsive form of epilepsy—the *grand mal*—there are generally considerable intervals of time between the fits. A year or six months may intervene between each attack. Unless in severe cases, the interval will not be less than a month or two. It is said by some authors that nocturnal epilepsy is a more redoubtable form of the malady than that in which the fits occur by day. Some cases, however, in which the attacks come on indifferently by day or night, have under treatment been converted into the purely nocturnal variety. This is generally to be regarded as a good prognostic sign, and is very grateful to the patient, rendering his evil case more tolerable.

Now, gentlemen, this disease is frequently simulated, either for the purpose of exciting sympathy and deriving profit therefrom, or by soldiers to obtain their discharge, and also by others for various purposes, so that it behoves you to understand how to distinguish the real from the simulated malady. The following facts will enable you to do so:

The true epileptic makes no preparation for his fall. He frequently falls, too, as you have been told, on his face, and his forehead, nose, cheeks, and chin bear the marks of former wounds. The simulator of the disease chooses the place in which to fall, and takes care to have an audience. He never falls into the fire, or where he may be seriously injured. He takes care to guard his face by throwing out his hands. He has no scars of former wounds. The countenance of the epileptic has something peculiar about it if the disease be of long standing. The features are coarse, the eyelids and lips are swollen, the look is faltering; the most beautiful face will in time become thus deformed. The traces of the puncta ecchymotica may also be observed. At the moment of his fall, the true epileptic is of a deadly pallor. This cannot be simulated. The contractions of the muscles of even a delicate subject are so strong that they resist the united strength of two or three bystanders. An impostor can of course call up only his normal force. The eyes in a true fit are half open; the eyeballs rolling convulsively are distinctly visible. The pretender usually keeps his eyelids closely shut. The pupils are fixed, and do not contract under the stimulus of light. The pulse is generally irregular. These cannot be simulated. The surface of the body is cool. An impostor will be sweating at every pore from his exertions. A pretender will rarely bite his tongue. He cannot make his nose to bleed, nor can he void his fæces or urine; nor will his penis be erect. A person in a true fit is absolutely unconscious and insensible, hence feels no pain. Hot sealing-wax dropped on him, or a red-hot iron touching him, causes him no uneasiness. It is otherwise with the pretender. The police force have a ready means of detection, which consists in violently pushing the thumb-nail under that of the person in the fit. This proceeding causes acute suffering if insensibility does not exist. Sir Thomas Watson's suggestion of desiring in the patient's presence boiling water to be poured over his legs, and then actually to pour cold water, is an excellent and practical one. This will not injure a real sufferer, whilst an impostor would almost certainly betray himself. The pretended fit is generally over-acted; and again, it lasts too long. The true fit rarely exceeds four minutes, and is commonly shorter. The aura especially is usually over-done. Impostors use it as the drum or bell to collect their audience.

The convulsive seizures of hysteria—that Proteus of disease—often simulate very closely the attacks of the *grand mal*. It will frequently require the exercise of your nicest discrimination to determine with which of the two maladies you are in contact. At other times the diagnosis is sufficiently easy. The globus hystericus, also called the aura hysterica, bears some analogy to the aura of epilepsy. It consists, as I dare say you know, in the sensation of a ball, or some foreign body, rolling about in the epigastric or umbilical regions, which presently passes up the œsophagus and arrests itself behind the larynx, giving rise there to a feeling of strangulation. This is due to spasmodic contractions of the muscular fibres of the œsophagus passing from below upwards. Now this is different from the epileptic aura, and is always of much longer duration, the aura epileptica passing on its course with lightning speed.

The epileptic desires solitude, and, having uttered the initial shriek, remains silent. An hysterical girl will fling herself from side to side, tossing about her arms, struggling with those holding her, grinding her teeth, foaming, and possibly crying aloud every half minute. This is a contrast to the epileptic. The convulsions of hysteria, with rare exceptions, affect both sides of the body; those of epilepsy commonly affect but one, or one principally. The countenance of the hysterical is also widely different from that of the epileptic. The history of the case will also be an important item in leading you to a correct diagnosis. I remember being told one morning on coming into the hall of the hospital that there was a fearful case of epilepsy in my wards. On inquiry, I learned that the fits were continuous since her admission the previous evening. Arriving at the bedside, I found a young woman of eight-and-twenty foaming at the mouth, her hands clenched, her limbs convulsed, and screaming aloud. On examining her I recognised a former patient, who had been under my care with hysteria simulating peritonitis. I quickly allayed the apprehensions of those around her, and engaged to terminate the fits. I directed some buckets of cold water to be fetched, and announced my intention of drenching her therewith. On the mere announcement, the convulsions began visibly to decline in violence, and presently ceased. She then said I had mistaken her disease, and requested her discharge. The prolongation of the convulsions in this case was contra-diagnostic to epilepsy. It need hardly be mentioned that these hysteric convulsions occur almost invariably in females. Hysteria and epilepsy may co-exist, and then the diagnosis is surrounded with difficulty. However, such cases are of very rare occurrence.

It is held by many authors that no very definite line of distinction can be drawn between the convulsions of epilepsy and of eclampsia. This is undoubtedly true of what is termed symptomatic epilepsy or fits, occurring in a person affected with a cerebral tumour, whether syphilitic, tuberculous, or cancerous. Some would to such, and as I think properly, apply the term eclampsia. The convulsions so frequent towards the close of Bright's disease are by some considered epileptic, by others eclamptic. The latter seems the more correct view. A woman in the latter months of her pregnancy becomes subject to convulsive seizures, recurring very frequently at short intervals—perhaps many times a day—and which ceases entirely on the birth of the child. Here we are dealing with eclampsia. Except in the status epilepticus such frequency of the fits is not observed, and epilepsy once established would be likely to remain, despite the birth of the child. An immediate fatal result is much commoner in eclampsia than in epilepsy. This latter very rarely causes death in its first seizures, the former frequently does. Thus the immediate prognosis of eclampsia is worse than that of epilepsy, whilst the ultimate result is much more favourable. It has however been observed that many children who are subject to convulsions, that is eclamptic, become towards adolescence epileptic. This shows the close connection between the two diseases. Epilepsy generally strikes those apparently in the enjoyment of perfect health, and without premonitory symptoms. The aura passes, and he falls. Eclampsia occurs in those of broken health, or in those in whom you may find a predisposing cause, such as renal disease, syphilis, pregnancy, &c. Should in such a case the convulsions recur with frequency, you may pretty safely assume that they are not epileptic. The close resemblance of the phenomena of the seizure in both maladies always tends to obscure the diagnosis.

(To be continued.)

CLINICAL LECTURES
ON
DISEASES OF THE EYE,

DELIVERED AT THE ADELAIDE HOSPITAL.

By H. R. Swanzy, M.B., L.R.C.S.I.

Ophthalmic Surgeon to the Hospital, and Surgeon to the National Eye and Ear Infirmary; late Assistant to the late Professor Von Graefe, Berlin.

LECTURE I.—*Glaucoma.*

Gentlemen,—The disease from which this patient is suffering in his right eye is called glaucoma, and there are few diseases to which the flesh is heir, more important for you to be well acquainted with, than it. Most of you spend much time in studying the signs and symptoms of stone in the bladder, and the various modes of treating it; while, in the course of your practice afterwards, it may very well occur that but few of you will ever come across a case of the kind, and still more possible that none of you will ever be called upon to treat such a case. On the other hand, glaucoma is a disease of which, whether you practice as physicians or surgeons, at home or abroad, you are almost certain each of you to come across one or more cases in the course of your practice. The great importance of being able to recognise the disease, depends upon the fact that, if left to itself, it is certain to lead to absolute blindness, but if the proper treatment be applied in good time, 90 per cent. of these eyes may be saved. The patient before you is hopelessly blind of the right eye, for he can with it no longer distinguish light from darkness. Until six months ago he could do so, and if the treatment, of which I shall speak directly, had been then adopted, he would now have some use of the eye. This is the third case, which has come under my notice in the same condition, within the present year. In one of the other cases the disease had produced complete blindness in both eyes.

Now, in what does this disease consist? It consists in an increased tension within the chamber of the vitreous humour, possibly a hypersecretion of the vitreous itself. What it is which gives rise to this hypersecretion, if such it be, has not yet been discovered, although numbers of experiments have been made on the subject, and theories without end propounded. The simple known fact however, is, that glaucoma consists in an increased tension within the chamber of the vitreous humour, or, as we more commonly say, an increased intra-ocular tension.

You may recognise the increased tension in the present case, as in all others of the disease, by palpation of the globe of the eye with the tips of your two index fingers, when you will find the affected eye much *harder* than the normal globe. In making this examination, I think it is well to support the 2nd, 3rd, and 4th fingers of each hand on the patient's brow over the eye, desiring him to look down at the same time. The pressure you apply to the globe must of course be very gentle, and it will be well for you at first to practice palpation of the globe on yourselves and your friends, so as to form an estimate both of the amount of pressure which you should exert, and of the average tension of normal eyes.

There are two chief forms of glaucoma, namely, simple and inflammatory. Our patient labours under the latter form of the disease.

Simple glaucoma destroys vision very slowly indeed, such a case often lasting two or three years. It is unattended by pain, and the only signs of the disease on the exterior of the eye are usually a few rather engorged episclerotic veins, a shallow anterior chamber (in consequence of the pressure in it being less than in the vitreous humour), and a sluggish pupil, (owing to paresis of the ciliary nerves from direct pressure on them).

Patients then, labouring under this form of the disease, will come to you complaining merely of failing vision, you investigate the intra-ocular tension and find it more or less above the normal tension. You then examine the fundus oculi with the ophthalmoscope (a proceeding unattended with difficulty in this form of the disease, as the ocular media remain clear), and you find the remarkable appearance shown in these drawings.* The surface of the disc, or optic entrance, instead of corresponding almost exactly with the surface of the retina, as it does in the normal eye, is pushed back, so that the appearance of the excavated or cupped disc is presented. The surface of the disc is often driven further back than the external surface of the sclerotic itself. This cupping of the disc results from the fact, that it is the least resisting point of the coats of the eyeball, inasmuch as here the sclerotic is perforated (cribriform plate) by the filaments of the optic nerve as they enter the eye. In accordance with hydrostatic laws, the pressure within the eyeball must be equal on every part of its walls, and of course the weakest point of these will be the first to give way to an abnormally high pressure. In commencing glaucoma, we may find no cupping of the disc, as it requires the tension to have reached a certain height, and to have lasted a certain time before this effect of it is produced. The high pressure upon the disc and retina paralyses these tissues, and so produces disturbance of vision. The defects of sight display themselves in central vision, so that the patient cannot read so well, or distinguish small objects with his former precision; but, what is of much greater importance for the diagnosis, and in the long run for the patient too, are defects in the eccentric portions of the field of vision, which are apt to be present. They should be looked for, *by lamplight*, in the following way:—directing the patient to close one eye, you cause him to steadily fix the other one (to be examined) on some object at about two feet removed from it (*e.g.*, your hand, or face); you then move a whitish object (your hand) slowly round in the periphery of his field of vision, and about one foot removed from its centre, and observe whether there be any position where the motion of the object can not be seen. If the glaucoma be somewhat advanced, you will almost constantly find a defect in the inner and upper region. At a still later period this defect may extend all round the periphery of the field of vision, and encroach also towards its centre, so that then the patient finds himself in a condition, which any of you may realise to yourselves, by closing one eye and looking with the other through a roll of music or other small bored cylinder. At last this little remaining glimpse of the world is swallowed up by the ever advancing enemy, and the patient is left in irremediable darkness. Or, the defect in the field may merely advance towards the central point (point of fixation, macula lutia), and having attacked it go no further; such a patient would only be able to see objects held to one side of his field of vision.

Inflammatory glaucoma, of which you have here an example, has a very different course. It rarely extends over a term of more than a year, and usually but a few months. The tension is not a steadily increasing one, but advances in fits and starts, called "attacks of glaucoma." Each attack is attended by dimness of vision (often described by the patient as smoke in the room), by the appearance of rainbows round the candle or lamp, by severe ciliary neuralgia, which extends down the side of the nose, into the malar bone, and into the corresponding brow and side of the head, there is also much tearing and sensitiveness to light, and frequently vomiting. If then, you examine the eye during an attack of this nature you will find it very hard, the anterior chamber shallow, a bright injection surrounding the cornea, and much engorgement of the episclerotic veins. In consequence of pressure upon the ciliary nerves, the sensation of the cornea becomes greatly diminished, as you may discover by touching it with a small shred of paper. You may observe that in the case before us to-day, there is complete anæsthesia of the cornea. In these attacks of glaucoma, you will often find the aqueous and vitreous

* Liebreich's "Atlas of Ophthalmoscopy." Translated by H. R. Swanzy. London, 1870. Plate xi., figs. 8 and 9.

humours so opaque, that, even if the photophobia allow of the examination, the fundus oculi can scarcely be seen with the ophthalmoscope, the optic disc, appearing but indistinctly, somewhat like the sun when seen through a thick fog. Such attacks vary of course in their intensity, from something which the patient himself hardly observes, to one like that I have described. An attack of glaucoma frequently lasts several hours. When it has subsided the media become clear again, the vision becomes almost as distinct as before, and the tension returns nearly to its former condition. Every attack, however, adds something to the permanent intra-ocular tension, takes something from the acuteness of vision, makes another advance towards cupping of the disc, and towards atrophy of the nervous tissues. As the disease gains a footing, the attacks become more frequent. Instead of returning once a fortnight they come once a week, then perhaps once every second day, or every day. At last an attack comes which has no complete intermission, although it may diminish in severity for a few hours, and when this happens we say that the glaucoma itself has arrived. The last moment for the exercise of your art will then also have arrived, for a few days would otherwise suffice to extinguish vision. If the disease be still let run its own course, although sight be completely lost, yet the most violent ciliary neuralgia may continue for months. The eye is gradually disorganised. Cataract forms, and the iris becomes atrophied. Such is the condition of our patient's eye. Still later, the glaucomatous process leads to ectasey of the sclerotic, purulent inflammation may then come on, and end in phthisis of the eyeball.

Glaucoma, of both forms, is most commonly double sided. Both eyes may be attacked about the same time, but more usually there is an interval of weeks or months, or even longer. In this man the second eye still continues healthy.

Until within the last fifteen years a successful treatment for this terrible disease was unknown. Patients suffering from it, and applying to a surgeon for aid, were simply allowed to go home and get blind. It is to Von Graefe that humanity is indebted for the great discovery that abcision of a portion of the Iris (Iridectomy) would relieve increased intra-ocular tension. In 1857 he published his first great monograph on the subject; and thousands are the eyes which have been saved since then by the operation. Graefe arrived at this discovery by a remarkable process of clinical observation, of which it would be difficult to convey to you an adequate idea. We are still ignorant as to how iridectomy has the effect of reducing increased intra-ocular tension. Doubtless, one day, this too will be discovered, and I think most likely then, when the cause of the increased pressure itself becomes known. In the meantime, we may be well contented to practise the treatment without being acquainted with its mode of action. How many medicines are administered internally quite as empirically?

In order to perform the iridectomy with a successful result, it is important you should attend to two points. 1. The portion of iris must be excised to its very periphery. 2. It must be a sufficiently wide piece. The first point is attained by making your incision into the anterior chamber, with the little iridectomy knife, as far back as possible, *i.e.*, in the corneo-sclerotic border. The width of the portion of iris excised will depend upon the length of the wound, because, on withdrawing the knife, the aqueous humour flows out and carries with it a section of iris corresponding to the extent of the wound. This, then, is seized with a fine forceps, gently drawn forward a little, and snipped off with the scissors close to its base.

The earlier in the disease iridectomy is performed the more perfect is the result obtained, for, in general, we may expect by the operation to retain the degree of vision which exists at the time, but we can rarely calculate upon restoring what is lost. Eccentric defects of the field of vision do not recover after the operation; at best, central vision may improve somewhat. You will find the results of the iridectomy in cases of inflammatory glaucoma almost uniformly satisfactory. In cases of simple glaucoma, on the other hand, the operation sometimes appears to arrest the disease only temporarily, and you may afterwards have to employ a second iridectomy in order to complete the cure, and there are sometimes cases in which even that does not produce the desired effect, and where in spite of all your exertions the eyesight will be lost.

Glaucoma is a disease of old age, seldom making its appearance in persons under forty-five.

Before I conclude, I must mention another form of glaucoma, which fortunately is very rare, but for which you should be prepared, namely, glaucoma fulminans. It resembles inflammatory glaucoma, except that it has no premonitory stage, it gives no notice of its approach, but suddenly attacks an eye, which has apparently been until then, perfectly healthy. It comes on with great violence, and frequently destroys vision in a few hours. It consequently admits of no delay in the performance of the iridectomy.

I shall now proceed to operate on the case before you, not with any expectation of restoring a spark of vision to the eye, for the time for this is long since past; but in the hope of relieving the frightful neuralgia from which the patient is, and has been suffering for some months. Even in this I may not succeed; for, when the iris has become so atrophied as you see it here, we cannot speak of the result of the iridectomy with as great certainty as we otherwise could do. In case the pain be not allayed by the operation, I shall be obliged to resort to enucleation of the eye-ball.

Original Communications.

POISONING OF PIGS WITH COMMON SALT.

By Charles A. Cameron, Ph.D., M.D.,

Professor of Hygiene, Royal College of Surgeons; Analyst to the City of Dublin.

The following case of "pigs poisoned with common salt" is, I think, not devoid of interest:—On the night of 7th October, 1871, a train arrived at the terminus of the Liffey branch of the Midland Great Western Railway. In it was a consignment of sixty-two pigs, contained in two waggons. In one of the waggons thirty-one of the pigs arrived perfectly safe and in good condition; but the next waggon the pigs (31 in number) were found, without an exception, in so very sickly a condition that the consignee would not receive them. The fact of diseased pigs being at the railway station was communicated to the Municipal sanitary authorities, and I inspected the animals early on the 8th October. Before my arrival four of the pigs had died, and sixteen had been killed whilst apparently dying. Eleven were still alive, but they appeared to be not far from death. On examining the carcasses of several of the pigs, I could not perceive any symptoms of the ordinary diseases which affect those animals, and it at once occurred to me that they had been poisoned. On closely examining the waggon in which they had been conveyed, I found nothing of a poisonous nature; but quite casually I happened to observe a few grains of a white powder on one of the hinges of the door, and this on examination proved to be common salt. The idea at once occurred to me that the pigs had been poisoned with common salt; and subsequent inquiry elicited the fact that the animals had been conveyed in a waggon which had previously been laden with salt. It would appear that the pigs had been for many hours without any liquid, and that they licked up the salt when on the floor of the waggon. The surviving pigs I ordered to be given emetics, and subsequently stimulants, and they all revived under that treatment.

On making an examination of the carcasses, I found

general, but by no means severe, signs of gastro-intestinal inflammation. A teaspoonful of the semi-liquid contents of the stomach of one pig contained about three grains of common salt; but there was not much food in the stomach. The brain was greatly congested, and there was considerable extravasation of blood in the cerebellum and medulla oblongata.

I have not the slightest doubt but that the death of these pigs was the result of the action of common salt upon their economus. The chemical analysis of their viscera proved the absence of ordinary poisons, and the animals had certainly not died from any of the usual diseases to which pigs are liable. I am quite satisfied, then, that salt was the cause of death; but I am not so certain as to the *modus operandi* of the poison. The inflammation of the digestive canal was hardly sufficient to cause death; and it seems strange that the chief effect of the poison should be observed in the brain. If the salt had acted as a simple irritant poison we might naturally expect to find the evidence of its action more palpable in the digestive organs than in the brain. As the animals, no doubt, had been thirsty, and their mouths parched, might it not have happened that the salt which they had licked induced a spasm of the glottis, and brought on apnœa? When I first saw the pigs my impression was that they were in a state of asphyxia, and I inquired whether or not they had been conveyed in a close waggon. I found, however, that the pigs had not been overcrowded, and that the waggon was almost without a roof. I should observe that I found a little salt in the nostrils of one of the pigs.

This is not the first case of poisoning with common salt. Dr. Taylor mentions cases of human beings who lost their lives from the use of an excessive quantity of salt. About five years ago, a case where eight pigs were poisoned by getting too much salt on their food came under my own observation. In the *Veterinarian* for 1855 a case of "poisoning of pigs with common salt" is reported by Mr. Robinson, of Tamworth; and in the *Veterinarian* for December, 1862, Mr. H. Pyatt, M.R.C.V.S., of Nottingham, describes another case of the kind. He states that several pigs which were receiving about four-and-a-half ounces of salt per day in their food died, and that he "felt perfectly satisfied that all the mischief has arisen from the quantity of salt the pigs were eating." On discontinuing the use of the salt, the pigs that had not died, but were sickly, soon recovered.

I often hear of pigs dying suddenly without exhibiting the symptoms of the ordinary maladies. Occasionally the viscera of such animals are submitted to me for analysis, but the presence of ordinary poisons in them is the exception, and not the rule. In future, when such cases come under my notice, I certainly shall determine the amount of salt present in the stomach; for it may be that death from over quantities of salt results far more frequently than we have hitherto been led to believe was the case.

COMPLICATED CASE OF DISEASE OF THE LUNG AND KIDNEY.

By Duncan R. McNab, M.R.C.S.E., and Trevor Fowler, L.K.Q.C.P., L.R.C.S., &c.

During last month (September, 1871) we were consulted by Nathaniel Smith, a publican and greengrocer, aged forty-seven, who had previously led an intemperate life, and was now complaining of great debility, cough, and dyspnœa, loss of appetite, frequent sickness, flatulence, and indigestion, troublesome hiccough, slight pain in the epigastrium and right side towards the back, and sleepless nights. He was thin, pallid, cold, and feeble, had a weak action of heart, quick and feeble pulse, accelerated respiration, dulness over the left lung, and rough breathing in same, red and somewhat dry tongue, apparently healthy evacuations and urine, assumed light-heartedness, but too evident anxiety and irritability.

These symptoms were soon followed by lividity of the face and extremities, expectoration of blood and pus, and extreme dyspnœa, a blue tongue, dry and brown upon its surface, persistent hiccough, increased anxiety, and restlessness and death.

Upon making a post-mortem examination we found the left lung adherent to the anterior wall of the thorax, very much diseased and broken down. The right lung was healthy. The aortic valves of the heart were red and rough, apparently the result of inflammation. The liver was enlarged, and its surface studded over with dark star-shaped spots about the size of leech-bites. The gall bladder contained a fair quantity of healthy bile. The spleen, stomach, and bowels were healthy. The left kidney was not larger than a walnut, but of healthy structure; the right was as large as a cocoa-nut, and upon its surface were the appearances of inflammation; in its substance were several small abscesses, and in its upper portion was a large irregular cavity lined by a thick pyogenic membrane, and opening into the pelvis of the organ.

Epping, Essex.

ON THE USE OF THE INFUSION OF TOBACCO LEAVES IN VAGINITIS.

By Lombe Atthill, M.D.

In the number of the Medical Press and Circular for the 21st June last, I directed attention to the benefit which frequently results from syringing the vagina with the infusion of tobacco leaves, and I stated "that I had never seen the least unpleasant results follow its use."

Since then, however, I have met with two instances in which faintness and nausea occurred as results of this treatment.

In one the patient was a young recently married girl, in whom the orifice of the vagina was exceedingly small, and marriage had consequently not been consummated; but the repeated attempts at intercourse had brought on an acute attack of vaginitis. With view of alleviating her sufferings, I directed this patient to use the infusion of tobacco as a vaginal lotion in the usual manner, by means of a syphon syringe. However, she became faint, and complained of nausea after having injected a very small quantity of the fluid. These symptoms passed off in a few minutes. The other instance occurred in the case of an unmarried girl of weakly leucophlegmatic temperament, in her case, too, the vaginal orifice was very small. The symptoms she exhibited were not so well marked as in the former case, still, they were of sufficient importance to compel me to give up the use of the remedy. I am of opinion that, in both of these cases the extreme narrowness of the orifice of the vagina permitted some of the fluid to be retained in the vagina, and that it was consequently absorbed. I am also inclined to think that both patients were peculiarly susceptible of the action of the drug. However, I shall, for the future, cease to direct the infusion of tobacco to be injected into the vagina in cases in which the orifice of that canal is not sufficiently patulous to allow of the free escape of the fluid. I find that the addition of two or three drachms of borax to the infusion, greatly enhances the value of the remedy. And I now invariably order it to be added to the infusion of the leaves.

Hospital Reports.

METROPOLITAN FREE HOSPITAL.

(Under the care of Dr. C. R. Drysdale.)

Moses Henry is thirty-nine years of age; married for

two years; occupation a tailor; been in very good health all his life.

Present attack came on last Christmas, with a cold in his head as he says, hemicrania (right side). There were ringing noises in his head; he could not hear well; there was a good deal of tenderness about the mastoid process; his right ear was filled with wax, which he syringed out, and there has been a whitish yellow discharge from his ear ever since, and in a good quantity sometimes mixed with blood; his hearing was not improved by the wax coming away.

Oct. 8th.—There is tenderness over the mastoid process; right hemicrania; feels giddy; cannot hear well; noises like a steam engine in day; when he coughs, says there is air comes through the external meatus; there is a large quantity of purulent discharge from the ear daily; left ear is all right; tongue dirty brown; pulse 104; bowels confined; has a slight attack of bronchitis.

Ordered Ol. ricini., ℥j.;
Ammonia carb., gr. v.;
Vin. ipecac. m. x.;
Dec. cinchona, ℥j. t.d.s.

Ears to be syringed out three times a day with warm water, and then with the following injection:—

Tinct. sulph., gr. ½.;
Aqua, ℥i.

Oct. 13.—There is still a good deal of headache; two small pieces of spongy bone have come away since last report; tongue furred; pulse 100; there is a good deal of discharge from the ear, mixed with blood; there is a dusky redness of the throat.

℞ Potass. iodide, gr. x.;
Aqua, ℥j. t.d.s.

Oct. 20th.—Headache not so severe; tenderness over mastoid process increased by opening mouth; the discharge has greatly diminished in quantity; feels a good deal better; back of ear painted daily with iodine.

Oct. 24th.—Two more small pieces of bone came away on the 21st; there is scarcely any discharge from the ear; headache very slight; is in better spirits, and has decidedly improved since admission.

Emily Mercer.—*Family History.*—Father died at forty-one, of consumption; was subject to sore throat; never noticed any rash on him; mother living, aged forty-two; has had twelve children, of which only three are living, the second, the eleventh and twelfth, the others all died before three years of age, of a kind of wasting; noticed a rash on most of them, but no snuffles; the first child died when four weeks old, but never noticed any sores on its privates; the eleventh and twelfth chidren are in good health; mother has been married seventeen years, when first married she had some sores on her privates given to her by her husband, she says they were followed by a rash upon her arms, and sore throat, the latter she has had occasionally ever since, attended with ulcers in her mouth and soreness of the roof; used to have lumps on her head, but there are none now; no loss of hair.

Patient's history.—She is sixteen years of age; never menstruated; she is the second child; when an infant, her privates were very red and sore; no snuffles or rash on her body, but was very emaciated; she has had bad sight since seven months old; there is now the remains of an ulcer on her left cornea over the pupil, can see best with her right eye; she had an old look about her; when a year old her chin broke out in sores; has had small ulcers in her mouth off and on since a child. When three years of age, a lump formed on her ankle; matter formed, it burst, and the scars can be seen now.

Her first set of teeth were very bad, being black and soon decaying; never noticed any lumps on her head or on her bones; complexion always been muddy.

Has had about three fits a week for five years, generally in them five minutes; her arms and legs are convulsed; she turns livid, but no foaming at mouth, or biting of tongue, says she can see and hear what is going on whilst in them; they come on with a queer sensation in the throat, so that she cannot speak; she generally knows when she is going to have one; often troubled with headache; scarcely ever sick; pupils normal. There are a number of striæ running from the lower lip and angle of the mouth, over the chin.

About a year ago, she fell on going up stairs, and an ulcer formed on the inner side of her left arm, a little above the elbow, it commenced as a red spot, about the size of a pea, but gradually got larger till it measured five inches long, and three and a-half inches in width, with very irregular edges; she has had medical advice, but none to do her good, till admitted here.

℞ Potass. iodidi., gr. 1½;
Vin. ferri., ℥ij.;
Tinct. tingiber., ℥iij.;
Aqua, ℥. t.d.s.

Full diet, port, ℥vj., per diem. Arm to be dressed with black wash.

Nov. 3rd.—The patient has greatly improved under the above treatment; the ulcer upon the arm is nearly healed; it has been dressed the last two weeks with carbolic acid lotion; she has the fits much the same as when she came in, but, in other respects, her general health has greatly improved.

CLINICAL RECORDS FROM PRIVATE AND HOSPITAL PRACTICE.

I.—OXYGEN IN DISEASES OF THE LUNGS.

By Henry N. Read, M.D., House-Surgeon, Long Island College Hospital.*

(*Continued.*)

Case V.—George Graham, æt. forty-three; Scotland; sailor; admitted December 2, 1870. Has had cough and expectoration, beginning six weeks ago; has anorexia, hectic, night-sweats, and has lost much flesh, is quite weak. Gives family history of tuberculosis. Right lung dull at apex, dulness extending down to third rib; bronchial breathing, subcrepitant *râles*, &c. Pulse, 98; temperature 99½°; weight, 146 pounds. Ord. three gals. gas, and ol. morr., daily.

December 23rd.—Patient has improved in many respects, has gained ten pounds in weight; pulse and temperature normal; has an excellent appetite, and but slight cough.

January 12th, 1871.—Continues to improve; has gained four pounds since last record; had slight hæmoptysis last week; no night sweats, and but little cough. Is anxious to be discharged.

February 1st.—Patient discharged to-day, and went back to his ship. Weight 164 pounds—a gain of 18 pounds since admission. The diseased lung has resumed its function, and little or no deposit remaining can now be recognised.

Case VI.—Jane Davis, æt. forty-eight; England; seamstress; admitted January 7, 1871. Was attacked with pneumonia about six weeks since; was confined to bed for three weeks. She has continued to cough ever since, and spits large quantities of dirty, offensive matter. Has exhaustive night-sweats, no appetite, stomach irritable, and is very weak. Base of right lung dull over a considerable extent, with subcrepitant *râles* heard over lower lobe. Has been a healthy woman all her life, and has, so far as can be learned, no hereditary taint. Was ord. two gals. gas daily, with quin. sulph. grs. ij, acid. sulph. arom. gtt. xx. *ter die;* nutritious diet.

January 13th.—Began to improve soon after taking the gas. Eats heartily, expectorates freely, and the lung is evidently clearing up. No night sweats, and nausea has disappeared.

* From the *New York Medical Journal.*—We regret that this footnote acknowledging the source of these cases, was accidentally omitted in our last issue.—Ed. M. P. & C.

January 26th.—Discharged to-day entirely well. Sounds in lung, normal. Strength and appetite as good as usual.

Case VII.—Martin McCarthy, æt. thirty-two; Ireland; tailor. Admitted January 2nd, 1871. Has lost several of his family from consumption. Has enjoyed good health, with the exception of syphilis, which he contracted three years ago. Four months since he commenced to cough and expectorate yellow sputa; this has continued to the present time, and he has had two free hæmorrhages. He is quite thin of flesh and weak; has hectic and is very anæmic. Tongue slightly coated, bowels constipated, stomach irritable. Weight 106 pounds. Pulse 102; temperature 100° to 100½°; apex of right lung dull as far as third rib, with bronchial breathing and bronchophony, but few *rales*. Ordered two gallons of gas, morning and evening, ol. morrh. Bowels to be regulated *pro re nata*.

January 26th.—Has gained four pounds in weight, night sweats have left him, but he continues to expectorate freely; appetite good; complains of slight rheumatic pains.

February 6th.—A severe attack of tertiary syphilis has manifested itself; violent osteopic pains, and nodes have appeared on tibiæ and sternum. Ol. morrh. stopped. Ordered potas. iodid. ℈j. *ter die*, and the following ℞: syr. ferri hypophosp., syr. calcis hypophosph., syr. potas. hypophosp., āā, ℥j. M. S. ℥j. after-meals. Gas continued with nutritious food.

February 18th.—Specific trouble been apparently arrested. Potas. iodid. stopped. Continued syr. of hypophosphites. Much better; weight, 115½ pounds; dulness of lung, much less extended; voice-sounds and respiration, much less intensified. Ol. morrh. resumed, gas continued.

March 1st.—Discharged to-day; weight 120 pounds. Returned to his work. Examination of the lung shows it nearly normal.

Case VIII.—Michael Dougherty, æt. fifty; Ireland; stone-mason. Admitted January 7, 1871. His father died from consumption. Has been a healthy man till last summer, when he had an attack of sunstroke; on recovering, a cough set in, with hæmorrhage from the lungs. Has continued to cough and lose flesh; is very weak; has anorexia, hectic, etc. Examination shows a large cavity in apex of right lung, gurgling *râles* heard, lung solidified to a considerable extent. Ordered four gallons gas daily, ol. morrh., and good diet. Pulse 118; temperature 102°. Weight 129 pounds.

February 6th.—But little change except in pulse and temperature, both of which have been reduced, former to 100 to 105, latter 100° to 100½°.

February 17th.—Has improved somewhat, better appetite; pulse and temperature nearly normal. Physical signs show the cavity empty, and but few mucous *râles*. He has, however, lost one pound in weight and coughs freely; no night-sweats.

February 25th.—Patient left hospital to-day, and returned home. Has lost two pounds in weight since admission; weight 127 pounds. With this exception he has improved; has a good appetite and no hectic. The cavity in lung is empty, and the lung is clearer than formerly, though much deposit is still present, and he coughs considerably.

Case IX.—John Sundin, æt. twenty-one; Sweden; sailor. Admitted January 16, 1871. Inherits the *tuberculous diathesis*. Had had cough, more or less, for three years, but it has only excited alarm within this last three months. He has been rapidly reduced within this time, has diarrhœa, night-sweats, etc. Temperature 101°; pulse 106; weight 130 pounds. Cavity in right lung nearly filled with fluid; the whole substance of this lung appears diseased, and a slight tuberculous deposit is detected in apex of left lung, Ordered four gallons gas daily, with ol. morrh, and the usual diet.

January 25th.—Slight improvement. Temperature averages 98½°. Has gained one pound in weight.

February 6th.—Is discovered to have stricture of the urethra, with trouble in passing water; diarrhœa checked; gained two pounds in weight since last record; appetite good.

February 25th.—Physical signs show right lung to be improving, cavernous breathing not so marked, but the deposit is apparently in left lung; cough also very bad, and has copious night-sweats. Ordered two additional gallons gas daily; *mist. tussis* of Case II.; quinia and acid. The passage of the bougie disturbs him so that it is discontinued; stricture admits of a No. 7 instrument. Weight 134 pounds.

March 18th.—Patient left hospital to-day to return home. Right lung continued to improve, but the left became seriously implicated, and he expectorates profusely. Weight 134 pounds—a gain of four pounds; but he is weak and unable to work, and, on the whole, the treatment has not been satisfactory in this case.

It will be seen that the results in Cases VIII. and IX. were unfavourable. Though the general health of both patients was much improved, and their lives in all probability prolonged, yet the disease was not arrested, nor was the prognosis, at the time of their departure, favourable. The advanced state of the disease in these cases was an unfavourable element, as was the age in Case VIII., and the existence of urethral stricture in IX.

Case X.—James Davis, æt. thirty-three, United States; sailor. Admitted January 14, 1871. Attacked with pneumonia three weeks ago while at sea, and was confined to bed. The inflammation involves the lower and middle lobes of right lung, and is now evidently undergoing resolution; subcrepitant *râles* heard; percussion dull; continues to spit rusty sputa; is quite weak, and sweats profusely. Family history clear from all taint, and he has been a strong, healthy man all his life. Weight 147 pounds. Ordered two gallons gas, daily; quin. sulph. grs. ij., four times, daily, with generous diet.

February 16th.—Inflammation manifests a tendency to become *chronic;* still sweats considerably; has sharp pains through side, and has gained no flesh, though appetite is better. Ordered two additional gallons gas, daily; quinia continued; counter-irritation over diseased lung.

March 10th.—Patient improving. Weight 161 pounds. Sweats have disappeared, and he coughs very little. Lung clearing up; only a slight dulness, with exaggerated respiratory murmur at base.

March 21st.—Discharged to-day. Weight 168 pounds. Shipped again. Examination shows right lung entirely clear.

Case XI.—Martin Spelman, æt. twenty-six; Ireland; labourer. Admitted January 17, 1871. Was attacked ten days ago with pneumonia, partial, of both lungs; has cough, rusty sputa, pain in side, etc. Is very weak; pulse 136, and very laboured respiration; temperature 104°. Dulness on percussion at the bases of both lungs, with crepitant and subcrepitant *râles* heard above.—Ordered two gallons gas morning and evening, quinia and *supporting* treatment.

January 19th.—Much better; the gas has relieved the difficult breathing very much. Pulse 106; temperature 101°.

February 10th.—Patient improved rapidly since last note; lungs quite clear, except slightly-exaggerated respiration at the base, with subcrepitant *râles*. The weight was not obtained, as the patient was too sick on admission to be taken out; he is, however, in excellent condition and appearance. Discharged to-day.

Case XII.—Michael Wallace, æt. twenty-six; Ireland; labourer. Admitted January 18, 1871. No history of hereditary tuberculosis. Was taken with cough and expectoration about a year ago, after considerable exposure. Had a hæmorrhage last May, none since. Has lost much flesh; anorexia, night-sweats, etc. Temperature 102½°; pulse 102. Right lung dull at apex; dulness extending to middle lobe behind, but not so far in

front; the usual voice and respiratory sounds found. Weight 136 pounds. Ordered three gallons gas, daily, with ol. morrh. and good diet.

January 30th.—Improving; temperature, 99° to 100½. Cough still troublesome; expectorates freely. Has a good appetite, and has gained four pounds in weight. Ordered the *mist. tussis* of Case II., and one gallon more of gas, daily, making four gallons in all.

February 15th.—Improving rapidly; weight 143 pounds; temperature 99°. Cough much better, and lung clearing up; dulness only found at apex. Treatment continued.

February 25th.—Discharged to-day. Says he "feels as well as ever." Lung quite clear. Weight 156 pounds—a gain of twenty pounds since admission.

Foreign Medical Literature.

THE RELATIONS BETWEEN HÆMOPTYSIS AND PULMONARY TUBERCULOSIS.

A Clinical Lecture by Prof. Skoda.

(Translated from the *Annales et Bulletin de la Société de Med. de Gand* for the *Boston Med. and Surg. Journal.*)

Prof. Niemeyer has recently assigned to hæmoptysis an importance entirely unlike that which it formerly was held to possess. He believes that tuberculosis is caused by the hæmoptysis itself, maintaining that the blood arrested in the bronchial tubes and in the air-cells after a hæmorrhage gives rise to a chronic inflammation, and that on this depend the febrile state and the other symptoms of phthisis. If the blood thus retained in the minute bronchi and in the air-cells really possessed such an influence and could excite such an inflammatory state, we ought to expect that the same result would follow hæmorrhages which attend cardiac disease. Now no such condition occurs in the course of that affection. Where an hæmoptysis takes place in patients whom we consider to be tuberculous and who die during the hæmorrhage or soon after, we do not generally find any arrest of accumulated blood in the bronchi and air-cells; while if death occurs after a hæmorrhage in diseased heart, there is found a collection of blood in the lung. The hæmorrhagic infarctus very rarely presents itself after the hæmoptysis of tuberculosis, and is an exceptional occurrence in cardiac disease. But it is this very thing which would determine the conditions of a chronic inflammation! I have never seen such a result. Doubtless, if accumulated blood does remain, a moderate reaction occurs, in the course of which only the normal changes of the blood take place; that is, it coagulates, becomes encysted and forms the infarctus alluded to, but never progresses to suppuration. Such a hæmorrhagic infarctus may last months and years, growing smaller and smaller, and finally disappearing altogether. The blood-globules undergo a metamorphosis by which the black pigment is the result, or else disappear by fatty degeneration. The fluid elements, which become separated from the rest, are reabsorbed; the dark-colouring matter is left, and if the hæmorrhagic infarctus continues any length of time it remains as black patches in the substance of the lungs. According to this view, then, the observations relative to the effusion of blood in the lungs in the course of disease of the heart accord so little with the theory of Professor Niemeyer, that one is forced to confess that this hypothesis is untenable.

According to the investigations which have been made in the living subject and upon the cadaver, it is very probable that the hæmoptysis which occurs in pulmonary tuberculosis before and during its development, has its seat in the mucous membrane of the bronchi, and not in the air-cells. If the blood came from the latter, it would certainly be very difficult to explain the rare occurrence of the hæmorrhagic infarctus; but since it comes from the bronchial mucous lining, it is easy to see that none remains as a plug, but that it is expelled by coughing. I can state positively that in cases in which death occurs in the course of an hæmoptysis, it is the rare exception to find blood in the bronchial tubes, but that it is found rather in the larynx and the trachea; because, by the cough and the contraction of the bronchi, it is at once drawn forward and expelled.

So, too, I cannot accept the theory that the hæmoptysis may give rise to serious after-effects. Such a result can be only in cases in which the hæmorrhage occurs in a lung tissue already diseased, especially in cavities from which the blood cannot be evacuated; and it is possible that the morbific properties peculiar to the cavities themselves contribute thus to develope a more active irritation. It is, moreover, to be noted that the blood is not specially irritant to the tissues; for example, a hæmorrhage into the subcutaneous tissues after a blow does not produce any marked irritation, as we very well know, but it is generally quickly reabsorbed; so there is no reason for supposing that the blood is so irritant in a tuberculous patient as to favour the farther development of the symptoms of the disease. Nevertheless, I attribute a great importance to hæmoptysis, but only as a symptom indicating that the disease is present, or that it is in process of development.

Another question here presents itself. When directly consequent upon an acute pneumonia, there remains some of the inflammatory product in the lungs, a chronic pneumonia is said to exist. This deposit differs materially from those peculiar to the disease which we call tuberculosis. The former can remain months and years without lighting up mischief, while in tuberculous disease cavities become formed with the greatest ease. I see, therefore, an important distinction between the two diseases, and it is useless to apply terms in common which may give rise to confusion.

Therefore we see that hæmoptysis is not the cause of consecutive disease of the lung; on the contrary, the cause of the pulmonary disease resides elsewhere, and the hæmorrhage is only a symptom of a morbid predisposition which subsequently manifests itself under the form of tuberculosis.

Hæmoptysis likewise proceeds without doubt from other causes, cardiac disease for example. Moreover, certain cases of hæmoptysis occur independent of disease of the heart, having no connection, indeed, with eventual pulmonary disease, cases in which the hæmorrhage frequently recurs but with no serious pulmonary affection consequent. But such instances are rare, and are sometimes dependent on a turberculous degeneration limited to a single point in the lung; which, once diseased, never returns perfectly to its normal state, and becomes the seat of hæmorrhages which recur from time to time. Other cases also are observed in which the extravasation of blood proceeds solely from the capillaries or from dilated veins, among which aneurisms by anastomosis are found. Doubtless a metamorphosis of the pulmonary parenchyma can thus give rise to a serious attack of hæmoptysis; these attacks may recur, and yet no tuberculosis ever result; when the hæmorrhage ceases, the patient regains his previous health; debility may result, as in other cases of hæmorrhage, but farther than this there exists no other symptom worth noting.

THE SEWAGE QUESTION.

SPECIAL REPORT.

(Prepared expressly for the Medical Press.)

No. XXX.

AGRICULTURAL VALUE OF SEWAGE.

The experiments at Rugby with milch cows were rather more satisfactory, as will be seen from the following account of them. "In 1861, twelve of Mr. Campbell's cows

were carefully selected and set apart to be fed on grass alone—two on unsewaged, and ten on sewaged grass, and the experiment was so conducted over a period of sixteen weeks. It was afterwards continued for four weeks longer with an allowance of oil-cake as well as grass. In 1862, three cows were selected to receive oil-cake and unsewaged grass, and twelve oil-cake and sewaged grass, and the experiment was continued for twenty-four weeks. In 1863, twenty recently-calved cows were selected, five to be fed on unsewaged meadow grass, ten on sewaged meadow grass, and five on Italian rye grass. The design was to give each lot grass alone for the first twelve weeks, and afterwards a certain amount of oil-cake in addition."

The results of these experiments are shown in the following table :—

RESULTS OF EXPERIMENTS ON MILCH COWS WITH UNSEWAGED AND SEWAGED MEADOW GRASS ALONE, AND WITH OIL-CAKE.

	1861.	1862.				1863.				
		Unsewaged.		Sewaged.		Unsewaged.		Sewaged.		
	Unsewaged Grass.	Grass.	Oilcake.	Grass.	Oilcake.	Grass.	Oilcake.	Grass.	Oil-cake.	
	lbs.	lbs.	lbs.	lbs.	lbs.	lbs.	lbs.	lbs.	lbs.	
Consumed per head daily	150·2	127·2	3·5	140·2	3·6	99·1		142·9		
Dry substance in	35·8	25·2	3·1	23·0	3·2	27·9		25·2		
Consumed per 1,000 lbs. live weight weekly	994	862	23·8	941	24·1	650		933		
Dry substance in	237	171	21·1	154	21·4	183		169		
Consumed to produce a gallon of milk ...	62·2	55·5	1·53	67·1	1·72	36·2		52·2		
Dry substance in	14·8	11·0	1·36	11·0	1·52	10·2		9·2		
Milk per head daily	24·9	23·6		21·5		28·3	28·5	28·1	26·0	
Do. per 1,000 lbs. live weight weekly ...	164·8	160·0		144·8		185	177·3	190	162·5	
Increase in weight per 1,000 lbs. live weight weekly	8·59	6·88		4·60		4·37	1·82	6·70	2·02	

"Reviewing the results of the experiments in which sewaged was tried against unsewaged meadow grass, it is observable that, excepting in the first season (1861), the cows required more, both per head per day, and per 1,000 pounds live weight per week, of the fresh or green sewaged than of the unsewaged grass; yet the yield of milk, both per head and per 1,000 pounds live weight, was, without exception, the greater with the unsewaged grass. The increase in live weight was also somewhat the greater on the unsewaged grass in 1861 and 1862, but the contrary was the case in 1863."

"Reckoned in the fresh or green state in which it was cut and carted, there was, in fact, in every case but one (and then the quantities were equal), considerably less of the unsewaged than of the sewaged grass required to be consumed for the production of one gallon of milk. It should be remarked, however, that the unsewaged grass was generally cut in a much riper and less succulent condition, and therefore contained a considerably higher percentage of dry or solid substance than the sewaged. It may also be here mentioned that in 1863 the cows having professedly unsewaged meadow grass, in default of a sufficient supply of it, had necessarily for a considerable part of each of the periods of twelve weeks, unsewaged rye-grass."

"Weight for weight, in the fresh or green state in which the grass was cut, weighed and given to the cows, the unsewaged grass has, therefore, proved to be far more productive than the sewaged. But when the comparison is made, not between the amounts of grass reckoned in the fresh state, but between the amounts of dry or solid matter which the different descriptions of grass supplied, the result is, that in only one instance was there more, and in the others there was either an equal amount or even less of dry or solid substance of sewaged than of unsewaged grass required for the production of a given amount of milk."

The general result, therefore, in regard to these points was that in both milk and increase, but especially milk, a given weight of animal was more productive when fed on unsewaged than on sewaged grass, and that a given weight of fresh unsewaged grass was more productive than an equal weight of fresh sewaged grass; but that a given weight of dry or solid substance supplied in sewaged grass was more productive than an equal weight supplied in unsewaged.

As regards Italian rye-grass the experiments were not conclusive, as the sewaged and unsewaged grass were given indiscriminately to the cows. It seems, however, that when grass alone was made use of, the animals consumed 159 3 lbs. per head per day. These contained 31·7 lbs. of dry solid matter, and yielded 31·4 lbs. of milk—so that 52 3 lbs. of grass, containing 10·4 lbs. of dry solid matter were required for a gallon of milk. When the rye-grass was supplemented with 3·3 lbs. of oil-cake daily, the average daily consumption was only 121·3 lbs., and the yield of milk was 28·1 lbs. per diem. On this head the Commissioners say that, "the experiments do not afford the means of strictly comparing the productive qualities of rye-grass with those of meadow grass, or of sewaged with those of unsewaged rye-grass," although the "indication is that somewhat more of the dry substance of the sewaged rye-grass than of the sewaged meadow-grass was required to produce a given result, though the difference is less during the later than the earlier period of the season. It is pro-

bable, indeed, that sewaged Italian rye-grass deteriorates less towards the end of the season than the sewaged meadow grass;" for it was noticeable that the milk-producing power of meadow grass was very different in different seasons, and at different periods of the same season. It was, in fact, very inferior in the wet and cold season of 1862, and towards the close of every season as compared with the beginning. But on an average of the three years about six parts of green grass yielded one part of milk, and as the production of grass was greater on the sewaged than on the unsewaged land, the total yield of milk per acre was much greater in the former case than in the latter.

"So far as the results of the experiments afford a means of judging, it is estimated that with an application of about 5,000 tons of sewage per acre per annum to meadow land, an average gross produce of not less than 1,000 gallons of milk per acre per annum may be expected;" and this at 8d. per gallon would give a return of from £30 to £35 an acre.

The quality of the milk in the two cases was carefully tested, and it was not found to differ to any great extent, although it was slightly less rich in the case of the milk from the sewaged grass than in that from the unsewaged. This will be apparent from the following table, which represents the average composition of forty samples of milk taken during the years 1861 and 1862:—

THE MEAN COMPOSITION OF THE MILK PRODUCED FROM UNSEWAGED AND SEWAGED GRASS.

Constituents of Milk.	Season 1861.				Season 1862.			
	Grass alone.		Grass and Oil-cake.		Grass and Oil-cake.			
	Unsewaged	Sewaged.	Unsewaged	Sewaged.	Unsewaged	Sewaged.		
Casein	3·246	3·241	3·352	3·423	3·513	3·467		
Butter	3·604	3·430	3·657	3·707	3·834	3·559		
Sugar of milk, &c. ...	4·405	4·218	4·561	4·689	4·502	4·440		
Mineral matter	0·753	0·776	0·740	0·771	0·753	0·771		
Total solid matter ...	12·008	11·655	12·310	12·590	12·602	12·237		
Water	87·992	88·335	87·690	87·410	87·398	87·763		
Total	100·000	100·000	100·000	100·000	100·000	100·000		

But although the chemical composition of the milk does not seem to be very different in the two cases, yet experience has shown that the milk from sewaged grass is more apt to turn or become sour than that from unsewaged, and this in one notable case was a subject of litigation in a court of law, on account of the injury done to the trade of a milk company by the frequent and rapid decomposition of milk supplied from a sewage farm. It is also worthy of note that nowhere, to our knowledge, has the keeping of cows upon a sewage farm been a profitable success. It was abandoned by Mr. Marriage, at Croydon, after a very persevering trial, and it was in like manner abandoned at Rugby by Mr. Campbell, who thus spoke of it in a letter to the *Times*, on the 18th of August, of 1869. Twelve Ayrshire cows which calved about the same time (in May, 1869), were fed on Italian rye-grass, grown on sewaged land, and at the end of twelve weeks he found that the quantity of milk averaged 9½ quarts per diem for each cow, and each cow consumed 1½ cwt. of Italian rye-grass, exclusive of other fodder. If they had been milked for nine months, the average yield of milk would have been only from 5 to 6 quarts each cow. Now the cost of the grass was 10s. per cwt., or 9d. per cow per day, and the dairy expenses were 6½d. per cow per day, making in all, 1s. 3½d. per cow; but the milk at 8d. per gallon was only worth 1s. 7d., and when the cost of sending it to market is considered, and the wear and tear of cans, he very properly asked—where is the profit? Again, in the recent report by Mr. Morgan of the last year's operations at the Lodge Farm, Barking, where the sewage costs nothing, and where it is not taken continuously, but is drawn from the main Northern outfall in such quantities, and at such times as is thought best for the land and the crops. The balance sheet is not encouraging; for although the farm is not intended as an example of how sewage can be purified, but how it can be profitably utilised, and is worked entirely for this purpose, yet the returns on the 162 acres have been only £485 above the outgoings—and these do not include any account of remuneration to Mr. Morgan, or of the value of the sewage employed, or of the interest of capital invested. "If," says the *Standard*, in its comments on this subject, "a farmer could obtain all his manure without paying for it, there can be no doubt that his balance-sheet would be greatly improved. But if we debit the Lodge Farm with the sewage used upon it (622,324 tons on 162 acres, or 3,808 tons per acre per annum), even though we charge as little as a half-penny per ton, the profit is reduced to a very shadowy amount. At a penny a ton there is a loss of £1,268, while at twopence per ton makes the loss equal to £3,860." Even reckoning the increase in the value of stock (£840 on £4,608 of the previous year) the profits are far from hopeful. In fact, the main features of Mr. Morgan's reports are excessively large crops and excessively low prices. He gives, indeed, a very doleful account of the market value of the farm produce. Cabbages, for instance, were sold at from 3d. to 4d. a dozen as a maximum price, the minimum being but 6d. for five dozen. Scarlet runners fetched only 3d., 6d., and 1s. a sieve in the early part of the season, and from 2s. to 2s. 6d. in the latter, and potatoes, although largely in demand, were actually sold at from £2 to £4 10s. a ton. All this had but one signification, for if general prices were ruling high as ever, the quality of the farm produce must have been remarkably inferior.

Mr. Gladstone has recommended a grant from the Royal Bounty of £300 to the children of Dr. Livingstone.

Dr. Liebermeister, of Basle, has been appointed Professor of Pathology and Therapeutics at Tübingen, Dr. Immermann of Erlangen, has succeeded him as Professor of Medicine.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 22, 1871.

LAW *v.* SURGERY.

The out-come of the legal performance in which the Irish Medical Profession has taken so prominent a *rôle* is calculated, we think, to inspire its members with a feeling of just pride and self confidence, and we are satisfied to believe that this feeling, now that events come to be considered in a calmer spirit than they could be under the influence of Mr. Butt's legal cobweb, and Mr. Falkiner's scurrilous rhodomontade, is widely spread throughout the extern-professional mind.

We are not concerned to discuss the minutiæ of the attack and defence in the medical evidence. It is one of those subjects on which men can hardly judge fairly, and without bias, as long as the air is clouded with political smoke and, perhaps, personal feelings. We look only to the net result, and we are happily impressed with the consideration that that result has been an entire acquittal of the Profession. There never was, nor ever will be, a surgeon or a case which could not be made the subject of quite as good a defence under the wonderful ingenuity of such a man as Mr. Butt. Mr. Stokes has, therefore, not the least occasion for surprise or, indeed, regret that his practice as a hospital surgeon was subjected to such criticism.

It was the forlorn hope of the defence to discredit Mr. Stokes's surgery, and such a man as Mr. Isaac Butt would have quite as successfully gibbetted Sir Astley Cooper or Sir William Fergusson if it was part of his case to do so; but now that the purposes of the legal *ruse* have been served, Mr. Stokes's reputation survives the process of worrying, of which it was his great misfortune to be the victim, without the least taint upon it, which a week's freedom from legal miasmata will relieve it of. If political, religious, and personal prejudices be eliminated from the judgment of the Profession, we believe we may speak for surgeons of all nationalities in saying that Mr. Stokes's treatment of Talbot was such as a skilful hospital surgeon, under similar circumstances, might adopt, and that the charges of recklessness or *mala fides* were a barefaced lawyer's dodge, as insolent as they were foundationless.

The whole legal process was, without doubt, inconceivably humiliating to Irishmen and the Irish Administration of Justice; the studied disrespect of the prisoner's counsel for the Judges on the Bench; the disreputable snarling between the advocates on either side; the importation by mistaken scrupulousness of one of the judges of a fog of irrelevant evidence, and the utterly incomprehensible verdict at last, are all tangible facts which must make all men think seriously of the future of Irish justice.

Leaving them for discussion in a more fitting place, we leave the case with a word on a medico-ethical point, which we think ought not to be left open to dispute. Dr. Robert MacDonnell was sharply cross-examined as to whether he had assisted at the operation for the removal of the bullet with the object of showing his inconsistency in doing so, if he had, as he said, disapproved and dissented from the procedure. We cannot see how Dr. Mac Donnell should have acted otherwise; for, it seems to us that, as long as he believed that the surgeons in charge were acting up to the best of their judgment and experience for the benefit of the patient, he could not do otherwise than give his assistance to the carrying out of the treatment on which they decided. If a consultant were to take his hat, and leave the operating room, whenever his own opinion was not concurred in by the surgeons present, there would be an end to co-operation and consultation altogether.

THE HAMPSTEAD HOSPITAL ENQUIRY.

SPECIAL REVIEW.

(Prepared expressly for the Medical Press and Circular.)

No. III.

The investigation into the missing child, Elizabeth Bellue, has served only to bring out the risk which is incurred by an institution of having an inmate escape from its confinement, whether the motive be intolerance of that confinement which the requirements of sanitary regulations prescribe, or whether a less excusable motive dictates the escape, or the inducement held out to the unwary to elude the vigilance of the officers, whose special duty it is to note and to verify every egress from the building.

We are aware that the possible escape of an inmate, whether adult or child, is a risk schools, institutions for training, hospitals, or religious establishments must anticipate and provide against; but we are also aware that the jealousy entertained by the English of anything like compulsory restraint, would certainly inveigh bitterly against those constructions of buildings or close guardianships, which would reduce to a *minimum* the chance of escape. The children of a vast metropolis, who are admitted at home to a great liberty in traversing the alleys and streets of their neighbourhood, are not afraid of straying, and a very little inducement suffices to "tempt them out." This at once opens the special danger which besets this case. The child is missing from an hospital. The parents complain

that they do not know where the child is. It must therefore be found. But how is this to be accomplished? The first suggestion is,—"Offer a reward sufficient to make it worth the trouble of the neighbours or the police to find the child." But Dr. Brewer, M.P., the able and indefatigable chairman of the Asylums' Board, very forcibly pointed out that the natural answer to this is that such a proceeding would be a direct premium to the unscrupulous to repeat the offence, and an inducement to the "employed" to connive at the repetition of the abduction. Certain it is that if gold is to be obtained from those authorised to administer the law for a direct violation of the law, the law can be no protection to the community.

When application to Mr. Justice Brett was made to issue a *mandamus* to compel the managers to produce "the body of the missing child," he might well look with some surprise at being asked to take a step which assumed that the managers had "knowingly detained the child and imprisoned it without cause shown" (see 16 Car. 1, c. 10), and had thereby incurred the penalty of a *præmunire* (31 Car. 2nd, c. 2). The objection to this desired conclusion is that no tittle of evidence was produced before Mr. Justice Brett to give even a colourable pretence to such an insinuation. The fact of a child being missed from the hospital is one thing; the insinuation that the managers or their officers retained the child without cause shown is quite another, and a very serious criminal charge, which courts of judicature are not in the habit of assuming or taking for granted.

The protest against the Local Government Board appointing a tribunal to investigate into the defects (if any) in the checks appointed by the managers upon the ingress and egress of patients, is based on an entire misapprehension of the relation that Board bears to all local or district boards for the management of the sick poor.

The protest against the refusal of the Local Government Board to pay Bellue's legal advisers is also based on a misconception of the actual stage at which the case of the missing child had arrived. The fact of the child being missed from the hospital is not disputed. No counsel learned in the law was needed on that point. The case then is one for the police and the parents, for what is now wanted is to detect the criminal or the person who seduced the child from the hospital and still keeps her from her parents. When the detectors of crime have found out the criminal, then the man of law may come in and assist in bringing him to justice.

In the meantime there is comfort in the following summary of facts:—Elizabeth Bellue was admitted in the second stage of a very modified form of small pox after vaccination. She never required medical treatment. She was very soon convalescent, and as such sent to the Islington Wards. She did not suffer any secondary attack, and was not reported sick. She had once before wandered when under parental care, and was found by her father at a Police Court. Very active steps are being taken to find out where she is, and as a detective has already traced out every person admitted and discharged, and verified the accuracy of every account of burial, we entertain well-founded hopes that when all hope of reward has been given up by the parties concerned in the offence, the child will be found. One last word of comfort. Application has already been made at the office to know what the office would be ready to give to the man who should find out the child's hiding-place.

SCOTLAND.

PUBLIC HEALTH.—The deaths of 2,476 persons were registered in the eight towns of Scotland during the last month, of whom 1,186 were males and 1,290 females. This is the greatest number recorded during any month of October since the Registration Act came into operation in 1855. Previous to this month the greatest number in October was in 1868, when 2,298 deaths were registered. Allowing for increase of population, the present number is 199 above the average for the corresponding month of the last ten years. A comparison of the deaths registered in the eight principal towns, shows that during October the annual rate of mortality was 16 deaths per thousand persons in Aberdeen, 23 in Leith and in Perth, 28 in Edinburgh, 29 in Glasgow, 30 in Dundee, 31 in Greenock, and 32 in Paisley. Of the 2,476 deaths registered, 1,079, or 43 per cent., were of children under 5 years of age. In Perth, 28 per cent. of the persons who died were under five years of age; in Paisley, 34 per cent.; in Edinburgh, 35; in Dundee, 40; in Aberdeen, 43; in Leith, 44; in Greenock, 45; and in Glasgow, 49 per cent. The zymotic (epidemic and contagious) class of diseases proved fatal to 654 persons, thus constituting 26 per cent. of the mortality. This rate was greatly exceeded in Dundee (43·5 per cent.), from the prevalence of small-pox, and in a less degree from that of diarrhœa and fever; and in Leith (39·5 per cent.), from the prevalence of small-pox and scarlatina. The most fatal of the epidemics was scarlatina, which caused 134 deaths, or 5·4 per cent. of the mortality. In Greenock, Edinburgh, and Leith, the mortality from this disease was respectively 16·8, 11·2, and 7·7 per cent. of the deaths. Fever caused 121 deaths, or 4·8 per cent. of the mortality. Of these 47 were attributed to typhus, 43 to enteric, 28 to relapsing, and 3 to infantile remittent fever. Small-pox is greatly on the increase, 88 deaths being ascribed thereto, against 47 during September. This disease was most prevalent in Dundee, where 63 deaths occurred, being 20·9 per cent. of the mortality, and in Leith, where 9 deaths occurred, being 9·9 per cent. of the total deaths. In the eight towns, 85 deaths were caused by diarrhœa; 69 by whooping-cough; 44 by croup; 40 by measles; 30 by diphtheria; 10 by metria; 5 by dysentery; and 1 by cholera. 46 deaths were attributed to apoplexy, 62 to paralysis, 120 to diseases of the heart, 63 to hydrocephalus, and 121 to premature birth debility. The deaths from inflammatory affections of the respiratory organs (not including consumption, whooping-cough, or croup) amounted to 468, or 18·9 per cent. of the mortality. Those from consumption alone numbered 267, or 10·7 per cent. 84 deaths resulted from violent causes, of which one was a suicide, and another that of a domestic servant, aged 29 years, from "poisoning by yew," in "less than 12 hours." The yew berries are very tempting to the eye at this season, but are deadly poison. One death was caused by delirium tremens, and three others by intemperance. Two males and five females had passed the 90th year of life, the eldest being the widow of a house proprietor, aged 94 years.

UNIVERSITY OF EDINBURGH.

FALCONER MEMORIAL FELLOWSHIP.—This fellowship, which is of the annual value of about £100, tenable for two years, has been conferred on Mr. William Stirling, B.Sc. The fellowship was founded in 1869 for the encouragement of the study of palæontology and geology, and is open to graduates in science or medicine of this University of not more than three years' standing at the time of the competition.

BAXTER NATURAL SCIENCE SCHOLARSHIP.—This scholarship, vacant by the appointment of Mr. William Stirling, B.Sc., to the Falconer Memorial Fellowship, has been conferred for one year on Mr. Alexander Hodgkinson. The fellowship is of the annual value of about £60, and is awarded to the most eminent of the Bachelors of Science who have passed their examinations in the natural sciences, including experimental philosophy and chemistry

either in the year preceding a vacancy or in the year in which a vacancy occurs.

THE FEMALE MEDICAL STUDENTS.—The Senatus of the Edinburgh University, by a majority of one, have resolved to recommend to the University Court the rescinding of all the existing regulations in favour of the admission of female students, reserving to those ladies who commenced study on the strength of them all their rights. This resolution does not appear to have discouraged the female students and their friends. The General Committee for Promoting the Medical Education of Women has appealed to its friends for funds requisite to prosecute vigorously whatever measures may become necessary in the present position of affairs.

MR. DISRAELI has been elected by a large majority Lord Rector of the University of Glasgow. His opponent was Mr. Ruskin.

Notes on Current Topics.

Thoracentesis.

A VERY interesting discussion on this operation lately took place at the Clinical Society of London. Opinion was much divided, but perhaps the majority leaned to the early performance of the operation.

A Curious Calculation.

THE late war is estimated to have cost France, in pounds sterling, 260 millions. If that sum were payable in gold, the *Siècle* says that it would represent 2,096,250 kilogrammes in weight; which, placed in cases of one-hundred kilos each, would require 20,962 cases, and 209 waggons to carry them. Placed side by side, the 325,000,000 gold pieces of twenty francs would extend over 5,000 miles, or about the distance from Havre to Havannah.

The Medical Evidence at Kelly's Trial.

WE have great pleasure in publishing the following important document, which was, we hear, drawn up in the house of Sir James Paget, Bart.:—"The undersigned, having carefully considered the evidence in the recent trial for the murder of police-constable Talbot, and believing that certain statements made during the trial are likely to affect very injuriously the professional reputation of Mr. William Stokes and the surgeons who acted with him, desire to record their opinion that the bullet-wound in the neck of police-constable Talbot was the direct and sole cause of his death, and that no blame can be justly assigned to any of those by whom the wound was treated.—Cæsar H. Hawkins, William Fergusson, T. B. Curling, James Paget, Prescott Hewitt, J. Ashton Bostock, John Eric Erichsen, John Birkett, George Pollock."

Oxygen in Disease.

WE commenced last week the republication of a series of instructive cases that have appeared in our able contemporary, the *New York Medical Journal*. We invite the careful attention of our readers to these clinical records of cases in the Long Island College Hospital, where the inhalation of oxygen has been tried with care and discrimination. They constitute a very important addition to the therapeutics of oxygen, to which we propose to refer hereafter, but first of all we think it well to furnish our readers with the cases themselves.

Western Medical Advance.

DR. LATHROP has begun under this title the issue of an illustrated quarterly medical journal, of which we have received No. 2, but not No. 1. It contains a coloured lithograph of nine medicinal plants, indigenous and naturalised in the States, and the letter press gives an account of these as well as other interesting matter.

Alleged Falsification of Poor-House Drugs in Ireland.

A COMPLAINT of the quality of the cod-liver oil supplied to the Waterford guardians having been made, the representative of the firm of Messrs. Hunt and Co., Dublin, the contractors, attended a recent meeting of the guardians to make an explanation relative to the matter. He said the contractors had purchased the oil from one of the most eminent manufacturers in Belgium, who supplied all the medical houses in Dublin with the article, and he was unable to conceive how it could be of bad quality. The oil complained of was part of the last consignment received, and the only difference he could detect between the sample and stock was a slight paleness in the colour. He could only account for this paleness by supposing that the oil, through mistake, had been put into a damp jar, a thing very rarely occurring. The board considered the explanation satisfactory.

Opium Growing in the United States.

IT is stated by the *Philadelphia Ledger* that in the neighbourhood of Nashville the poppy has been cultivated for the last three years, with a view to the manufacture of opium. Owing to the lateness of the planting and inferior value of the soil, the crop of 1870 failed, and to obviate this difficulty, seed was obtained from Calcutta and Smyrna, at a cost, in gold, of 4½ dollars per ounce. This year's crop, it is announced, will yield from 60 to 75lbs. of opium per annum. Other persons who are extensively engaged in the cultivation of the poppy in Tennesse report similiar success.

A New Pharmacopœia for the German Empire.

A COMMITTEE of twelve has just commenced its sittings at Berlin, under the presidency of Dr. Houssele, to draw up a new Pharmacopœia for the German empire. The committee includes four professors of Materia Medica, and medical councillors and apothecaries to represent the various States. The committee has also the assistance of experts, as Privat-Docens, Oscar Liebreich, Professor Schwanert, etc. It has been determined, notwithstanding the opposition of the professors, to continue the adoption of the Latin language, although in South Germany the German has been long employed for this purpose. The *Chemist and Druggist* understands that the committee proposes to have the new Pharmacopœia printed by the 1st of January next; and although the time seems short, it does not follow that prompt decision and continuous labour will produce a worse book than the dilatory machinery which took nearly seven years to perfect the British Pharmacopœia.

IT is rumoured that M. Nélaton is expected in England shortly. It is said that he will permanently settle in London.

Railway Dust.

Mr. Sidebotham, F.R.A.S., has given an account of a microscopical examination he had made of dust blown into a railway carriage in which he was travelling near Birmingham. "With two-thirds power in microscope, the dust showed a large proportion of fragments of iron, and on applying a soft iron needle I found that many of them were highly magnetic. They were mostly long, thin, and straight, the largest being about ·150 of an inch, and under the power used, had the appearance of a quantity of old nails. I then with a magnet separated the iron from the other particles. The weight altogether of the dust collected was fifty-seven grains, and the proportion of those particles composed wholly or in part of iron was twenty-nine grains, or more than one half. The iron thus separated consisted chiefly of fused particles of dross or burned iron, like 'clinkers;' they were all more or less covered with spikes and excrescences, some having long tails, like the old 'Prince Rupert's drops;' there were also many small angular particles like cast iron having crystalline structure. The other portion of the dust consisted largely of cinders, some very bright angular fragments of glass or quartz, a few bits of yellow metal, opaque white and spherical bodies, grains of sand, a few bits of coal, &c. I think it probable that the magnetic strips of iron are laminæ from the rails and tires of the wheels, and the other iron particles portions of fused metal, either from the coal or from the furnace bars.

Pharmacy in Norway.

A very interesting review of the condition of pharmacy in Scandinavia, published in the *Chemist and Druggist*, informs us that the pharmacy of Norway, Sweden, and Denmark, is in each case under Government regulations. In each country these vary slightly, but not sufficiently to be worthy of elaborate distinction. Of course the respective Governments limit the number of pharmacies, and those in existence are consequently of considerable value. In the three countries there are not 400 chemists' shops. London alone contains three times as many. To take Norway as an example. In Christiania, with a population of a little over 60,000, there are seven. In Bergen, which contains nearly 30,000 inhabitants, there are three. Trondhjem contains two or three "apotheks," and this in Norway, completes the list of towns which have the very barest chance of forming a "Chemists' and Druggists' Association." In Denmark and Sweden, which are more thickly, or rather less thinly, inhabited than Norway, there are more chemists, but not so many in proportion to the population. In Copenhagen, for instance, there are 175,000 people and thirteen chemists. All the chemists' shops are distinguished by a sign. The name of the proprietor seldom or never appears. "Svane-Apotheket," "Elephant-Apotheket," "Löve-Apotheket" (the swan, the elephant, and the lion), are the favourite signs, and invariably a well-executed representation of the distinguishing animal surmounts the entrance. There is no display in the windows, unless it be a chemical balance or some other apparatus of a scientific character. The shops are always large, excellently fitted, and almost invariably two steps up from the pavement. While you are waiting for your medicine to be prepared there is no perfumery spread before you to tempt your cultivated nostrils, no patent medicine, with labels of luxuriant eloquence, to indulge your well-trained mind. Medicine only; nothing but medicine. In the large establishments there are several dispensing counters, and the assistants are all busily employed. The doctors of course do no dispensing, except in the remote country districts, where no apothecary is near.

Sanitaria in India.

The new sanitarium for the Central Provinces at Puchmaree, has been found healthful and successful, so this may become a new centre of English enterprise, like Darjeeling and the others.

Instruction in Science and Art for Women.

The course of lectures by Professors Huxley, Guthrie, and Duncan, on the "Elements of Physical Science," will, commence on Saturday next, in the lecture theatre of the South Kensington Museum, at half-past two o'clock, and will be continued every succeeding Wednesday and Saturday at the same time. These lectures form a part of a system of instruction in science and art, especially designed for women.

Army Medical Retirements.

It is reasonable to suppose that in the midst of the changes which are revolutionising the army for better for worse, the Medical Department should live in a state of great uneasiness as to the future of its members. The first hope which Mr. Cardwell's proceedings have inspired is, that the long-standing dead-lock in army medical promotion may at last be brought to a termination, and some means devised to cause the rank and file of the department to move on a little more quickly than it has done. *The United Service Gazette* of last week asks in the cant phraseology of the day:—

Will our readers be surprised to learn that there are at this moment forty Assistant-Surgeons in the service with over fourteen years' service, 130 with over thirteen years' service, and 190 with over twelve year's service! Three hundred and fifty gentlemen out of an establishment, the entire numbers of which do not much exceed a thousand, are thus kept throughout the whole prime and flower of their manhood, suffering all the sickening pangs of hope deferred, and paralyzed in their energies and professional zeal by a system which sends scores of them to the grave without having had a single taste of the sweets of promotion. Will it be thought possible that there are a hundred Assistant-Surgeons in the Army over forty years of age, having had fifteen years of active practice in their profession, and therefore obliged to vegetate on a few shillings a day at a time of life when in civilian practice they would have been earning their thousands!

The United Service Gazette has its panacea, which though extremely unpalatable to those who have a belief in the dignity of years and long service, seems to us the only possible escape from the present most unfortunate repletion of the service. The *Gazette* says:—

Mr. Cardwell has in his warrant provided that henceforth Lieutenant-Colonels and Majors shall only have five years' tenure of their position. Let him apply a similar principle to the Army Medical Department, and promotion will begin to flow at a much more satisfactory pace than it exhibits at present. The average service of Inspectors and Deputy-Inspectors is over ten years, just twice as

long as it should be, and if we look at the ages of these gentlemen, the number of years they have been in the Service, and what is worse, the number of years they have been taken away from the study of a science which makes new discoveries every day, we think we establish causes much more imperative than the promotion of the Assistant-Surgeons for the relegation of these gentlemen to the *otium cum dignitate* of an earlier retirement. At present to use a colloquial expression, the Inspectors and Deputy-Inspectors hold on "like grim death," and an instance occurred not very long since when a man of about forty-four years' service rather than retire, went out for his third or fourth tour of duty in India. It must be said, however, in fairness, that this tenacity is not altogether without palliation. The Army Medical Department, being one for which the officers must qualify by hard work, is mainly filled by poor men. The doctors also are generally family men, and the existing scale of retirement would be too great a fall from full pay for any poor family man to encounter. They can at present after twenty years retire on £227 per annum, but to obtain this they must have been passed as unfit for further service by a medical board. If the War Office would give them £300 a year without the necessity of proving themselves disabled, a very great number of those who are now doggedly blocking the line would allow themselves to be shunted.

Dr. James Combs has been elected Mayor of Bedford.

Miss Susan Dimock has taken a degree in medicine at Zurich.

From India we learn that Dr. Metcalfe, who had the medical charge of the district of Karnal, has been thrown from his horse and killed.

A writer in the *Pharmaceutical Journal*, announces that pure carbolic acid may be obtained in India from a common plant there at a cost of about 6s. per lb.

The opening meeting of the Surgical Society of Ireland is fixed for the 8th of December, at the Royal College of Surgeons, Ireland.

The Royal Society of Great Britain has awarded the Royal Medals of the year to Mr. George Busk, F.R.S, and Dr. John Stonehouse, F.R.S.

Sunderland is reported to have reached such an excessive scale of mortality, that Government has despatched Mr. Radcliffe, Medical Inspector, to investigate the causes.

Our climate has during the past few days given another specimen of its variableness. It rarely happens that we get ice to the extent of two inches so early in November, but this season, in addition, snow has fallen in some parts, as to thickly cover the ground.

The next meeting of the Pharmaceutical Society will be held on Wednesday evening, December 6th, at eight o'clock. The following papers will be read :—"The Substitution of Proportional Numbers for Specified weights and measures in the description of Processes in the Pharmacopœia. By Professor Redwood. "Method for the Estimation of Morphia in Opium." By Mr. John T. Miller. "The Syrup and Resin of Tolu, Tincture of Cinnamon, &c." By Mr. A. F. Haselden, F.L.S.

We hear that Mr. E. Bellamy, F.R.C.S., assistant surgeon to the Charing Cross Hospital, has retired from the contest for the office of surgeon to the Royal Hospital for Diseases of the Chest, City road. The candidates now before the governors are Messrs. T. Cooke, A. Cooper, D. Freeman, J. D. Hill, and H. A. Reeves.

The defence in the case of the Rev. Selby J. Watson, who stands charged with the murder of his wife at Stockwell, will rest purely upon the medical evidence as to the prisoner's sanity. One of the family died some years since in an asylum, and the surgeons who examined the accused are understood to hold the opinion that he suffers from serious mental excitement.

The *Chicago Tribune*, in an appeal to the country and the charitable world, says that "probably fifty thousand persons in Northern Wisconsin and Michigan alone have been stripped of every earthly possession by the forest fires." We also hear that many medical men in Chicago have been ruined by the fire, and that in other cities their professional brethren have offered assistance.

Another death from an overdose of chloral hydrate is reported at Leicester. The deceased was a married lady, occupying a good position in society, but suffered excruciating neuralgic pains. She always kept chloral in her room, taking a dose occasionally in order to procure sleep. One morning last week she was found dead in her bed, the half-emptied bottle showing that deceased had taken enough for twelve doses. A verdict of death from misadventure was recorded.

SPURIOUS TEA.

On Thursday last a deputation from the Sanitary Committee of the City of London waited on the Chancellor of the Exchequer by appointment, for the purpose of explaining the insufficiency of the law as regards the importation and sale of spurious and unsound tea. The deputation was introduced by Mr. Deputy Kelday, the Chairman of the Committee, and it was attended by the Solicitor and Medical Officer of Health. Mr. Kelday described the position of the sanitary authorities of the City, and said that although they were most anxious to put a stop to a practice which was not only notorious, but was really a public scandal—the manufacture and importation of spurious tea, yet they had hitherto failed to accomplish it on account of the imperfect and uncertain condition of the law, and they were desirous to have it amended.

Dr. Letheby directed attention to the fact that the manufacture of spurious tea in China for exportation to this country, was a recognised business, and that not only were large quantities of leaves other than tea leaves, and noticeably willow leaves, manufactured for the sole purpose of adulterating tea, but it had also become a practice to manipulate the exhausted leaves of tea already used by the Chinese, and to send them into commerce under the names of Moning Congou, Maloo Mixture, &c. Large quantities of these spurious and exhausted teas had come under his observation, chiefly at the Commercial Sale Rooms, Mincing lane, where they were publicly sold by auction, and although many attempts had been made by the sanitary authorities of the city to put a legal stop to such proceedings, and to bring the offenders to justice, yet from the peculiar nature of the transaction, and the way in which wholesale business is conducted, it was found impossible to reach the guilty parties, for not only was it difficult to ascertain who were the owners of such tea, but

it was still more difficult to gain access to the bonded warehouses for the purpose of inspecting the tea, and it was actually impossible to remove it for condemnation; in addition to which, all kinds of technical legal difficulties have been raised as to whether tea can be considered as an article of food, or drink, or provision, or even as a vegetable, within the meaning of the Act of Parliament. In illustration of this, Dr. Letheby referred to some of the proceedings of the sanitary authorities at various times. In the early part of 1866 it came to the knowledge of the Commissioners that the salvage tea from the fire at Beale's wharf in Tooley street was to be offered for sale in the City. Samples of the tea were obtained, and they were found to be either so charred by the fire, or exhausted by the water from the engines, that they were quite unfit for human consumption. Proceedings, were, therefore, taken before a justice to obtain the condemnation of the 350,000 lbs of damaged tea offered for sale, but they failed on account of technical difficulties, chiefly in the circumstance that tea was not sufficiently defined in the Act of Parliament, and could not, therefore, be called a vegetable, or an article of diet. In the month of March, 1870, 201 chests of putrid tea, called Moning Congou, and 50 chests of spurious tea, called Orange Pekoe siftings, were advertised for sale at the London Commercial Sale Rooms, in Mincing lane. Samples of these teas were obtained with great difficulty from the bonded warehouses; and the former was found to be the putrid and rotten leaves of exhausted tea that had been already used by the Chinese, and redried, and the latter consisted in great part of spurious leaves. By way of testing our powers, six chests of the Moning Congou, and nine of the Pekoe siftings were seized under a guarantee to the Dock Company, and carried before the magistrate, who condemned the former without hesitation, but who declined to condemn the latter, as it was not proved that the spurious leaves were unwholesome. While these proceedings were afoot, the rest of the tea was taken from the warehouse, beyond the jurisdiction of the City authorities, and it was found to be impossible to obtain the names of the owners of the tea. Still more recently, in the month of April of the present year, 628 chests of spurious tea were advertised for sale in the City, and although they consisted in great part of dirt and iron filings, and realised by public auction from only three farthings to five farthings per pound, yet we had no power to interfere. Under these circumstances Dr. Letheby contended that the Act of Parliament required revision, and considering that the Port of London, like every other port in the kingdom, is under the jurisdiction of many sanitary authorities, whose modes of action are not always the same, he contended that the duty of inspecting tea, and of executing the powers of the Act of Parliament in respect of the seizure of adulterated and unwholesome tea should rest with some authority having jurisdiction over the whole port. He pointed to the Custom House officers, and their machinery already in complete existence, as the best suited for the purpose; for, in the first place, they have power over the whole of the port; in the second place, they have the most perfect and intimate knowledge of incomings and outgoings of every port; in the third place they are present at the sampling of teas, and at the emptying of the chests for the purpose of taking the tare for duty, and thus they have an immediate inspection of all tea which enters the port; in the fourth place, there is a chemical laboratory with a competent staff of experts for the analysis of tea when necessary; and lastly, they have the power of refusing a permit for the delivery of any unsound tea from the bonded warehouses into commerce.

The Chancellor of the Exchequer, however, was afraid that the power would be too large and too delicate for such a class of officers, and in this he was supported by Sir Thomas Freemantle, who was present at the interview, and he recommenned the sanitary authorities of the City to apply to the Home Secretary for an amendment of the law. In this manner the City authorities have, in their endeavour to deal with a very important public question, been passed from the Board of Trade to the Chancellor of the Exchequer, and by him to the Home Office.

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

NOVEMBER 6, 1871.

DR. ANDREW CLARK, F.R.C.P., President.

PLASTIC OPERATIONS.

DR. LICHTENBERG communicated two cases of rhino-plastic operations.—The patients, two females, were shown. He said that he wished it to be clearly understood that he did not bring them forward as models of the plastic art, as he was far from being satisfied with them, but to show that much might be done by the surgeon which of late years had been left to the art of mechanism, or without any interference whatever, albeit a Tiliacozzi in the latter part of the sixteenth century, and a Von Graefe and Dieffenback in the earlier part of this, will ever be remembered as foremost among those surgeons who particularly cultivated the art of relieving those deformities which being so public must be deemed among the most terrible to those who are the victims. Mrs. K., the first of the two patients, had been for some time under the treatment of Dr. Baümler, at the German Hospital, as an out-patient for tertiary ulceration of the nose, and being discharged cured, was sent to him for surgical improvement. On examination he found that the septum, the entire left ala, and also almost the entire right ala were destroyed. She was admitted into the Tottenham Training Hospital, and operated upon on 23rd March, 1871. He took a flap from the forehead, but unfortunately he was under the impression that he could not obtain a sufficiently large piece without encroaching considerably upon the scalp, and he merely formed the two ala, with the intention of providing the septum from the upper lip at a future time, but he found that the nostrils, or rather the nostril contracted to such a degree that he did not consider it warrantable to produce a new deformity with the doubtful prospect of a tolerably good septum.

The second case came under his treatment in the Tottenham Hospital, and was useful in showing what large doses of iodide of potassium could do when given in these particular cases. The patient had been at different hospitals without deriving any benefit, but directly this remedy in large doses was given the improvement was well marked, and the ulceration rapidly healed. He waited some months to see whether the disease was thoroughly subdued, and operated on the 6th April, 1871. The whole nose, with the exception of some rudiments of nassal bones was destroyed, as was shown by a drawing made before the operation. He therefore had to form a very large flap from the forehead, but the skin contracted more than he anticipated, and he thought that in these cases the flap can scarcely ever be too large, provided it can be done without creating a larger deformity in order to improve a smaller, and with safety to the patient.

MR. FRANCIS MASON remarked upon the interest of the cases, no one could help admiring them. When the pedicle was taken from the centre of the nose the supply of vessels was scanty. Was the flap applied to a raw surface or an ulcerating one? In a case at the Westminster Hospital he had made three small flaps, one above the aperture and the others from each side of the aperture, turned these over the opening and laid the flap forming the nose and taken from the forehead over them. After the patient's discharge a slight ulceration had taken place at the lip of the nose. Now the nose was broader and not so symmetrical as those shown.

Mr. W. Adams, Mr. Davy, and Mr. de Meric also joined in the discussion, and in his reply Dr. Lichtenberg said that he had made this as a casual communication, and not as a paper, and therefore it was short as could be.

The PRESIDENT, in thanking Dr. Lichtenberg, said it was a model communication; being short, practical, and well illustrated, both by the drawing, and above all, by such excellent living specimens.

URETHRAL RHEUMATISM.

Mr. Thos. Bond then read a paper on the above subject. He commenced by observing that in his opinion it is not rheumatism at all; not being the effect of any specific poison or constitutional diathesis, and it often occurs quite independently of the acute urethral inflammation called gonorrhœa, as well as of very gouty or rheumatic predisposition, but is dependent on a local condition of the urethra, so that he calls it urethral rheumatism as being its most convenient name. It occurs in men of an anæmic or weekly condition, or when a gonorrhœa has been treated too long by copaiba or purgatives. Symptoms, dull pain in heels and ancles, with pain and effusion in knee-joints, being a sub-acute inflammation of the synovial membranes, and of the fibrous tissues about the ancles, heels, and balls of the great toes; it gradually affects the shoulders, elbows, and hands. Congestion of the sclerotic vessels of the eye is present, and the health suffers severely. Exacerbations take place with pain in the loins in the morning, followed by profuse perspirations, loss of appetite and sleep, urine scanty, tongue coated, face hectic; the limbs often become permanently contracted unless great skill and care be used in the treatment. It is most important to consider the condition of the urethra which varies considerably from profuse muco-purulent discharge to the slightest gleety fluid. *Pathology.*—The disease is not diathetic or constitutional, but it is septæmic, in fact, a chronic pyæmia. I advance the theory that the absorption of the morbid materials, whatever it may be, the process goes on continually during the course of the disease, and that the abnormal condition of the blood is not maintained by the assimilation of the new materials of the blood to its altered state, as in syphilis, but that the altered state of the blood is kept up by the daily absorption of the morbid materials from the urethra. The new blood being still assimilated to its normal state, thus as soon as the supply of the "materies morbi" from absorption be stopped the blood gradually eliminates the poison and returns to its healthy state. The peculiar immunity of women is owing to the greater thickness and coarseness of the vaginal epithelium when compared with that of the male urethra, and that they are not treated by specifics and antiphlogistics. If the disease were a rheumatic urethritis and not a urethral rheumatism as some pathologists maintain, why should not women be equally liable with men? They are equally liable to rheumatism. *Treatment.*—Antiphlogistics, copaiba, and iodide of pot. do no good, in fact they do harm. The proper treatment is full diet, with steel and quinine wine and porter, and lastly, injection until the discharge is completely cured. A very good one is tannin and opium with water, by which a gallo-taunate of morphia is held in suspension. It is very good in chronic discharges, as the astringent material when injected is precipitated into the sides of the urethra, and remains for some time in contact with the surface diseased. *Deduction.*—That urethral rheumatism is a slow form of pyæmic poisoning, due to the local disease of the urethra, and that when the discharge is thoroughly and permanently stopped the rheumatism may soon be cured, and has no tendency to return, except by access of a fresh urethral discharge.

An animated discussion took pace, in which Mr. Adams, Mr. Brudenell Carter, Mr. de Meric, Mr. Davy, and Dr. Carpenter took part.

EDINBURGH OBSTETRICAL SOCIETY CONVERSAZIONE.

The opening of the 31st session of this Society on the 8th inst., was inaugurated by a *conversazione*, in its hall, 5 St. Andrew's square. The invitations issued by the President and Fellows, included the names of the practitioners in the city and county, and most of the corresponding Fellows in Scotland. In addition to the Fellows of the Society present, we observed Professors Maclagan, Lister, Spence, Sanders, Balfour, &c., Drs. Littlejohn, Thos. Keith, Dycer, J. Smith, Hoyne, Mach, Caddell, Inglis, Higgslop, Orphort, Roberts, John Duncan, Thompson, Wright, &c., Messrs. Aytoun, Anstie, Gardner, Alman, Hepburn, J. W. Hoyne, McKay, Nicol, Swanson, Tait, Wilson, Hilliard, Young, M'Gregor, &c., and amongst those from a distance were: Drs. P. A. Young (Portobello), Fowler (Castuphine), Brodie (Libberton), Hope (West Calder), Carmichael (Burntisland), Carruthers (Cramard), Fergusson (Peebles), Professor Wilson (Glasgow), Drs. Kerr, R.N. (Brunyrigg), McArthur (Auastruther), McFarlane (Pidmont), Parker (Nova Scotia), Robertson (Lander), Thompson (Inveresk), Thorburn (Ivanhead), Turnbul (Coldstream), McLeod (Ben Rhydding), Ballantyne (Dalkeith), Forrest (Stirling), Monro (Glasgow), Black (Cochburnspalt), Whiteford (Greenock), Laurence (Montrose), Brotherstone (Aloa), &c., &c.

The guests were received by the President, Dr. Charles Bell, who opened the proceedings by introducing Dr. Keiller to the meeting, as a former President of the Society, who had been selected by the council to deliver an address. The subject chosen by Dr. Keiller was, the "Progress of Obstetrics." The time allowed for the lecture did not permit of the lecturer going deeply into the subject. He therefore took a comprehensive but necessarily cursory glance of the great subject, dwelling occasionally on some of the more important steps in the progress of obstetrical science. He also referred to the dangers the accoucheur and surgeon were occasionally exposed to in the exercise of their duties from actions being raised against them for mal-practice, but time did not permit him entering upon the merits of the recent case at Stockton-on-Tees, in which he gave evidence for the defender. Referring to the success of ovariotomy, he alluded in complimentary terms to the grand results of an Edinburgh operator, Dr. Thomas Keith, and before concluding, paid a tribute of respect to the memory of Simpson, a name ever well received in this Society.

On the motion of Professor Maclagan, seconded by Dr. Turnbull, of Coldstreams, a cordial vote of thanks was awarded to Dr. Keiller for his interesting address, the company then adjourned to another room where refreshments were provided, and instruments and preparations were exhibited.

Amongst the exhibitors connected with the Society were, Professor Simpson, Dr. Keiller, Dr. Matthews Duncan, Dr. Macdonald, Dr. Young, Professor Inglis (Aberdeen,) and Dr. Ritchie. Professors Sanders and Fromer exhibited a series of preparations of injected uteri and placenta of the lower animals. Mr. Arch. Young exhibited the utero abdominal support and pessary of Dr. Charles Bell, a new midwifery forceps with one solid blade, by Dr. Hamilton of Falkirk, Dr. Cappins' bayonet jointed forceps with long and short handles, a new hysterotome by Dr. Coghill, Professor Inglis, short handled forceps, Dr. Matthews Duncan's cephalotribe, and also his hollow sound and syringe for injecting the uterus, &c. Mr. Mackenzie exhibited Dr. Gordon's new forceps with locked handles, and moveable blades, Mr. Hilliard exhibited a variety of obstetrical instruments and apparatus. Mr. Gardner exhibited Simpson's, Churchill's, Duncan's, Grigler's, Coppic's, Keiller's, Barnes's, Campbell's, Oldham's, Greenhalgh's, Murphy's, Blendell's, Robertson's, Graily Hewitt's, Davis's, Rambotham's, Denman's, and Assitine's forceps; Simpson's, Weis's, Holme's, Lee's, perforators: Simpson's, Murphys's, Conquest's, Holme's, Grigler's, Churchill's, cranioclasts, and Simpson's, Duncan's, Barnes's, and Charles's, cephalotribes, &c. Mr. Hart showed electrical apparatus, an ingenious invalid's bell, and the apparatus for the application of the constant current. After a very pleasant evening, the company separated about 10 o'clock.

OBSTETRICAL SOCIETY OF IRELAND.

The Obstetrical Society of Ireland held its first meeting on Saturday evening last, at the King's and Queen's College of Physicians.

The President, Dr. Kidd, delivered the opening address. He congratulated the Society on entering their thirty-eighth annual session in a prosperous condition. "We have," he said, "a goodly roll of members, our finances are in such a condition as to allow your Council to think themselves justified in undertaking that which they have long desired—the publication of an annual volume containing a full report of the papers read at our meetings, and of the discussions that take place thereon, and our proceedings indicate vigour, progress, and good and faithful work."

After a brief summary of the papers read during the session, he remarked that it seemed to him that such as theirs are working best, and exercising the highest functions belonging to them, when their proceedings reflect the progress being made in the departments of knowledge for the cultivation of which they were founded, and, at the same time, add their share to this progress. Judged by this standard our

Society is working well, and this I hold to be no mean praise, for in no department of medicine has more rapid and gratifying progress been recently made than in that of obstetrics.

He then entered into a brief examination of some of the subjects in which this progress has been most marked, beginning with the treatment of tedious and difficult labours. He laid before the meeting a table formed from data obtained from the five published reports of the Rotunda Hospital. He showed that during the last three years Dr. Geo. Johnston had used the forceps once in every 14·74 cases delivered in the hospital, whereas Dr. Joseph Clarke, who was master from 1787 to 1793, used it but once in 728 cases; and one of his successors had stated that he had tried it once and failed, and would not try it again. Dr. Collins used it once in 608 deliveries; Dr. Charles Johnson once in 106·88; Dr. Shekleton once in 68·74; and now we have Dr. George Johnston using it once in 14·74.

It was then shown by a comparison of the results obtained that this frequent use of the forceps was an important improvement. In making this comparison it was confined strictly to the class of tedious and difficult labours. It appears that Dr. Clarke used the forceps in but 6·55 per cent. of his cases of this class, and the perforator in 26·77, and that 20·21 per cent. of the mothers died.

Dr. Collins used the forceps in 6·66 per cent., and the perforator in 37·61 per cent. of his cases, and 16·76 of the mothers died. Dr. Chas. Johnson used the forceps twice as often as either—viz., in 13·12, and the perforator in only 20·07 per cent., and the mortality of the mothers was not more than 8·49 per cent.

Dr. Kidd next compared the reports of Dr. Shekleton's practice and Dr. Geo. Johnston's, placing them in a group by themselves, because they differed in construction from the others. Dr. Shekleton used the forceps in 32·56, and Dr. Geo. Johnston in 75·27 per cent. Dr. Shekleton used the perforator in 19·26, and Dr. Geo. Johnston in only 4·41 per cent. of his cases. Dr. Shekleton lost 6·03 per cent. of the mothers after tedious and difficult labours, Dr. Geo. Johnston 7·38. It is evident thus, that Dr. Geo. Johnston used the forceps in very many cases in which Dr. Shekleton would have used the perforator, and it seems probable that the increased maternal mortality is due to this cause, and the fact that the perforator was only used in 4·41 per cent. of the cases, and that the mortality rose to 16·66 per cent., shows that this instrument was used only in very extreme cases. Taking the whole five reports, however, the total mortality of the mothers after tedious and difficult labours ranges as follows:—20·21, 14·76, 8·49, 6·03, 7·38, per cent., and of those delivered with the forceps 50 per cent., 28·57, 14·70, 3·57, 6·86, per cent., and this Dr. Kidd claimed as a very important and marked progress in the right direction. Again, of the whole number of children born after tedious and difficult labours, Dr. Clarke lost 72·38 per cent., Dr. Collins 42·80, Dr. Charles Johnson 46·33, Dr. Shekleton 32·68, and Dr. Geo. Johnston 9·59 per cent. Of those born by the aid of the forceps, Dr. Clarke lost 50 per cent., Dr. Collins 35·71, Dr. Charles Johnson 50, Dr. Shekleton 11·90, and Dr. Geo. Johnston 4·90. In a large proportion of Dr. Charles Johnson's cases, the children died from the use of ergot of rye, a remark that applies also, though in a less degree, to Dr. Shekleton's cases; but notwithstanding this, there is here demonstrated a very important saving of infant life—Dr. Clarke's loss being 72·38, and Dr. Geo. Johnston's 9·59—in addition to the saving of the mother's lives, in consequence of the early use of the forceps—a further proof of progress.

The history of this change in practice was then traced. Progress, he said, is generally so gradual in its growth that it is impossible to say where it begins, and what are the stages of its development; but in the present instance it is not so. We have seen that it was the teaching of Dr. Clarke that almost entirely banished the forceps from the armamentarium of the Irish Obstetrician; but great as was his authority and influence, there was found one among his pupils to protest against the erroneous teaching of his master—Dr. John Beatty, Dr. Clarke's first assistant in the hospital. Since then, the use of the forceps has gradually become general in Dublin, to which the influence and example of Dr. Thomas Edward Beatty and Dr. Churchill have much contributed, for not only did they teach the use of the instrument in the hospitals under their care, and in their writings, but by their improvements in its construction they rendered its application more easy and safe. In the Coombe Hospital the same principles have long been taught, and we all rejoice now to find the great institution to which the Dublin School of Midwifery owes so much of its reputation, the Rotunda Hospital, taking its rightful position in the van of the movement.

In private practice, he said he believed the forceps is now used with pretty much the same frequency as in the hospitals. In his own practice, he finds he has, during the last seven years, in cases that have been under his own care from the beginning of labour, used it at the rate of once in every sixteen cases. In his earlier career he did not use it nearly so frequently, but he believed the results he had obtained fully justified the change.

During these seven years he had never lost a mother from tedious and difficult labour, where the case had been under his own care from the beginning, nor had there been one child still-born that did not show indisputable evidence of having been dead some time before labour began. During these seven years he had only given ergot of rye, to hasten labour, to one patient; and he never used the forceps without having the approval, presence, and assistance at the operation of another practitioner; for, however he might differ from Dr. Clarke and Dr. Collins in other matters, he quite agreed with them in this—that no operation should be undertaken in midwifery without a previous consultation. During the same seven years he performed craniotomy but once, on a patient who had been under his own individual care from the commencement of labour, and then merely to save the mother from a prolonged labour, when the child was known to be dead. It would be difficult for him, he said, to describe the pleasure it afforded him to look from time to time on children now growing up who were born by the aid of the forceps, but who so recently even as when he was a student would have been the subject of craniotomy.

Improvements in embryotomy was the next subject taken up. It was shown that, though the use of the perforator and the frequency of embryotomy has been gradually reduced to a minimum, this very circumstance, instead of causing the operation to be neglected, has led to its improvement. Embryotomy is now only performed in extreme cases, and consequently the instruments that served well enough in cases of little difficulty, soon had their inefficiency made manifest when they came to be used only in cases of great deformity. The improvement of the instruments and of the methods of operating, therefore, became a necessity, and to this object has been directed the attention of obstetricians in all lands. In Italy and in France, in Austria and in Belgium, in America, and at home, improvements have been suggested. The cephalotribe, the *forceps tarière* of the Brothers Lollini, and the operation of sphenotresie of Hubert, and the dividing of the head into segments by the saw forceps of Van Heuvel, and by the écraseur of Barnes' were described; and Dr. Kidd went on to say, "We have thus got at our disposal various methods of reducing the head or other parts of a child in utero to such dimensions that it may be drawn through a very narrow pelvis; and I claim it as another example of progress that by some one or other of these methods in those cases where the pelvis is so deformed, that some years ago we would all have admitted that delivery could only be effected by that most fatal operation, the Cæsarian section, the child can now be removed with comparative safety to the mother."

Dr. Braxton Hicks' method of version by combined external and internal manipulation was next described, and then those cases of transverse presentation in which it was found impossible to effect version were spoken of. In these cases Dr. Kidd said "this impossibility of turning the child had," to use the words of Denman, "to the apprehension of writers and practitioners left the woman without any hope of relief." Some proposed to decapitate the child under these circumstances, but owing probably to badly devised methods of doing it the operation was seldom if ever practised, and another operation was adopted instead. This operation, evisceration, was seldom accomplished, according to Dr. Collins, under two hours; in one case he spent two hours and a half at it, and Dr. Kidd had seen others and had himself been as long at it. It is to the operator two hours of hard work and great fatigue, and if it produces great exhaustion in him what must it be to the mother. After a series of attempts the operation of decapitation has

lately been rendered so simple and easy of performance that it will probably altogether supersede evisceration. Professor Pajot, of Paris, has devised a method by which the operation may be effected in a minute and a half; and Dr. Kidd had himself done it with Pajot's instrument in this time.

The treatment of hæmorrhage by injections of the perchloride of iron into the uterus, and by transfusion, were next spoken of, and then laceration of the perineum, the immediate closing of which with sutures was recommended, and the address concluded with a commendation of the plan proposed by Dr. Hicks for the treatment of fœtid and putrid discharges, by washing out the cavity of the uterus with a solution of the permanganate of potash; and Dr. Kidd said he had seen great benefit from the adoption of this practice.

TEDIOUS AND DIFFICULT LABOURS.

	CLARKE.		COLLINS.		C. JOHNSON.		SHEKLETON.		G. JOHNSTON.	
	Actual number observed in 10,199 labours.	Per cent.	Actual number observed in 15,850 labours.	Per cent.	Actual number observed in 6,634 labours.	Per cent.	Actual number observed in 13,748 labours.	Per cent.	Actual number observed in 3,338 labours.	Per cent.
Total number of tedious and difficult labours	183	1·79	210	1·32	259	3·90	514	3·73	271	8·14
Of which were delivered unassisted	122	66·67	117	55·71	173	66·79	247	48·05	55	20·29
,, by forceps or vectis	12	6·55	14	6·66	34	13·12	168	32·68	204	75·27
,, by perforator ...	49	26·77	79	37·61	52	20·07	99	19·26	12	4·41
,, Deaths of mothers :—										
Total after tedious and difficult labours ...	37	20·21	31	14·76	22	8·49	31	6·03	20	7·38
,, delivered unassisted	15	12·29	12	10·25	9	5·20	12	4·85	4	7·27
,, by forceps or vectis...	6	50·0	4	28·57	5	14·70	6	3·57	14	6·86
,, by perforator ...	16	32·65	15	18·98	8	15·38	13	13·13	2	16·66
,, Deaths of children :—										
Total after tedious and difficult labours ...	97	72·38	113	42·80	120	46·33	168	32·68	26	9·59
,, delivered unassisted	42	34·43	29	16·95	52	30·05	49	19·83	6	10·90
,, by forceps or vectis...	6	50·0	5	35·71	17	50·0	20	11·90	10	4·90
,, by perforator ...	49	100·0	79	100·0	52	100·0	99	100·0	12	100·0
,, Total forceps or vectis cases	14	—	27	—	42	—	226	—	227	—

Summary of Science and Pharmacy.

BY C. R. C. TICHBORNE, F.C.S., M.R.I.A., &c.,

(Specially compiled for the MEDICAL PRESS AND CIRCULAR.)

ACRIDINE.

ACRIDINE is the name applied by Graebe and Caro, to an artificial base obtained by them when acting upon crude anthracene, or the semi-solid portions of coal-tar naphtha with sulphuric acid. It is said to have the most extraordinary irritating action upon the skin and mucous membranes, and thus the name. Acridine melts at 107 deg., and distils at about 360 deg., and when inhaled either in the form of dust, or in vapour, it causes sneezing and coughing. Its composition is C_{24} H_{18} N. The salts crystallise well, but will not stand boiling.

HIMALAYA TEA.

THE following analysis was made by Ph. Zöller for Prof. Liebig. The sample consisted of young leaves :—

Water, 4·95;
Ash, 5·63;
Potash, 39·22;
Phosphoric acid, 14·55;
Oxide of iron, 4·38;
Oxide of manganese, 1·03;
Lime, 4·24;
Extractive, 36·26.

The ammonia equalled 5·38, nitrogen. There was 4·94 of theina, and a small quantity of theobromina. In old tea leaves, the potash and phosphoric acid are much lower, but the lime is very high.—*Ann. d. Chem. Und. Pharm.*

INFLUENCE OF TEMPERATURE UPON PROTOPLASMIC LIFE.

PROF. CRACE CALVERT, in his paper upon "Germs," has entered into an elaborate series of experiments, performed by submiting fluid containing germs to different temperatures in hermetically sealed tubes. His general results may be summed up in the following words:—The temperatures of 100 deg., 212 deg., and 300 deg., do not destroy life in the presence of water, whilst at 400 deg. F., they do. Putrid meat liquor containing a large quantity of microzyma and vibrios, when submitted to a temperature below the freezing point of water, were examined when the ice was melted. The animalcules retained their vitality, but were in a languid condition. Two hours after melting the ice, the animalcules had regained their energy.

COMPOSITION OF THE BLOOD IN CHYLURIA.

M. HOPPE-SEYLER gives the analysis of the blood and urine of a lady labouring under chyluria, who was under the care of Prof. Niemeyer. The urine had a milky-white appearance, and contained ·17 per cent. of fat. The blood was obtained by cupping, and was not at all milky. From the analysis of the blood, it would appear that the amount of blood-colouring matter and blood corpuscles, was not diminished. The whole blood contained ·17 per cent. of fat, the serum ·359, while the urine contained ·72. "It is evident," says the author, "that the fat in the urine is not derived from transudation alone, but that a corresponding amount of transudate free from fat, finds its way back into the lymph, or the blood vessels."

AQUEOUS HYDRIODIC ACID.

DR. WRIGHT has determined the relative specific gravity and percentage of hydriodic acid in aqueous solutions. His table will be found in the *Chemical News* for June. The increase of gravity is not proportionate to the increase in strength, as with hydrochloric acid. The density of an acid containing a given percentage x of hydriodic acid, is greater than that of one containing the same percentage of hydrobromic acid, while that again is greater than that of an acid containing x per cent. of hydrochloric acid.

GALLEIN.

GALLEIN is the name applied to an artificial colouring principle, produced by heating pyrogallic acid with phthalic acid. It cystallises from hot alcohol on cooling in what appears brown crystals by reflected light, but are blue in transmitted light. It bears a strong resemblance to hæmatin, the colouring principle of logwood, and must be closely related to the

colouring matters of logwood or barwood. The colours it produces with cloth mordanted with iron and alumina, are finer and more stable than the logwood colours. It is the first of this group of colours that has been produced artificially.—*Deut. Chem. Ges. Ber.*

CARNINE.

THIS IS the name applied by M. Weidel to a crystallisable base procured from extract of meat. Voit says the "Genufsmittel" (strength-enhancing), is not due to the presence of creatine and creatinine. Carnine the new base, given in doses of 1 or 2 grains, affects the nervous system and slackens the pulse.

ON THE ACTION OF CHLORIDES ON CALOMEL.

MR. MICHAEL CUMMINS says that calomel is not converted into corrosive sublimate by soluble chlorides at the temperature of the body; but near the boiling point of water it is slowly converted into that salt. This is particularly the case with sal ammoniac. When chloride of sodium is used in place of chloride of ammonia the calomel does not so readily become converted into chloride, but requires a higher temperature. At 110 deg. no change takes place, but when kept at 120 deg. F. for twelve hours, the calomel is slowly converted into corrosive sublimate. The addition of muriatic acid seems to hasten the action. With nitro-muriatic acid the change takes place spontaneously, and at ordinary temperatures.

BROMIDE OF CERIUM.

MR. C. BULLOCK prepares this salt by dissolving carbonate of cerium in hydrobromic acid (*American Journal of Pharmacy*). This solution of bromide of cerium decomposes while evaporating, and disengages acid fumes. When evaporated to dryness and powdered, the salt has a slight chocolate colour, and the taste is sweet and very styptic. It is very deliquescent, and nearly all dissolves in alcohol of 45 per cent. There is an insoluble sediment, which, from the author's description, seems to be oxide, resulting from the partial decomposition. In speaking of the substance M. Wurtz says in his "Dictionnaire de Chimie," that it forms a deliquescent mass, fusible without alteration out of contact with the air, but decomposed by heat in the form of air into bromine, which is disengaged, and an oxybromide of cerium. This salt of cerium is used in the American practice.

ALUM IN BREAD.

FOR the detection of this sophistication Mr. Moffat recommends that a tincture of logwood should be made by adding 120 grains of logwood to 8 ounces of spirit, and macerating 18 hours. Such a tincture when brought in contact with bread or flour free from alum produces a pale yellow or straw colour, but when it is present a dark red shade is produced.

PREPARATION OF SULPHURETTED HYDROGEN GAS.

MR. GALLETTY recommends the use of paraffin or paraffin oil for the production of this gas in the laboratory. He simply heats equal parts of paraffin and sulphur in a flask to a temperature a little above the melting point of sulphur. A stream of the gas can thus be obtained, lasting several days; and the production of the gas stops on the withdrawal of the heat.

ETHERIAL SOLUTION OF QUINIA FOR SUBCUTANEOUS INJECTION.

THE neutral sulphate of quinia is not soluble in any extent in water, and the use of an acid salt for the above mode of administration is attended with great pain and inflammation. It is said that one part of quinia is soluble in sixty parts of æther, but Mr. Rice, in the *Chicago Pharmacist* states that a solution in æther suitable to subcutaneous injection is easily procured contains 1 grain of the alkaloid in 2 minims of æther. This is effected by dissolving the moist quinia at the instant of its precipitation, in the presence of the æther. The ætherial layer is separated, and contains the whole of the quinia. For the details of his process the reader is referred to the *Pharmacist* of September.

CASTOR OIL.

M. O. POPPS in *Archiv. d. Pharm.* says that castor oil is the only fat oil that turns polarised light to the right.

CHLORAL HYDRATE AND COD LIVER OIL.

CHLORAL hydrate is soluble in cod liver oil when warmed, 10 grammes should be dissolved in 190 grammes with the aid of a sand bath.

SUPERSATURATED SOLUTIONS.

THE principle enunciated by M. Coppet to attain this object consists in dissolving the *anhydrous* salt in cold water. The powdered salt must be added in small quantities at a time and the whole must be protected from atmospheric dust. The original paper is published in the *Chemical News*.

Correspondence.

THE FOG ABOUT DISINFECTANTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The article on the "Medical Aspect of the Franco-German war," which appeared in your issue of the 15th inst., after showing that the copious use of substances commonly classed among disinfectants, such as carbolic acid, was inadequate to prevent pyæmia, ends with the query, "Is it not now far too much the fashion to trust to them" [disinfectants]? Considerable practical experience in the use of disinfectants, and some personal knowledge of the way in which disinfecting measures were carried out in the German and French military hospitals, entitle me to take exception to your dubitative question. I should be disposed to blame the faulty practice pursued, for the absence of good results rather than the inefficacy of disinfectants in general. In the German hospitals which I had the opportunity of visiting, I often found two incompatible substances in use. Wounds and dressings would be sparingly disinfected with permanganate solution (Condy's fluid), made by dissolving permanganate of potash crystals, which were kept in small stoppered phials like the most costly drugs, while the utensils, latrines, wards, &c., would be treated with carbolic acid. As to the French hospitals, they seldom possessed any permanganate, and so little were French surgeons acquainted with the valuable properties of that substance, that a considerable quantity, which was sent over to Paris as a gift, before the German siege, by the principal English maker, was not used at all, and was returned intact from the Palais de l'Industrie when the war was over. Now, permanganate and carbolic acid are diametrically opposed to one another; the former being of an oxidating nature, whereas the latter is an agent greedy of oxygen. To exhale into the atmosphere carbolic acid at the time when permanganate solution is being employed, is equivalent to adopting, at considerable expense and trouble, a means of rapidly consuming the active principle (oxygen) of the latter compound. Neither in German, French, nor yet in British hospitals and ambulances, did I ever hear of permanganate having been used except in conjunction with some incompatible so-called disinfectant. Had it been exclusively employed, I am satisfied that the results would have been very different. Carbolic acid is, moreover, not only incompatible with permanganate solution (Condy's fluid), but antagonistic to ventilation, which also is a process of oxidation; whereas the latter preparation, having oxygen for its active principle, is in harmony with ventilation and a powerful complement of it.

The universal prevalence of pyæmia in the hospitals and ambulances during the war was therefore, in my humble opinion, not due to trusting too much to disinfectants, but was owing to the defective practice of disinfection on the part of surgeons and hospital authorities. When oxygen, in the concentrated and active form in which it exists in permanganate, on the one hand, and, on the other, in that of free air, shall have been given full scope with no beneficial result, it will be time enough to despair of the efficacy of disinfectants, properly so-called, for the prevention of pyæmia and other hospital scourges.

Yours obediently,

BUSYBODY OXYGEN.

London, Nov. 17th, 1871.

TWIN BIRTHS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A recent communication to your journal on a case of twin-birth is very interesting, and narrated with singular naivete, no apology being offered for the extraordinary Fabian policy pursued by the doctor. That it chanced to be successful

is no reason why it should be allowed to pass without censure. He says "he suspected that a second child remained in utero after the birth of the first, but he 'knew' that the placenta was retained;" yet what does he do? He gives ergot. So far right—if he knew the presentation; but no uterine action following on its administration, he, after two hours, departs, leaving the woman to her fate. For anything his letter shows, he sees no more of her for three days, when he is sent for, and finds the feet presenting. Lucky it was not the arm. His manifest duty in the case was to have introduced his hand into the vagina in order to confirm or correct his surmise. He should have ruptured the second bag of water, and brought down the foot by gentle traction. The passages being already dilated by the birth of the first child, he could have completed the delivery in a few minutes without any aid from nature, but it is probable that pain would follow from the rupture of the amnial sac. If it was the head that presented, he might, after rupturing the bag of water, deliver by the forceps if it were near enough, or very easily, while the waters were prevented from all escaping by his arm, run his hand within the uterus along the body of the child, seize a foot, and turn, bring down the foot and complete the delivery. Had it been a hand or arm, this course would of course be compulsory not merely optional. The letter does not say that any examination was made to determine the presentation. In a case like the one narrated, which occurred in France some years ago, a twin having been retained in utero, metritis and peritonitis set in, the uterus fortunately became adherent to the abdominal parietes, which suppurated, displaying a cavity communicating with the womb, and revealing a decomposing fœtus. I forget if it was full term or not. Using disinfecting poultices for a while, the medical attendant very cautiously enlarged the aperture with the knife, and extracted the body of the infant and the placenta. The woman recovered, but it was almost as miraculous as the recovery of a man who got a bullet in his brain. If your correspondent's first suspicion as to the existence of twin pregnancy was shaken by the non-appearance of labour pains after two hours' delay and exhibition of ergot, it was then his bounden duty to remove the placenta, for a retained placenta will most likely cause death by hæmorrhage, as in a case of concealed birth I had to do with, where it was retained for a week, or otherwise by bringing on typhoid fever or pyæmia. If he felt any hesitation as to the course to be pursued, he should have called in a consultant, a privilege too seldom availed of by dispensary doctors. Apologising for the length of this *critique*,

I am, Sir, yours faithfully,

FRANCIS M. LUTHER, M.D.

Cappoquin, Nov. 15th, 1871.

Medical News.

Royal College of Surgeons of England.—At meetings of the court of examiners, on Thursday and Friday, the following candidates passed the required examinations for diplomas, and were admitted members of the college, viz.:—Messrs. David P. James, Narberth, South Wales; Thomas Harrison, Stafford; Thomas Jago, Saltash, Cornwall; Stanley A. Gill, Torquay, Devon; John Selwyn Cowley, Upton-on-Severn; Joseph Priestley Smith, Edgbaston, near Birmingham; Stanley A. Julius, Mortlake, Surrey; George Hughes Cable, Greenwich; William Ewart, Brompton; James Alexander Hendry, Liverpool; Frederick Phillipps Johnston, Taunton; John H. Thomas, Carmarthen; Alfred P. Boon, Delemare crescent, W.; Edward Sergeant, Preston; Alfred R. Lee, Tollington park, N.W.; Edward Yate, Godalming, Surrey; Henry Eugene de Meric, Brook street, W.; William Cave Head, Lewes; Frederick Arnold Lees, Meanwood, near Leeds; John Samuel Slater, Bath; George John Scale, Merthy Tydfil; James Magill, M.D., Queen's University, Ireland, Cork; George Frederick Masterman, Croydon; Ebenezer Erskine Sloane, M.D., Queen's University, Ireland, Lisburn, county Antrim; Alexander Harbinson, M.D., Queen's University, Ireland, Newry, county Down; Ebenezer John Ramsey, Queen Anne street, W.; William Richard Rogers, M.R.C.P., London, W.; John Rowland Wright, Leicester; and William Johnson Walsham, Tyndall place, Islington.

Apothecaries' Hall of London.—At a court of examiners held on the 16th instant, Messrs. Ethelbert Hoskine of Woburn square, Henry Parkhouse of Braintree, and Charles Edward Whittington, of Tuxford, having passed the necessary examinations received the L.S.A. diploma:—Messrs. Frederick William Lewis (Middlesex Hospital), Thomas Decimus Paradise (Guy's Hospital), Alfred Warren (Charing-cross Hospital), and James Sealey Whittaker of (Guy's Hospital passed the primary professional examination.

University of Cambridge.—*Scholarships.*—Trinity College offers one or more scholarships of the value of £80 a year for Natural Science. The examination will be on April 5th, open to all persons under the age of twenty-one. St. John's College offers an exhibition of £50 a year. The examination on April 12th, in Chemistry, Physics, and Physiology, will be open to persons under twenty not members of the University, and to under graduates in their first term. The tutors of the College will supply further information.

University of London.—The following are the candidates who passed the recent second M.B. examination:—*First Division:*— William Henry Allchin, James Barry Ball, William Ward Carr, Alfred Henry Carter, University College; Ernest Alfred Elkington, General Hospital, Birmingham; John Henry Humphreys, Gen. Hos., Birm. and Univ.; Richard Clement Lucas, Henry Edward Southee, Guy's Hospital; Robert Wishart Lyell, King's College. *Second Division*:— William Barnett Burn, B.Sc., Alphonso Elkin Cumberbatch, St. Bartholomew's Hospital; Frederick Durham, Joseph Theodore Ingoldby, Guy's Hospital; Alfred William Harding, B.A., Henry Newell Martin, B.Sc., Charles Read, William Wynn Westcott, University College; William Smith Paget, Liverpool Sch. and Univ. Coll.; Alfred John Wall, St. Mary's Hospital.

At the recent Pass Examinations for the diploma of membership of the Royal College of Surgeons, ninety-seven candidates presented themselves; namely, forty-six for the double examination on Surgical Anatomy and the Principles and Practice of Surgery, and also the Principles and Practice of Medicine; nineteen on the first part only; three on Medicine, having previously passed in Surgery; and twenty-nine who, having passed a medical examination elsewhere, were only examined on the Surgical portion.

Mr. Cordy Burrows has been re-elected for the third time mayor of Brighton.

Making the most of a Misfortune.—A man with a curious malformation is visiting the hospitals and selling photographs. He has two hands and lower arms on one side, so joined that the fingers of the one act in opposition to the fingers of the other.

Proposed Memorial to Dr. Priestley.—A public meeting was held on Thursday in Birmingham for the purpose of adopting measures to establish a memorial to Dr. Priestley. Mr. S. Timmins presided, and in the course of his remarks stated that it was proposed to purchase a portion of the site of the house at Fairhill, near Birmingham, where Dr. Priestley resided for eleven years, the house itself having been burned down after Dr. Priestley went to America. It was further stated that the response to the movement would be so hearty that something like £3,000 would probably be raised, and in that case the memorial would be made to partake of a national character by the foundation of the Priestley Scholarship for the support of a student of science at some public scientific institution. Ultimately it was decided that all these objects should be included in the project—namely, the purchase of the site, a scholarship, and a statue. A committee was appointed to take the necessary steps.

Frozen to Death.—Such is the melancholy announcement which reaches us as having happened on Saturday last to a member of our profession. The deceased, Mr. F. B. Eaton, L.R.C.P., M.R.C.S., was the medical officer to the Nuneaton Union, Warwickshire, and had practised in the town of Nuneaton about five years. On Friday, at twelve o'clock, he left Nuneaton, in company with a tradesman named Palmer, to visit a patient at Sutton Cheney, about six miles distant from the town. After dining, Palmer went out shooting into some neighbouring fields, leaving Mr. Eaton in the house talking with his patient. In the evening they all visited the house of a friend, named Cooper, and subsequently returned to supper. About ten o'clock the deceased started home alone

with his horse and trap. According to the evidence of Palmer, given at the inquest on Saturday night, the deceased was quite cheerful when he left; and although he had not travelled the neighbourhood previously they considered he would be able to find his way, Nothing more was seen of the deceased until eight o'clock on Saturday morning, when a labourer, named Bailey, who was passing along the road observed the deceased sitting upon the ground, his head resting upon one of the wheels of his trap and one of his arms being between the spokes. Bailey then ran home and told his master, who went immediately, and after asking the deceased several times for his name and address, the latter with some difficulty told him who he was. Brandy was at once procured, but the deceased was unable to swallow it, He was then taken home, but died very soon after his arrival. Superintendent Austin, who examined deceased's clothing, gave evidence showing that deceased must have got into some water during the night, his clothes being saturated, and some of them frozen and stiff. In the lane not far from Red Gate, a water-course is crossed by a bridge, and it is supposed that after deceased had passed over, he discovered that he had lost his way, that he then turned his horse round, got into the water, and was pitched out. The splash-board of his trap was broken. It would appear that he got in again and drove on for some distance, and, not being acquainted with the locality still went the wrong way. Mr. Nason, surgeon, who was called in, said he found the deceased quite cold and unconscious. He breathed at long intervals five or six times, and then died. The symptoms were those which would arise from exposure to severe weather. There was an abrasion on both legs from the knee to the ankle, but no other wound to account for death. The jury returned a verdict to the effect that "deceased died from congestion of the brain, consequent on exposure to cold.

Professor McGraw, of the Detroit Medical College, in an address to the graduating class (*Detroit Review of Medicine*) says: "I have been in doctors' offices where a skull grinned from one corner, ghastly anatomical plates hung from the walls, and splints, suggestive of broken bones were placed conspicuously in every corner What a delightful resting-place for a sick woman, visions of death, disease, and injury, greeting her on every side! Now, gentlemen, make your offices pictures of comfort and cheerfulness. Banish from them every sign of your professional occupation, so that your patients may enter them not only without disgust, but with actual elevation of heart. I think, I need hardly say, that your apartments should be scrupulously clean, although I can recollect too many rooms occupied by physicians, whose windows were festooned with cobwebs and dead flies, and whose floors were stained with tobacco spit. I have been pleased sometimes to hear the occupants of such offices groan about the lack of custom, for if it is the duty of a physician to preach the virtues of cleanliness, he should himself be a living example of his own doctrine. Filthiness in a physician is, like dishonesty in a merchant, the very worst of sins."

Medical Students.—Dr. Ogle, the recently appointed Government Inspector of Anatomy, reports that there are this session 368 medical students in the provinces, being an increase of eleven over the number of last year, although only two schools show an increase, viz., those of Manchester and Bristol.

	1871.	1870.
Manchester Royal School of Medicine and Surgery	111	98
Birmingham Royal School of Medicine and Surgery	60	76
Liverpool Infirmary and School of Medicine and Anatomy	54	58
Leeds School of Medicine	45	46
Bristol Old Park Medical School	36	30
Cambridge University School	27	—
Newcastle-upon-Tyne College of Medicine	25	35
Sheffield Medical Institution	10	14
Total	368	357

The total number of metropolitan students pursuing their studies this session is 1,491 against 1,317 last year, or an increase of 174, the number of new entries or freshmen being 472.

Infirmary or Hospital?

A SINGULARLY common error is pointed out in the use of the terms *infirmary* and *hospital*, by the editor of the *British Medical Journal* (May 27th, 1871), which is, however, mainly confined to England and this country. A *hospital* is defined as a place for shelter or entertainment, for the exercise of "hospitality," while an *infirmary* is the place for the reception of the sick. The error is traceable in London to St. Bartholomew's and St. Thomas', which were founded as priories, afterwards became hospitals, and have now become infirmaries, though still called hospitals. They might with equal propriety be called priories. In Scotland and Ireland, however, the term infirmary is correctly used. Thus, there is the Edinburgh Royal Infirmary, with 565 beds; the Glasgow Royal Infirmary, 547 beds; Aberdeen Royal Infirmary, 300 beds. The same journal suggests the change of name of St. Thomas' to that of "the Victoria Infirmary." Would it not be well for Philadelphians to remember this correct application of the terms in naming the new infirmaries proposed, as "The Infirmary of the Presbyterian Church," and "the University Infirmary," or "The Infirmary of the University of Pennsylvania."—*Philadelphia Medical Times.*

Carbolic Acid Injections in Rectal Irritation.

DR. J. D. TRASK, of Astoria, L. I., observes: (*N. Y Med. Jour.*) "The readiness with which carbolic acid may be taken up by mucous membranes was first suggested to me by the fact that a patient, to whose endometrium it had been applied, spoke almost immediately afterward of tasting the carbolic acid in the mouth. In using it as an injection into the rectum, apart from its antiseptic influence, I have much confidence in its ability to moderate diarrhœa by its sedative influence. The anæsthetic influence of a weak solution in burns is now pretty well known to the profession. Its value for allaying rectal tenesmus is not, I apprehend, so generally appreciated. In irritations about the anus, combined with glycerine and a mineral astringent, it is invaluable, and in dysentery I have found it capable of affording great relief when dissolved in mucilage. The susceptibility to its use varies in different persons. When thrown into the rectum, I generally commence with a solution of one drop of Calvert's solution to the ounce, increasing the strength if necessary, until a feeling of decided warmth is produced by its administration, and this is followed by local anæsthesia."

Carbolic Acid as a Hæmostatic.

AT a late meeting of the Atlanta Academy of Medicine (*Atlanta Med. and Surg. Journal*), Dr. J. G. Westmoreland called attention to the use of carbolic acid in the treatment of menorrhagia. He had recently treated two cases, in which the hæmorrhage, having continued for a week, was promptly relieved by one or two doses. He gave two grains of the acid, in half a tumbler of water, every three or four hours. His attention was first directed to the use of carbolic acid, as a hæmostatic, by Dr. Harden's recommending it in purpura hæmorrhagica. Dr. Westmoreland thought his success met with in these two cases, though not sufficient to substantiate the entire effectiveness of carbolic acid as a hæmostatic, marked it as worthy of further trial. Dr. Harden stated that he had used carbolic acid in hæmaturia and hæmorrhage of the lungs, in two grain doses, freely diluted, and found it a very prompt hæmostatic for any internal hæmorrhage.

Tickling Fauces in Asphyxia.

AT the June meeting of the Lake Erie Dental Association (*Dental Cosmos*), Dr. Harrison gave his method of resuscitating patients who are sinking under the use of chloroform. He passes the feather-end of an uncut quill down the throat, and gives it a rotatory motion. The patient will revive instantly. It has always succeeded in this way.

Bromides in Epilepsy.

DR. LUTZ, in the *Berliner Klinische Wochenschrift, (N. Y. Med. Jour.)* states that he has employed the bromide of potassium in ten cases of epilepsy with good results. In three patients the attacks were entirely suspended for six months, in the remainder they occurred in much greater intervals. Lutz began with 1-3 grs. *pro die*, and increased gradually up to 10-20 grs. daily. The author found especial good results from the combination of the bromide of potassium with the bromide ammonium. This seems to him a fresh proof that the bromine is the active principle. Also in nervous headache the bromine did good service. One case of enuresis nocturna was promtly cured.

The bromides of sodium and iron may be often combined or substituted with advantage in this and other disorders.

NOTICES TO CORRESPONDENTS.

Dr. Butler, Philadelphia.—The money order system now established between this country and the United States, is likely to operate beneficially for both peoples. We thank you for first favour, and hope, through your agency, this Journal will become as popular in Philadelphia, as it is in New York, and other cities of the Transatlantic continent.

Dr. Ritchie is thanked.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

A Practical Treatise on Bright's Diseases of the Kidneys. 2nd Edition. By T. Grainger Stewart, M.D., F.R.S.E. Edinburgh: Bell and Bradfute.

On Smoking. 2nd Edition. By John C. Murray, M.D. London: Simpkin.

A Prize Essay on the Use of Tobacco. By H. Noel-Thatcher. London: Tweedie.

Transactions of the Pathological Society of London.

The Clinical Thermometer: its Lessons, &c. By Z. C. McElroy, M.D.

Anæsthesia, Hospitalism, Hermaphroditism, &c. By Sir James Y. Simpson, Bart., M.D. Edinburgh: A. & C. Black.

VACANCIES.

Stockport Infirmary. Assistant-Surgeon. Salary £60, with board.

Tormsham Union, Torquay. Medical Officer of Health. Salary £100.

St. Mary's Hospital, Manchester. Medical Officer to visit out-door patients. Salary £60, with board and residence.

Bradford Fever Hospital. Two Honorary Medical Officers.

Birmingham Eye Hospital. House-Surgeon. Salary £80, with board.

Royal Free Hospital, London. Junior House-Surgeon. Board and residence free. (See advt.)

General Hospital, Birmingham. House Governor and Secretary. Salary £200 per annum, with board and residence.

Derby County Lunatic Asylum. Superintendent Physician. Salary £400 per annum.

South Staffordshire General Hospital, Wolverhampton. Assistant-Physician. Salary £100 per annum, with board and lodging.

Royal Infirmary, Edinburgh. General Superintendent. Salary £420, with £80 for house.

Charing-cross Hospital. Junior Surgeon Dentist. Honorary.

MEETINGS OF THE LONDON SOCIETIES.

Wednesday, Nov. 22.—Hunterian at 8 p.m.—Dr. Ward, "On Cases illustrating the Sequelæ of Ague, and Malarious Remittent Fever."

Friday, Nov. 24.—Quekett Microscopical Club.—8 p.m. Mr. M. C. Cooke, "On Tremelloid Uredines."

Clinical Society of London.—8½ p.m. Papers by Dr. Anstie and Dr. J. W. Ogle.—Dr. Glover, "On a Case of Uncomplicated Aphasia."—Dr. Moxon, "On Symptoms of Cranial Tumour destroying Nerves, cured by Iodide of Potassium."—Dr. Habershon, "On Cases of Heart Disease."

Monday, Nov. 27, 8 p.m.—Society of Arts. The first of the Cantor Lectures. By C. Haughton Gill, Esq.

Medical Society, 8 p.m. Ordinary Meeting.

OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, Nov. 22.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations, 1¼ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1¼ p.m.
London Hospital.—Operations, 2 p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, Nov. 23.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

Friday, Nov. 24.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Saturday, Nov. 25.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 2 p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.

Monday, Nov. 27.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Mark's Hospital.—Operations, 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.

Tuesday, Nov. 28.

Royal Westminster Ophthalmic Hospital,—Operations, 1½ p.m.
Guy's Hospital.—Operations, 1½ p.m.
Westminster Hospital.—Operations, 2 p.m.
National Orthopædic Hospital.—Operations, 2 p.m.
Royal Free Hospital.—Operations, 2 p.m.

APPOINTMENTS.

Bottle, A., M.D., L.R.C.P.L., M.R.C.S.E., Resident Physician and Secretary to the General Dispensary, Birmingham.

Budd, W. A., M.R.C.S., House-Surgeon to the Devon Infirmary, Barnstaple.

Cayley, W., M.D., M.R.C.P., Physician to the London Fever Hospital.

Hibberd, E., M.D., M.R.C.S., Medical Officer and Public Vaccinator for the Eastern District of the Parish of Paddington.

Humble, T., M.D., Medical Visitor of the Dunston Lodge Lunatic Asylum, near Gateshead-on-Tyne.

Lomas, W., M.D., M.R.C.P., Physician to the Finsbury Dispensary.

MacTurk, W., M.D., M.R.C.P.L., Consulting Physician to the Fever Hospital, Bradford, Yorkshire.

Mawson, Mr. W. A., Assistant Resident Medical Officer to the Leeds General Infirmary.

Meade, R. H., F.R.C.S.E., Consulting Surgeon to the Fever Hospital, Bradford, Yorkshire.

Philipps, A., Resident Medical Officer to the Finsbury Dispensary.

Roberts, W., L.R.C.P.Ed., M.R.C.S., Medical Officer to the Coed-Talon Colliery Company, Mold.

Shann, G., M.D., appointed by the Court of Quarter Sessions a Visitor of Lunatic Asylums in the East Riding of Yorkshire.

Sutton, W., M.R.C.S., Medical Officer of Health for Smethwick, Stafford.

Watson, P. H., M.D., F.R.C.S.Ed., Senior Acting Surgeon, and a Lecturer on Clinical Surgery, in the Royal Infirmary, Edinburgh, vice J. D. Gillespie, M.D., F.R.C.S.Ed., appointed Consulting Surgeon after twenty-one years' active service.

Army Medical Department.—Deputy Inspector General of Hospitals F. W. Innes, M.D., C.B., to be Inspector General of Hospitals.

Surgeon Major J. Hendley, from 7th Foot, to be Staff Surgeon Major vice T. Rudd, M.D., appointed to the 7th Foot.

Surgeon H. A. Gogarty, M.B., from 52nd Foot, to be Staff Surgeon, vice T. N. Hoysted, appointed to 52nd Foot.

Assistant Surgeon T. Rudd, M.D., from 2nd Dragoons, to be Staff Surgeon, vice Staff Surgeon Major B. Nicholson, M.D., who retires upon half-pay, with the Honorary rank of Deputy Inspector of Hospitals.

Staff Assistant Surgeon H. C. Peppin, from half-pay, to be Staff Assistant Surgeon, vice G. B. Stuart, M.B., appointed to 2nd Dragoons.

Assistant Surgeon F. H. Welch, from 22nd Foot, to be Staff Assistant Surgeon, vice E. O'Connell, appointed to 22nd Foot.

Marriages.

Anderson—Keith.—On the 2nd inst., at the Parish Church, Eston, George Henry Anderson, M.D., of Lofthouse-in-Cleveland, to Jessie, eldest daughter of Alex. Keith, L.R.C.P.Ed., of Normanby, Yorkshire.

Sutcliff—Clark.—On the 9th inst., at St. James's, Croydon, Joseph Harvey Sutcliff, Esq., of Ripley, Surrey, to Katherine Jane, daughter of the late Robert Clark, Esq., of Farnham, Surrey.

Deaths.

Brooke.—On the 7th inst., John Brooke, M.R.C.S.E., of Stockport, aged 73.

Bullen.—On the 11th inst., George Bullen, F.R.C.S.E, of Ipswich, aged 80.

Rowland.—On the 8th inst., H. O. Rowland, M.R.C.S., of Claydon, Suffolk.

Wetherhead.—On the 2nd inst., Thomas Wetherhead, of Prees, Shropshire, aged 55.

MOUNTMELLICK UNION.

COOLRAIN DISPENSARY DISTRICT.

MEDICAL OFFICER WANTED.—The Committee of Management of the Coolrain Dispensary District will, on MONDAY, the 27th inst, appoint a properly qualified Physician to the office of Medical Officer of the above District.

Salary fixed Ninety Pounds per annum, exclusive of Registration and Vaccination Fees.

Applications for the Appointment to be addressed to Samuel Watson Esq., Honorary Secretary, Laurel hill, Coolrain, Mountrath.

By Request of the Committee,
Robert Goodbody, Clerk of the Union.

Board-room, Mountmellick Workhouse.
9th November, 1871.

SLIGO UNION.

SLIGO DISPENSARY.

AN APOTHECARY WANTED.—A Vacancy of Apothecary to the Sligo Dispensary having been created by the resignation of Dr. Lougheed, the Dispensary Committee will proceed to Elect a duly-qualified Apothecary, on FRIDAY, the 24th NOVEMBER 1871, at a Salary of Fifty Pounds per annum. Candidates are required to appear personally, and lodge their Testimonials with the Secretary, on or before One o'clock the day of election.

Daniell MacGill, Hon. Sec.

Sligo, November 7th, 1871.

ENNISCORTHY UNION.

MEDICAL OFFICER WANTED.—In consequence of the resignation of Dr. Sheridan, who has been appointed Medical Officer to the Wexford Dispensary, the Committee of Management of the Oulart Dispensary District will proceed to the election of a Medical Officer for that District, at a Salary of Ninety Pounds per annum.

There is a Fever Hospital, with an excellent residence adjoining, for attendance at which the Board of Guardians allow the Medical Officer £25 per annum besides his fees under the Vaccination and Registration of Births, Deaths, and Marriage Acts.

Tenders from properly-qualified Medical Officers, accompanied by Diplomas and Testimonials, will be received by me on or before Friday, the 24th November inst., on which day, at One o'clock, the election will take place at the Dispensary House, Ballaghkeen.

Personal attendance is required.

By Order of the Committee,
Nicholas Keating, Hon. Sec.

Ballinastraw, Enniscorthy, November 8, 1871.

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Y 335. SAFE INVESTMENT. Surgeon's retail in a northern suburb. Gross receipts nearly £400 a year, but with a special opportunity for very large practice. The house is situate in a thoroughfare, and the shop is well stocked and fitted. The cash receipts average about £1 a day. Terms £250.

Y 333. DEATH VACANCY, LONDON. Private Practice with open surgery. The whole connection being, it is believed, easily transferable. The business has been neglected, yielding an average of over £500 a year, upwards of £200 being derived from appointments taken in cash. There is scope for upwards of £1,000 a year. Midwifery fees £1 1s. and £2 2s. The house is held on beneficial lease, sixteen years unexpired. The shop is large and well fitted. Immediate application necessary.

Y 330. DEATH VACANCY. Dr. Langley has been honoured with instructions to negotiate for the succession to the PRACTICE of the late Mr. Langston Parkes, F.R.C.S., of Birmingham, just deceased. The practice was partly special, with a good family connection, and realised about £1,300 a year. The copyright of valuable works may be included in the purchase, and would afford a fine scope for a specialist in the same department. A very efficient introduction can be given to the private practice, and liberal terms would be conceded to a suitable gentleman. Applications in the first intance, to be addressed to Dr. Langley, as above.

Y 329. ASYLUM. The resident medical proprietor of a large asylum in a Western County, desires to meet with a gentleman to join him as partner, with option of succession. The mansion stands in its own grounds within sight of the sea, and is within three minutes' of a railway station, and within half an hour's drive of an important junction, affording communication to all parts of the Kingdom. The asylum has been established about thirty years, and is licensed for about 150 patients, male and female. About 100 are at present resident. The rent of the whole, without buildings, &c., is £245. The furniture may be taken at a valuation at the end of the partnership. No gentleman can be communicated with, unless he can give a satisfactory reference as to the capital at his command.

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ADHESIVE STAMPS.—BILLS OF EXCHANGE.

THE BOARD OF INLAND REVENUE give Notice that they will shortly issue to the Public adhesive stamps for denoting the *ad valorem* duties payable on bills of exchange drawn out of the United Kingdom, of a different colour to those now in use. The colour of the stamps for the various rates of duty in shillings will be green instead of purple, and those for the duties in pounds will be purple instead of green.

The alteration, which is limited to these two series, will not interfere with the continued use of the present stamps.

By order of the Board,
Wm. Lomas, Secretary.

Inland Revenue, Somerset House,
14*th November*, 1871.

MALVERN COLLEGE.
The NEXT TERM will commence on Thursday, 25th January.

ST. ANDREW'S MEDICAL GRADUATES' ASSOCIATION.—The Fifth Anniversary Session will be held at the Freemasons' Tavern, Great Queen street, on Friday and Saturday, December 1 and 2.

On the 1st, at 7 P.M., the business of the Association will be transacted, after which Dr. Swete will open a discussion on "Habitual Drunkenness and its Treatment, Medical and Legislative."

On the 2nd, at 5 P.M., the President, Dr. Day, of Stafford, will deliver the Anniversary Address, "The Historical Steps of Modern Medicine." The dinner will be held at 6 P.M.

Leonard W. Sedgwick, M.D., Hon. Sec.

EMBALMING.—A new and *perfect* system of Embalment having recently been discovered, Messrs. Garstin beg to introduce the same to Public notice. Simple as effective, it recommends itself in all cases of bereavement where the preservation of remains is either a *necessity* for transmission to foreign governments—for sanitary considerations—or the various exigencies for delayed completion of the funeral rites. The preparation, also wonderfully adapted for anatomical purposes, is already now in use at the principal schools of medicine. The fluid, with directions, immediately forwarded on application by telegram or otherwise. The family surgeon declining, the Inventor will attend to operate on reasonable terms.

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OFFERS UNUSUAL ADVANTAGES

FOR the Insertion of announcements, from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c., it will be found a most valuable medium for Advertisements of Books, Vacancies and Appointments, Sales and Transfers of Practices, Surgical Instruments, Chemicals, and Trades generally.

When advertisements are given for a series of insertions, a very considerable reduction from the above scale is made.

☞ Advertisements for Insertion in this Journal must be at the Office, on Saturday, by Two o'Clock.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 29, 1871.

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LECTURES ON EPILEPSY

DELIVERED IN THE

LEDWICH SCHOOL OF MEDICINE,

By Henry Eames, M.D., Dub. L.C.P., &c.

Physician to Mercer's Hospital, Joint Lecturer on the Practice of Medicine, Ledwich School, &c.

(Continued from page 451.)

I scarcely need to tell you that the future of the epileptic presents a gloomy prospect. The hideous fits recurring from time to time excite the horror and pity of those who witness them. Added to this the dire effects of the disease on the physical and moral condition of the unhappy sufferer are but too plainly visible. The health is seriously injured, griping pains in the abdomen, flatulency, an irregular state of the bowels and extreme lassitude are of frequent occurrence. Numbness and cramps in the extremities may come and go. Transient loss of speech and sight may be observed many times in the progress of a case. These symptoms are paroxysmal, appearing and again disappearing with suddenness. Control over the appetite is lost. They gorge themselves with food, and saturate themselves with drink. They equally exceed in the appetite of sex, and if the normal means of its gratification cannot be obtained, they have recourse to onanism. They are at once gluttons and satyrs. Some become unwieldy with fat, whilst others waste away. They rarely reach old age, and, speaking generally, madness, idiotcy, or general paralysis is the doom of the epileptic.

There are, however, exceptions to this rule, you will hear quoted Cæsar, Mahomet, and Napoleon are said to have been epileptic. These exceptional cases of the disease arising in persons of the highest intellect, should not be taken for more than they are worth. They are the exceptions that prove the rule. It is true that mind and body escape serious hurt in a not inconsiderable number of epileptics; but in such the seizures are few, and separated by long intervals. It is when fit closely follows fit that the effects on the intellect are most surely produced. Especially is this the case when, after the disease has been long in abeyance, the malady is lighted up afresh, and renews its attacks, the seizures being at short intervals. The mind does not suddenly fail, the loss is gradual, extending commonly over a long period. Hence it is often unperceived by the patient's friends. Even whilst the intellectual powers are unimpaired there is a curious mental condition induced. Savage rage, or extreme depression arise from trifling causes. The restraining influences of reason and reflection are withdrawn; impulse holds undisputed sway. Many epileptics are themselves aware of this mental flaw, Capriciousness is their leading characteristic.

Violent attacks of mania occur after the fits in some cases, to these allusion has already been made. They cease as abruptly as they commence. The mind of the patient during their continuance is a prey to terrifying hallucinations and ideas. The relation of epilepsy to mania we cannot, however, now further discuss.

Amongst the predisposing causes of epilepsy, hereditary tendency to the disease ranks prëeminently the first. There is a strong probability that a parent who is epileptic will produce epileptic offspring. This is more especially true if the parent so affected be the mother, In this, as in other hereditary maladies atavism is frequently observed; that is the affection skips, as it were, a generation, and the grandparent transmits the heritage of woe to the grandchild, the parent intermediate not having manifested the disease. Again, the tendency may be hereditary, though neither parent nor grandparent have been affected, the disease being passive as it were in the direct line, whilst active collaterally, uncles, aunts, or cousins being subject to its attacks. The hereditary tendency may further be exhibited in what may be termed the convertibility of nervous disease. Thus, a parent with chorea may beget an epileptic child or *vice versâ*. Similarly the children of an ataxic parent, some may be epileptic, some chronic, some colour-blind, some blind in twilight. In the descent one may replace the other, and this holds good for a series of diseases all essentially neurotic. Should there be an intermarriage of families, which from their aptitude for such diseases we term neurotic, the probability of the offspring

being affected is increased fourfold, whilst should near relations of such families wed this probability is infinitely magnified; since there is no doubt that the produce of marriages contracted between those closely allied in blood are exceedingly prone to suffer from nervous diseases, independently of original flaw in the parents or in their families. Statistics abundantly prove this statement, which especially holds good in those disgusting unions of uncles and nieces.

The children of those who have suffered from mania, of drunkards, and those exhausted by venereal excesses are not unfrequently epileptic. Females are slightly more prone to the disease than males.

The age at which, in the majority of cases, the first seizure occurs is, from the tenth to the twentieth year. This period you will observe includes the important changes of puberty. The disease arises next in frequency from the second to the tenth years, during which the permanent teeth are cut. From the twentieth to the thirtieth years epilepsy rarely originates. It must, however, be mentioned that no age is completely exempt, though it rarely attacks the extremes of life.

Of the exciting causes those connected with the mind are undoubtedly the most numerous, Cases so originating are variously stated at a third or a half of the entire number in which an exciting cause can be traced. Under the category of mental causes we place fright, terror, horror, as at the sight of a fit, anxiety, worry, overstrain of the mind. We also find as excitants of the disease neuromata, tumours and cicatrices implicating nerves, worms especially the tænia in the intestines, and abnormal conditions of the uterus. Hysteria may gradually pass into epilepsy. Coitus is the immediate exciting cause in some, both in males and females; such is asserted to have been the case of the first Napoleon. Excessive indulgence in venereal pleasure, and masturbation tend to produce the disease; markedly that form of masturbation in which, during the act the imagination is actively engaged in calling up some lascivious tableau. Physical and psychical exhaustion are here combined.

Any classification of the disease from its exciting causes must be manifestly improper, although you will see used the terms epilepsia uterina, abdominalis, &c., for in more than half the cases on record no exciting cause could be discovered. But in only one-eighth of these cases was there neither exciting nor predisposing causes.

Of none of the causes just detailed can it be predicated that it will alone produce epilepsy. In addition there must be some second and hitherto undiscovered factor, and this leads me to speak of the pathology of the disease.

The exact anatomical nature of the lesion is unknown. There is, however, a strong probability that the medulla oblongata and the base of the brain are the parts from whence proceeds the excitement of the motor nerves, spasm of the muscles being the result. The following considerations lend support to this view. The arrest of the functions of the hemispheres is proved by the loss of consciousness during the fit. It is hardly possible that motor impulses should proceed from them during this time. Convulsions, similar to those in epilepsy, are induced by the interrupted electric current applied to the medulla oblongata, whilst no motor impulses follow its application to the hemispheres. Further it has been proved by experiments on the lower animals, that epileptiform convulsions can be produced even after the entire removal of the hemispheres. The observations of Van der Kolk furnish a strong additional link in the chain of evidence, for he found the only constant lesion in the bodies of epileptics, in whom the disease was of long standing, to be dilatation of the small arteries and capillaries of the medulla, with thickening of their coats. This author believes that the convulsions depend on an increased afflux of arterial blood to the medulla oblongata. Others hold that spasm of the muscular coats of the arterioles in the same part, cutting off the arterial supply, is the true source of the disease. For convulsions difficult to distinguish from those of epilepsy can be experimentally produced by anæmia of the brain, its arterial supply being arrested. If hyperæmia of the medulla oblongata be the cause it is not easy to understand why this afflux of blood should occur but once in six months, or twelve, and why cerebral congestion to an intense degree occurring in the intervals should not be followed by convulsive attacks. Further, how is the disease caused by tumours, cicatrices, worms, ceasing on their removal, though in other cases the disease continues despite the removal of its undoubted cause?

Various are the theories by which it has been attempted to explain the phenomena of epilepsy. The ganglia of the medulla have been compared to a Leyden jar, or to the electric organs of certain fishes, the motor force being stored up accumulatively, and discharged from time to time. It has been thought that the spasm proceeding from the medulla passes through the vaso-motor nerves, causing contraction of the arteries, and a consequent anæmic condition of the parts supplied by them. This supposition would satisfactorily account for the pallor of the face at the commencement of the attack, and for the general coolness of the surface during its progress.

Mr. Brown-Séquard believes that it is an augmentation of the reflex excitability of the cerebro-spinal axis which chiefly constitutes epilepsy, and that further changes occur in the skin, mucous membrane, &c., which render these parts capable of exciting epileptic seizures. Different traumatic injuries of the spinal cord induce epilepsy. When such injuries were experimentally inflicted on animals, he found that epileptic attacks either appeared spontaneously, or could be produced at will by irritation of certain parts of the skin. When the injury was done to one side of the spinal cord, simple irritation of the same side of the face and back occasioned the attacks. When the injury was done on both sides, irritation of either side caused the convulsive seizures.

The similarity of the symptoms produced by anæmia and hyperæmia of the brain have led some writers to the conclusion that there are two distinct kinds of epilepsy, the one due to anæmia, the other to hyperæmia of the nervous centres. This might account for the fact that accesses of the disease are prevented in some by increasing the amount of blood circulating within the cranium; whilst an opposite procedure has a similar effect in other cases. Nocturnal epilepsy generally would be classed under the anæmic variety, whilst cases in which the tongue is bitten would be considered hyperæmic, the roots of the hypoglossal nerve being congested. In the "petit mal," the hemispheres are chiefly affected, the implication of the medulla oblongata being slight and very transient.

Whatever parts anæmia or hyperæmia of the nervous centres may have in the causation of convulsions, it is to be clearly understood that there is another element present, probably undiscoverable in the present state of science, which renders epilepsy a distinct and specific malady.

I shall not longer detain you with the theoretic pathology of the malady, but now proceed to its treatment.

(*To be continued.*)

CLINICAL LECTURES
ON
DISEASES OF THE EYE,

DELIVERED AT THE ADELAIDE HOSPITAL.

By H. R. Swanzy, M.B., L.R.C.S.I.,

Ophthalmic Surgeon to the Hospital, and Surgeon to the National Eye and Ear Infirmary; late Assistant to the late Professor Von Graefe, Berlin.

LECTURE II.

Strumous, or Phlyctenular Ophthalmia.

Gentlemen,—I have to present to you to-day several cases of strumous, or phlyctenular ophthalmia. It is

called strumous, because of the condition of the general health which it commonly attends ; and phlyctenular, because the little vesicles, which form on the conjunctiva or cornea, as the case may be, are termed phlyctenulæ. It is a very common disease—a large proportion of the out-patients of this department of the Hospital labouring under it. Its most common victims are children between the ages of three or four, and eleven or twelve ; but it is by no means uncommon in still later periods of life. In many of the text-books you will find phlyctenular ophthalmia divided under the two heads of "Diseases of the Cornea," and "Diseases of the Conjunctiva." The arrangement is very absurd, for the affection is the same whether it appear on the cornea or conjunctiva, it is treated in a very similar way in either case, and, moreover, it most frequently attacks both tissues simultaneously, or passes from one to the other. The vesicles, which make their appearance in the disease, vary from the size of a pin's head, or somewhat larger, to very small specks like grains of fine sand, which are distinguished by the naked eye with difficulty, unless when a great number of them occur close together, as is indeed usually the case.

Perhaps the most common form of phlyctenular ophthalmia is that in which the conjunctiva, close to the margin of the cornea, becomes swollen at one place, and there small points, like grains of sand, make their appearance. There is a good deal of conjunctival and sub-conjunctival injection of vessels in the neighbourhood, and the remainder of the conjunctiva participates more or less in the hyperæmia. At this stage there is often a good deal of tearing and photophobia. The disease may cease here, or, after a few days, we may find a number of very fine phlyctenulæ in the adjacent part of the cornea, giving it the appearance as if sprinkled with powder. If the cornea become affected, the tearing and photophobia increase.

Another common form of the disease is the solitary phlyctenula, which appears on the conjunctiva as a rather large vesicle ; it may be situated at some distance from the cornea, or close to its margin. No matter how many of these may be present, they never become confluent. This form of the affection frequently produces but little irritation of the eye, so long as it is confined to the conjunctiva ; when, however, one or two of these phlyctenulæ are situated close to the cornea, circumscribed opacities, are apt to be formed in the cornea itself, and we thus have one of the most frequent and severe forms of phlyctenular corneitis, attended with distressing symptoms.

A third form of strumous ophthalmia is the broad phlyctenula, situated on the conjunctiva, usually at some distance from the cornea. It is uneven on its surface, appearing to be formed of an aggregation of small infiltrations. It is much rarer than the two forms I have already described to you, and it is less frequently associated with corneitis ; but, on the other hand, it is more apt to strike deep, and produce inflammation of the sclerotic.

Still another form of the disease is termed "fassicular corneitis." Although I have seen almost as many cases of this in Germany as of any of the other forms, still I have not, as yet, met with one in this country, and I shall not, therefore, confuse you by a description of it—my great object being to make you acquainted with disease of the eye as you are most likely to come across it.

I think you will find all cases of phlyctenular ophthalmia referable to one or other of the forms I have described. They will, of course, present different pictures according to their different degrees, according to the way in which they have been treated or mistreated, and according to the extent to which they have been neglected. Injudicious treatment may alter the natural appearance of any disease, so as to make the diagnosis difficult enough. A common error, against which you must guard, is that of confusing pustular with phlyctenular ophthalmia. The former is most frequently met with as a sequel to small-pox, and is one of the most destructive affections to which the eye is liable, differing, thus, widely from phlyctenular ophthalmia in its prognosis. Its treatment also is quite different, and pathology will, doubtless, sometime demonstrate, that the two diseases are distinct in their nature.

The greatest danger in phlyctenular ophthalmia is, that when an infiltration of the cornea ulcerates, the process may lead to perforation of that membrane. This is, however, of comparatively rare occurrence. What we commonly have to fear, are opacities of the cornea, left at the places where infiltrations and ulcers were situated. Even mild cases of phlyctenular corneitis frequently leave opacities behind, which may be recognised with the aid of the oblique illumination. The more severe cases, however, accompanied with intense infiltrations, particularly if these had assumed a purulent character, are apt to leave white opacities behind, which are very disfiguring, and very detrimental to vision.

I wish now to explain to you what is known of the pathology of phlyctenular ophthalmia, before we consider its treatment. It is only lately, indeed, that anything has been made out on this point, for, as you may suppose, it is not easy to get preparations of such a disease, in order to examine it microscopically. Professor Iwanoff, of Kiew, in Russia, had the good fortune to obtain three specimens of phlyctenular ophthalmia, *post-mortem*, of which he has shown me the microscopical preparations. These demonstrate* that the phlyctenulæ are collections

Fig. I.

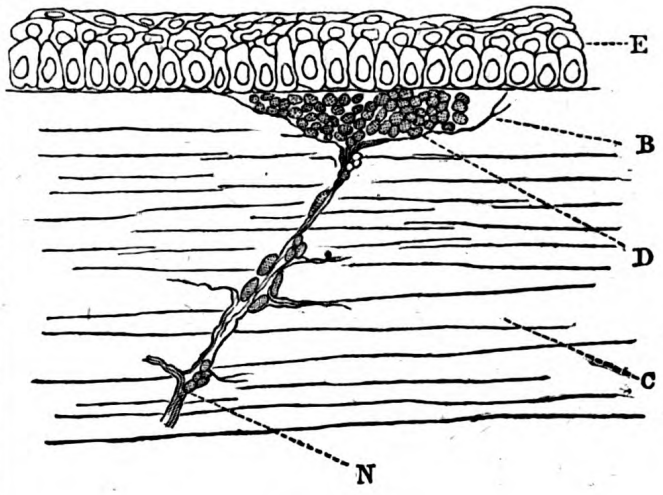
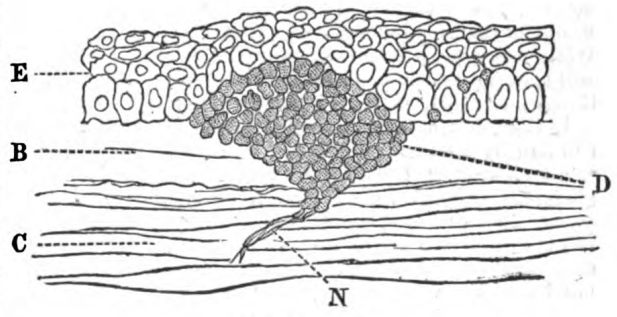


Fig. II.



(After Iwanoff.)

E. Corneal Epithelium
B. Membrane of Bowman
D. Collection of small round cells (Phlyctenula)
C. True Cornea
N. Nerve

of small, round cells, lying immediately under the epithelium of the cornea or conjunctiva. In cases of small phlyctenulæ, the epithelium covering them

* "Klinische Monatsblätter für Augenheilkunde." November and December, 1869, p. 462.

b

remains normal; in the larger ones it is usually destroyed (*i.e.*, commencing ulceration). The membrane of Bowman, on which the phlyctenulæ in the cornea lie, was always found normal. You may perceive in these drawings the remarkable path by which the cells arrive between Bowman's membrane and the corneal epithelium, namely, along the course of nerve filaments, which pass from the deeper parts of the cornea, and penetrate the membrane of Bowman to reach the epithelium. You are, of course, aware that the cornea, and especially its superficial epithelium, is richly supplied with nerves. This course of the cells along the nerves is interesting, as it explains, by pressure on these filaments, the blepharospasm so frequently present, and which is often referred altogether to photophobia, attendant on the affection. If the distressing sensations of the patient were merely owing to the fact that the light hurts the eye, they ought surely to disappear when he is placed in a dark room. This is, however, not the case, for the blepharospasm is then alleviated only, but does not cease altogether. The blepharospasm must be regarded much rather as a reflex action, caused by irritation of the corneal nerves, in a manner similar to that by which an ordinary nictitation is produced. Iwanoff did not make out from whence the cells originated. In appearance they are similar to lymph corpuscles.

You will find little difficulty in the treatment of mild cases of phlyctenular ophthalmia; the instillation of a few drops of atropine, with the insufflation of a little calomel, and protection of the affected eye from exposure, will in a few days suffice for the cure. Not so, however, those cases which are attended with severe photophobia, pain, and lachrymation, all denoting extensive infiltration of the corneal tissue. If I could paint a picture of a patient with a severe attack of this kind, it would be a child of seven or eight years of age, led in by its parent, its head bowed down, and turned away from the light, the eyelids spasmodically squeezed together, the eyes covered with the hands, or the knuckles pressed into the sockets, and probably, to complete the drawing, a half-eaten piece of bread in one hand, and an apple in the other. The diagnosis of such case is apparent, as soon as the patient comes within sight. Nothing will induce the child to give us a look at the eyes, and, in order to get it, recourse must be had to force. In this state of irritation, the only treatment admissible is an antiphlogistic one, consisting in the instillation of a dozen drops or so of atropin, (sol. sulph. atrop. gr. iv. ad. ℥j.), in the course of the day, purges of calomel, and restraint in a dark room. The blepharospasm is a serious obstacle to the removal of this irritable condition, for it not only impedes the instillation of the atropine, but, in itself, encourages congestion of the eye, and thus sustains the morbid process. The children should not be permitted to lie on their faces, as they are inclined to do, for this also induces congestion. The antiphlogistic treatment, especially the atropine, and an attentive nurse, will soon succeed in abating this distressing condition of things; but still there are some cases which will resist.

In these obstinate cases, a seton in the temple is a favourite remedy with some of the London ophthalmic surgeons. For my own part I have no experience of the seton in phlyctenular ophthalmia. I can quite imagine that it is a very effectual mode of treatment, but I cannot help thinking that it is unnecessarily severe. I have had many cases of the worst phlyctenular ophthalmia under my care, but I have not yet come across one which demanded such a treatment; nor, unless indeed the phlyctenular ophthalmia which occurs in London, exceed in virulence anything which exists in Germany or here, can I believe that such cases present themselves. When the disease resists the treatment I have described to you, you will commonly find, as I have already mentioned, that the blepharospasm is the principal enemy with which you have to contend. The infiltrations in the cornea give rise to it, and it then causes congestion of the eye, which again, in its turn, encourages the formation of fresh infiltrations, and so you have a vicious circle, in which it is necessary to break a link before you can make any progress. We have a very simple means for the correction of this excessive blepharospasm, which was always adopted by my lamented master, Von Graefe, and which I have never known to fail, if carried out properly and systematically, namely, the submersion of the patient's face in a basin of cold water. The child is raised up by two nurses, one supporting the trunk and hands, the other holding the legs, while the surgeon takes charge of the head, and dips the face under water, holding it there for about ten seconds; the patient is then allowed to take a breath, and the same manœuvre is repeated several times. The effect of the proceeding is magical: the blepharospasm disappears, the child lies on its back, allows the eyes to be easily examined, atropine to be instilled, and becomes in every way as docile as could be wished. The process may require to be repeated after some hours in consequence of a return of the spasm, but the latter will soon be permanently conquered. When, then, you have reduced the irritation of the eye, the question of a more active topical treatment arises, and there is one application which I can confidently recommend to you, as being little short of a specific in this disease, namely, Pagenstecher's yellow ointment.* About the size of a pea of this ointment is to be inserted between the eyelids with a camel-hair pencil, and after five minutes, what still remains of it in the eye is to be carefully washed out with a soft sponge. The application is to be repeated daily, and the beneficial effect of it will be soon observable—the infiltrations becoming absorbed, and the ulcers filling up. An important point in the use of this ointment is, that it be not employed until the irritative stage is quite passed. If this be not attended to, the irritation is increased, and all the symptoms aggravated. The effect of this first application should be well noted, and if the eye appear more irritated next day, the further use of the ointment should be postponed for a little longer. Calomel dusted into the eye is a favourite remedy with some; but I use it only in the after treatment, unless in mild cases. The instillation of atropine must be continued until all irritation has disappeared. In order to prevent recurrence of the ophthalmia, treatment, either with the ointment or with calomel, must be persisted in long after the affection is apparently cured; for, the most common cause of these recurrences is the too early cessation of the treatment. So long as the eyes are red and injected upon the patient's awaking in the morning, the cure is incomplete. A complication which may retard the cure, and cause recurrence of the affection, would be the existence of a stricture of the nasal duct; you must, therefore, be on your guard against it.

There is no doubt that this form of ophthalmia is most frequently found in children of a strumous habit, indicated, in well-marked cases, by enlarged glands in the neck, a red and bulbous nose, and a swollen and overhanging upper lip. I am inclined to think that in the Profession, the influence of the constitution upon local diseases in general is often over-estimated; and that the result of this is to encourage the error among us, of our consoling ourselves for our inability to cure certain diseases, because they are supposed to depend upon an abnormal condition of the constitution; whereas, in fact, perhaps, the fault lies in the unsuitability of the local treatment employed, in the mode in which it is applied, or, in some local complication, which should

* I have only been able to have this ointment properly prepared in Dublin by Mr. C. R. C. Tichborne, of the Apothecaries' Hall of Ireland. He has given me the following note of the process:—"The precipitated mercuric oxide was made by me in the following manner.—Corrosive sublimate was dissolved in hot water, and this solution was precipitated with a solution of potash. The latter should only be added until all the oxide is precipitated. The mercuric oxide falls as a yellow powder. It must be carefully washed with distilled water, and dried at 100° C. The ointment is prepared by rubbing up one part of this precipitated oxide with fifteen of unscented cold cream. If properly prepared, this is just the right consistency. It should, however, be genuine cold cream, and not what is ordinarily sold as such, which is only an ointment. That is to say, it should contain water, and be made with unbleached almond oil."

be corrected. I believe that the great thing for the cure of phlyctenular ophthalmia, and for the prevention of its recurrence, is the local treatment, and I do not think (I confess I have never seen it tried) that any constitutional treatment would alone effect the cure. At the same time, it is most important that you should attend to the general health of these patients. You must look after the digestive organs, and regulate the diet. Above all things, the constant chewing of apples, cakes, and bits of bread must be forbidden. It is a habit which is almost universal with these children, and one which is often encouraged by the parents, who think it a sign of robust health. The meals must be given at stated hours, and be of a plain and wholesome kind; but between times the stomach must have leisure to digest its contents and to rest, and dare not be kept in a state of irritation by having fresh work thrust upon it every now and then. Cod-liver oil, internally, will suggest itself to you all as specially indicated. Von Graefe was very fond of prescribing what he called Plummer's powders, containing calomel and golden sulphuret of antimony in equal parts.

In conclusion, gentlemen, I must warn you against the terrible mistake, which is prevalent, that the subjects of phlyctenular ophthalmia "grow out of it," and that it is therefore unnecessary to take any measures for its cure. And so, indeed, they do "grow out of it;" but with their corneæ in so nebulous a condition, that their future prospects are often seriously affected in consequence.

Original Communications.

ON THE TREATMENT OF ECZEMA.

By J. L. Milton,
Surgeon to St. John's Hospital for Skin Diseases.

(Continued.)

External Applications.—In acute or very slight cases of eczema almost any mild astringent will suffice. Perhaps among the best we may rank subnitrate of bismuth in elderflower-water or camphor mixture, or liquor of the diacetate of lead, two drachms to six ounces of either fluid. When expense is not an object half an ounce of glycerine should be added, as from its faculty of retaining moisture it powerfully aids the purpose which lotions are intended to serve.* When there is a large weeping surface, particularly in children, or of long standing in adults, the reader may try Dr. Hughes Bennett's plan.† It consists in applying a solution of carbonate of soda, half a drachm to a drachm in eight or ten ounces of water, by means of a piece of lint soaked in the liquid and laid upon the part affected. The lint must be covered with thin gutta-percha or oiled silk to prevent its getting dry, or else the management of the affair must be entrusted to the care of some person who will see that the lint is kept moist, for which purpose it should be sprinkled continuously with cold water, the lotion being only occasionally applied. If this plan be properly carried out, if the linen be kept wet all day long, and still more if this can be effected day and night, the results are often marvellous; but if it get dry the soda speedily irritates the skin. The addition, however, of glycerine, half an ounce to eight ounces of fluid, will mitigate this to a certain extent, but nothing compensates for want of attention. Dr. Wallace has reported * some cases in which the beneficial results of this plan were very marked. My experience of it is, that though it gives great relief, yet it has very little curative power, that it is only suitable for a large wet surface, and that it is apt, in eczema of the head, to give a bad cold.

In chronic eczema a lead lotion, the same as above, can be used. In many cases, where the surface is very irritable, it answers best when gently warmed previously. So soon as the discharge and inflammation are checked, zinc ointment forms an admirable dressing. It should be gently melted down, or rubbed down with an eighth part of spirit of camphor, and smeared like thin cream on the part. All surfaces to which ointment is applied should also be covered with old linen. When once ointments are begun with no more watery applications should be used, nor should the part be washed, except when the eczema is seated on the head and discharging freely, as happens sometimes, especially in children, or when in parts where washing cannot always be avoided as the hands, face, &c. At such times the discharge, when the eczema assails the head, is sometimes retained under the crusts, or the hair gets matted with it. Here it is very useful to poultice the crusts with mashed turnip or bread and water, till they are thoroughly softened, and then remove them by very gentle washing with hot water and yolk of egg, or what I prefer to anything else, the St. John's Hospital soap. Mashed turnips is the best poultice I know of; it possesses the great advantage of rapidly removing any unpleasant smell. In some cases a weak lotion of chloride of zinc, a grain to an ounce, with the addition of half a drachm of mucilage, is a very valuable application to the head; it is only here that I have found the chloride of zinc useful. But for the entire removal of eczema in the dry stage we must turn to a more potent remedy—one of the nitrates of mercury. I have never seen the oxide of zinc ointment—even that prepared by Messrs. Bell, of Oxford street, really cure this disease when severe; and I have repeatedly treated in the same patient, one patch of eczema with the dilute nitrate of mercury ointment, and one with the oxide of zinc, the result being invariably most decidedly in favour of the former; I have also made similar trials with the ointment of the nitric oxide as against that of the yellow nitrate, and am disposed to prefer the latter. Indeed, in my hands, the ointment of the yellow nitrate diluted, has proved superior to any application I have seen tried. Two or three years ago I showed several surgeons the effects of its action compared with the chloride of zinc as recommended by Dr. McCall Anderson, and the zinc ointment. Three patches were selected on the same patient, pretty nearly of like size and in the same stage. One was treated with the solution of the chloride, one with the zinc ointment, and one with dilute nitrine ointment. At the end of a few days it was manifest to every one that the action of the nitrate was superior to that of the zinc ointment, and this again to the action of the chloride; and by the time that the patch treated with the nitrate was healed, that to which the zinc ointment had been applied was much better, while that treated with the solution might be roughly computed, so far as such computations hold good, at only half way towards a cure. These applications were now abandoned, and the diluted nitrate was alone resorted to, under the influence of which the progress of the two remaining patches was soon visibly accelerated.

But if the application is to be useful it is indispensable that it should be properly made up and properly employed. In the first place, pure, well-made nitrate of mercury ointment only should be selected. A great deal of that which is generally used is totally worthless, being dry, dirty green, and rancid, spoiling almost as soon as it is diluted; whereas, when properly prepared it retains its bright yellow colour for months. The dilute ointment should only be prepared when it is wanted, and the best plan is simply for the patient to rub it down with a little sweet almond oil till it is of the consistence of cream, and always

* ℞ Bismuthi subnitratis, ʒss.;
Glycerinæ, ℥ss.;
Spiritûs lavandulæ, ʒiij.;
Aquæ flor sambuci, ℥vij., ɱ ft. lotio.
℞ Liquoris plumb. subacetatis, ʒij.;
Spiritûs rectificati, ʒiij.;
Glycerinæ, ʒiv.;
Mist. camphoræ, ℥v., ɱ ft. lotio.
When the essence of camphor can be procured it may be substituted for the rectified spirits.

† *Lancet*, 1863. Vol. II. P. 259.

* *Lancet*, 1863. Vol. II. P. 259.

to throw away what is left. If the eruption be seated on the head in children, the hair should be cut off and the ointment applied night and morning ; a linen cap should also be worn day and night. But grown persons cannot, or will not submit to this ; the hair should, therefore, be parted, any crusts gently detached, and the ointment rubbed carefully, but not roughly, in, the cap being worn at night only. Should the hands be affected soft leather gloves with the tips of the fingers cut off, should be worn during the night, and, if possible, during the day also. Where there is very little hair, and the eruption is only slight, the ammoniated mercury ointment of the "British Pharmacopœia" may be tried ; it is one of the cleanliest and least offensive preparations that we possess, but in point of efficiency I would place it decidedly below the nitrate ointment. Some persons with a strong tendency to eczema, or after the cure of the worst part of their complaint, suffer a good deal from a chapped, red and tender state of the skin, cold cream is often very useful in relieving this. A powder composed of equal parts of finely ground American corn flour, and oxide of zinc, with camphor, dusted over the face during the day time, especially if the patient is to be exposed to a cold wind, is also of great service. Whatever theoretical objections may be made, ointments cannot be too sedulously employed in eczema even during the day, and when the eruption is seated on the face and hands. When the hair is falling from eczema, I know of no remedy so effectual as cutting it quite short, and blistering it as for alopecia. With regard to the itching I never yet saw any remedy materially affect it. The cure of the itching is the cure of the disease. The same symptom holds good of another disagreeable but rare symptom—a kind of neuralgia or rheumatism of the skin sometimes seen in eczematous patients. Mr. Wilson says he has found no remedy for it equal to a solution of nitrate of silver, a grain in an ounce of spirit of nitric ether.

Dr. McCall Anderson seems to think the lard is the chief agent in the benefit said to be effected by mercurial ointments. It happens that I not only have subjected, but am every day subjecting, this doctrine to a test ; for it is a contant practice with me to prescribe, at the same time, pure lard and ointment of the nitrate of mercury, the former to be used when the nitrate sets up much irritation, and I have repeatedly had occasion to satisfy myself that the ointment is much more powerful than the lard.

(To be continued.)

ON THE CHIEF EPIDEMICS OF THE LAST THREE YEARS.*

By Robert Lawson, Esq.,
President of the Epidemiological Society.

Mr. Lawson commenced his address by indicating the necessity of a close observation, not of one, but of every epidemic, over the greatest possible surface, and for a series of years, to afford trustworthy data for the determination of the general laws which govern the progress of this class of diseases in their diffusion over the earth, and illustrated the value of such inquiries by the ascertained facts with regard to small-pox, scarlatina, diphtheria, fever and cholera, not only in this country but on the Continent and in America. He gave an example from the last two diseases. In 1868 there was much fever in Asia Minor and along the shores of the Mediterranean as far as Spain, and in 1869, the disease in various forms, was very prevalent through Europe, from Madrid to St. Petersburgh, while it remained very active at several points along the north coast of the Mediterranean. Fever increased at Berlin in 1870, and at Vienna a pretty severe epidemic of typhus commenced at the end of that year and continued during the first half of 1871. It will be remembered that in 1869 malignant cholera made its appearance at Kiew, in Russia, in the summer of 1869, and towards the end of the year spread to some extent through the basin of the Dneiper, but acquired no great force until 1870, when it involved the whole country from the Black Sea to St. Petersburgh, but was not met with in Europe as an epidemic west of Russia. In 1871 cholera continued at St. Petersburgh and extended to Archangel, to Helsingfors north of the gulf of Finland, and along the country to the south of that and the Baltic as far as Hamburg and Altona. There had been a severe outbreak in Persia, to the south east of the Caspian, in the autumn of 1868, which continued into 1869 ; and in the course of that year this was to have been expected in southern Russia or the corresponding latitude in Asia ; it actually appeared at Kiew, some 300 miles from the nearest sea, and 1,500 from the nearest point where the disease was known to exist at the time, while every attempt to trace its origin to importation failed. It has been found from an extensive examination of facts, that cholera, as an epidemic, will not penetrate a district occupied by an epidemic of fever (enteric excepted) until that subsides, when its place may be taken by the other. The fever in Asia Minor in 1868 and in Europe in 1869-70 and 71, seems to have limited the progress of cholera westward in these years, until it crept along the south shore of the Baltic a few months ago. It is worthy of observation that the relative distribution of cholera and fever during the first approach of the former to Western Europe in 1828-29-30 and 31 presents year by year an almost exact parallel to that in the corresponding period 1868-69-70 and 71. In 1831 a fresh wave came from the south which affected Smyrna and Constantinople, and extended into Hungary, and was experienced in this country in 1832 ; in 1871 a similar wave appeared in Southern Russia and has been felt at Smyrna and Constantinople and has given slight indications at Vienna ; it remains to be seen whether the parallel will be completed by its becoming epidemic in this country in 1872.

* Abstract of the Address delivered at the Opening Meeting of the Epidemiological Society on the 8th inst.

NOTES ON PHTHISIS PULMONALIS, &c.

By R. Locke Johnson,
Visiting Physician to the Infirmary for Consumption and Diseases of the Chest, Margaret street, Cavendish Square, W.

Probably, within the entire field of therapeutics—vast and diversified as it is—there is no other subject so justly entitled to a prominent position in its kindred literature, nor has that position more freely accorded to it, as phthisis pulmonalis, for an universally acknowleged insinuating scourge, relentless, ruthless, and insatiable, when it once takes a firm hold on poor mortality—as phthisis in all its forms undoubtedly is—requires the undeviatingly constant caution, the anxious and actively acute observation and action, of the warders of the people's health to battle with it ever. So its first movements, stealthy and incipient—when possible, and its subsequent destructive strides—uniformly—are followed step by step—as a consequence—by hosts from the great medical army that now garrison the globe.

That the opinion thus put forward is incontrovertible, a casual glance over the medical literature of the day and of all countries—and prolific are many pens—will convince the most sceptical.

We all know that in order to become a good soldier in the army of animal force, it is not necessary to be the wearer of gold-lace shoulder straps, nor to be a general of division. To the possessors of transcendant talents and ability, and to heroes—in recognition of valorous deeds—such distinctions should be accorded, but he of the rank and file, nevertheless, who labours with honest might—his only decoration the sublime assurance of his sincerity of purpose—is seldom an unwelcome auxiliary in the field, especially if the fight be a prolonged one, and the enemy be formidable and apparently unconquerable.

Thus it is that the subject of phthisis is ever a leading characteristic in our medical literature. It is a formidable enemy no doubt, ever in deploy before us, ever keeping in the throbs of strategy each member of our army—from the hoary-headed and justly decorated general of division, to the *rawest* recruit we may be in a position to muster.

Being of the rank and file, and in the daily presence of that relentless enemy—phthisis—and stimulated, perhaps by its influence I place at the disposal of the MEDICAL PRESS AND CIRCULAR Editors, the following crude notes on cases treated at the North London Consumption Hospital, during the absence on the Continent of one of its most accomplished physicians, Dr. Prosser James.

These notes are of necessity incomplete, the period of time in which they were penned too has long passed; they are submitted, however, as an illustration of the fact that the enemy is being fought by some whose weapons are in verity reeds, yet we all know the story of the chance shot.

Before concluding these preliminary words, may I observe that there is one point in connection with the treatment of phthisical cases that I do not consider has received from the many great authorities on the subject sufficient attention. It is this *the increased tendency* of patients to hæmoptysis during the months of May, June, and July. Having for some years past made observations on this point, I have been in many cases enabled either to retard altogether, or to lessen the lesion by attention to the pulse, the skin, and the secretions.

CASE I.

W. H., single, æt. twenty-seven, barman, admitted April 1st, 1868, has been a sailor, has lost his father, one uncle, and one cousin in consumption. Has enjoyed good health up to a little before Christmas, when he felt appetite fail. Last Christmas day had severe cold, with hoarseness. Cough and pains in chest soon followed and has been getting worse ever since. Has lost much flesh. No hæmoptysis.

April 3rd.—Suffers now from troublesome cough, with greenish thick expectoration; profuse night sweats. Before admission had been treated by sinapisms, expectorants, and anodynes. Pains in chest better, and cough better since admission. Scarcely any respiratory sound over the lower half of the right side, but the voice sound is loud, and over this part there is dulness on percussion. On the left side moist crepitation over the upper half with broncophony. Remainder of the chest gives puerile respiration. The breathing is mostly abdominal; the pulse 104.

℞ Tr. camph. co., m. xx.;
Acid sulph. dil., m. xx.;
Quin, dis., gr. j.;
Aq. ℥j. ter die.
Nutritious diet, extra eggs.

April 7th.—Much the same; cannot sleep, and has suffered from night-sweats. Morph. acet. gr. 1-6th.; zinci. oxydi. gr. ij.; Extr. hyoscy. gr. ij.; omni nocte, Ac. sulph. dil. m. x. x.; dec. cinch. ℥j. ter. dia.

April 8th.—Slept better without perspiration, but cough to day is more troublesome; pulse 110; a linctus ordered for the cough.

April 12th.—Breathing easier; pulse 112; cough easier; sleeps better with pill; continue linctus; use lin. tiglii.

April 16th.—Oil has brought out many large bullæ on the chest with much inflammation; breathing worse; has not slept so well; linctus.

April 18th.—More night-sweats;

April 21st—At the right apex there is now loud blowing and whistling; cough still troublesome; no more sweating; feels stronger and more cheerful; to take two pills, one at night the other in the morning.

April 25th.—Auscultation same; cough much more troublesome; pulse 100; continue.

May 5th.—On percussion at the right apex, there is fair resonance, but at the left apex it is impaired. On auscultation at right, there is tubular jerking, uneven respiration at the left; clicking noises in the supra-spinous fossa, and supra-scapular region.

Ordered sodæ hypophos., gr. v.; aq. camph., ℥j. t. d.; rept. pil morph. bis. die.

May 14th.—He has had for the last four days, five or six liquid motions daily; more hectic; feels very weak; pulse 110; Sod. hyp., gr. v.; T. opii., m. x.; inf. gent., ℥j. ter. die.

May 20th.—Now says has been in the habit of taking much spirit, and bought himself brandy when out for a walk. Ordered two table-spoonfuls of brandy every night in water, and forebade all other stimulants.

June 1st.—Is losing flesh rapidly; cough excessive, mostly in throat.

June 12th.—Last two nights cough has been much more troublesome, preventing sleep; has also severe night sweats; Pil conii. co. ij.; on. rep. mist.

June 15th.—Better as to cough; otherwise same.

June 21st.—Complains of weakness of knees; tongue slightly furred; bowels regular; sleeps well; does not sweat so much.

June 30th.—At the right apex there is a loud whistling noise, and at the left, the moist *râles* are much the same.

This man remained only a short time longer in the hospital. He seemed to improve a little, and this was thought to be due to the good diet, fresh air and rest he enjoyed.

CASE II.

April 3rd.—J. Q., single, æt. twenty-one, labourer, with no hereditary predisposition to consumption, always good health up to last November, when he took cold, and has been ailing ever since, nevertheless, two months before that time he had had a slight hæmoptysis.

Report stated that he had disease at right apex with cavernous metallic respiration; percussion not metallic; nothing marked posteriorly; expectoration white, frothy; cough frequent; has taken cod-oil and expectorants; don't think has made much if any improvement; has a hot, dry skin; complains of thirst and sleeplessness, with troublesome cough and expectoration; no night sweats: gave Liq. am. ac. ℥ss.; T. camph. co. m. xx. ter die.: cod liver oil.

April 10th.—Cavernous metallic respiration, but no humid sounds at right apex; pectorioloquy percussion note very flat; on left side increase of vocal resonance.

April 28th.—Cough more troublesome, otherwise the same. To have Pil conii. comp. gr. v.; night and morning.

April 30th.—To day, at right apex, *bruit de pôt fêlé* very distinctly elicited. The pectorioloquy marked, and unusual creaking noises heard in the supra-spinous fossa. Thought that the cavity was contracting—an idea confirmed by the patient's steady progress for some time afterwards—at the left apex the sounds were normal. He left the hospital in May, and attended some weeks as an out-patient, still progressing.

CASE III.

April 2nd, 1868.—Robert J., æt. sixteen, single, apprentice to watchmaker. No previous disease until nine months ago, when he was seized with hæmoptysis to the extent of 5½ pints in a fortnight, not much since then, mother living but has cancer of the breast, father killed by an accident. Cough became troublesome soon after the hæmoptysis, and nothing has eased it. Has been out-patient at St. Mary's. Cough now continues very troublesome; at the right side, front and back, fine moist crepitus and increase of vocal resonance; the left side is duller on percussion, but no moist sounds are heard here; he is very feverish; com-

plains of great thirst and want of sleep; pulse, 120; quick; liq. am. ac. ℥ss.; sp. eth. nit. m. xv.; tr. camph. comp. m. x.; aq. ℥j. ter die.

April 7th.—Appetite worse; says the medicine "rises on his stomach;" flatulence; bowels constipated; tongue red and furred on each side of dorsum; thirsty; pulse, 120; respiration, 50; to take effervescing citrate of magnesia three or four times a day; Liq. morph. m. v.; ex. inf. gent., ℥j., bis die.

April 10th.—Appetite better; less thirsty; stomach better: tongue clean; pulse 130; respiration 40; there is now on the right side moist crepitation at both apex and base; left dull at apex and at extreme tops in supra-scapular region, find blowing with increase of voice.

April 12th.—Appetite better; thirst less; tongue cleaner; pulse, 120; respiration, 36.

April 16th.—Continues the same.

April 18th.—Feels better; can walk more easily; pulse very weak, rapid, 130; respiration, 36; physical signs the same; appetite better; cough not so troublesome; sleeps comfortably all night; no sweating; continue Mist. morph.

April 25th.—He now complains of pain at the right base, where on auscultation fine crepitation is heard; the pulse is very weak, rapid, 130; respiration quick, short, difficult, 40; affecting alæ nasi. ℞ Liq. morph., m. v.; pot. nit., gr. v.; pot. bic., gr. x. aq. pip. a., ℥ss., ter. die; croton oil liniment to be rubbed in.

April 28th.—Remains same; cough and expectoration worse; the liniment has brought out much eruption; the breathing is very short; sickness has set in, and became severe after food; tongue red glazed moist at edges, with stripes of fur on each side; Mist. bism. morph. et. acid hydrocy.

April 30th.—Not sick since the first two doses of medicine; tongue better; feels stronger; has been for a little walk in the sun this fine day; slept well last night for first time.

May 5th.—Left apex and base tubular, with prolonged expiration, no bronchophony; right moist crepitation apex and base; base seems subsiding; continue the treatment.

May 11th.—Remains the same; complains much of flatulence, but no more sickness; mixture of chloroform and sp. am. arom. in infus. gent.

May 14th.—Feels better; less flatulence, and all general symptoms less urgent.

May 29th.—Has been going on very well; stomach and bowels comfortable; tongue clean; appetite good; no perspirations; no thirst; skin cool; pulse, 110; respiration, 34; complains of dyspnœa, but says that is easier than before; physical signs remain same; the moist *râles* on right side persist, and the tubular breathing on left remains exactly as before.

He improved still further, and left the hospital to enter a convalescent institution.

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

NOVEMBER 13, 1871.

DR. ANDREW CLARK, F.R.C.P., President.

DR. TILBURY FOX made a very interesting communication of an

OUTBREAK OF RINGWORM IN A LARGE ESTABLISHMENT—300 CASES OCCURRED.

There was an outbreak which began in April and ended in June, to break out in September, after two months absence. As many as forty-three or forty-four cases occurred in one day in September. The disease was not re-imported. The dust of the room was collected in glass slides, it was composed of entiste epithelium and germs (sporules). Grease to the head is a most important application to prevent it spreading.

DR. SANSOM communicated a case of

PHTHISIS COMPLICATED WITH ENDOCARDITIS.

Martha G., widow, æt. twenty-nine, applied 28th April, 1871. Complained of great prostration; pain generally over the chest, much cough and expectoration and hæmoptysis to the extent of half-a-pint. Her illness began three months ago. Her mother, sister, and brother died of phthisis. Prostration and dyspnœa were great. There was deficient resonance over the upper and middle lobes of the right lung, and much imperfection of the respiratory murmur. The contraction of the heart was feeble and rapid, no murmur. April 29.—Much cough towards night, but very little expectoration. She was very delirious. On auscultating the chest one found over the base of the heart a soft to and fro sound, and on carrying the stethoscope nearly to the apex a very soft diastolic murmur. It was now found that the phthisis was complicated with endocarditis; no pain in joints, but pain after coughing referred to the lower portion of the chest; the pulse varied between 128 and 144; the temperature rose from 99·8° to 103·6°. May 4.—A to and fro soft sound heard at apex. May 6.—After great suffering she died. *Post-mortem.*—Both lungs contained yellow tubercles, especially the right, where they were very numerous and varied in size, from a pea to a marble, and were for the most part infiltrated with pus. The pericardium contained a tablespoonful of dirty brown fluid, but no recent lymph; on the right verticle was a yellow patch (old deposit). The left ventricle was found almost blocked up by stringy clots; the mitral orifice was converted into a thickened ring; there was a clear history of phthisis. The physical examination was difficult, but no heart sounds were detected. After rest in bed, soft murmurs were heard, and a to and fro sound caused by commencing pericarditis with slight effusion; the diastolic murmur heard to right of apex not over aorta was no doubt mitral endocarditis present, with a question as to pericarditis; the endocarditis was the pressing mischief.

MR. BRUDENELL CARTER showed (1) a girl with embolism of the entire retinal artery. On Monday last a sudden mistiness came before the eye, and in five minutes the eye was quite blind. On Thursday there was no perception of light. The branches of the ophthalmic artery were seen radiating in different directions as fine as hairs; the veins were distended. In most cases there are small venous hæmorrhages; in this girl there was bright arterial hæmorrhage. The plug was near the lamina cribrosa, and a small vessel coming off behind the plug must have given rise to hæmorrhage. (2) Was a middle-aged man, with neuritis of both optic nerves following an injury to the head. In this case the sight was not affected much. The disc was obscure; the blow was received two years ago; two or three fits of unconsciousness on the railway caused him to leave his work. He staggers in his gait.

DR. HUGHLINGS JACKSON said that the study of the red softening visible in ophthalmic cases was most instructive. The red softening of the brain and spinal cord must be analogous.

DR. ALFRED CARPENTER, of Croydon, related the following cases of

MUSCULAR ANÆSTHESIA.

The cases were two intelligent young ladies, the daughters of a city gentleman. The elder, M. H., æt. twenty-eight, of average good general health, every function of organic life being properly performed, all the natural functions of the body being in a healthy state; has been under the care of Dr. Carpenter for the last three years without material alteration, except a gradually slow but decided decrease in muscular power. Now she cannot rise from her chair without assistance; the attempt when made with aid is clumsily and awkwardly performed; when she has gained the erect position she staggers, and is uncertain in her gait; her movements corresponding with those observed in intoxicated persons. The foot being raised from the ground there is an uncertainty as to where it will be placed, and it goes down with force, the heel first reaching the ground with a blow. As she cannot see the foot she cannot tell how far it is from the ground. She can only retain the upright position as long as she knows assistance is at hand. She has more difficulty in starting than in continuing her movements. If she stands, and is told to shut her eyes and move, or if she is in the dark she cannot remain upright, but at once falls. There is however no material loss of power, for the individual muscles are still strong, and some force is required to bend her joints

against her will, though the muscular power is much less than it was two years ago. She can still lift a considerable weight and carry it if her eyes are fixed upon it. Her sight is good, the pupils act equally and freely, and there is no defect in the co-ordinating power of the optic muscles. There is no congestion of the conjunctiva; no amblyopia. There is no want of association in the muscles of expression, but there is a slight effort required in speaking. There is clumsiness of movement in the upper extremity, for she cannot button a button or put in a shirt stud unless she looks at it. She cannot use her fingers with any precision when out of sight, but can execute drawings of considerable merit. She used to play on the piano very well, but for the last five years the requisite movements have become unsteady and imperfect. Her memory and hearing are quite right. She never suffers from pain of any kind, there are no starts or jerks or muscular tremor. Urinary organs and secretion normal. She has a lateral curvature of the spine with some flattening of the ribs on the right side in the middle of the dorsal region. The distortion, which is considerable behind, does not alter the shape of the chest in front. There is no cutaneous anæsthesia, the neighbourhood of the joints is naturally sensitive. No numbness or formication in ordinary position, but if she sits up in bed with the knees drawn up before her, and a weight is kept on her knees, there is a feeling of numbness and deadened sensibility in the lower limbs, but there is no marked reflex action, and no effect follows upon irritating the soles of the feet. She is able to localise sensations excited by the use of a pair of compasses in a normal manner, though the tactile sensibility of the lower extremities is, if anything, rather lessened. She is the second of eight children; her parents are healthy. At twelve her shoulder was said to have "grown out." Dr. Little ordered a supine position, with no mental work, and daily muscular exercise. Iron supports were used for four years. The catamenia appeared at fourteen. At eighteen the supports and treatment were omitted. Her general health was good, but the unsteadiness of gait continued, and as she developed into a young woman increased. She was placed under the care of a leading physician six years ago, kept perfectly recumbent fourteen months, and treated with steel without benefit. She came under Dr. Carpenter's care in 1868.

The condition of the younger sister, E. H., æt. twenty-six, is very similar, but the symptoms are not so advanced, neither is she so helpless as her sister was three years ago; she has followed similar plans. The irregular gait was observed when she was fourteen. She is now well developed, with a healthy rosy face. When she speaks it is with hesitation, and as if she had something in her mouth. She is able to thread her needle, but could not touch the tip of her nose if her eyes were shut. She walks more nervously than her sister, and her progression is more sudden, amounting to a half run. Dr. Carpenter summed up the points upon which he asked the opinion of the Fellows under four heads, viz.: (1) The cause for the development of the disease; (2) its nature; (3) its pathology; (4) its treatment. He referred the first point to some hereditary defect in nutrition of nerve matter. That the curvatures were coincident in point of time with development of disease as effects of a common cause, viz., degeneration of nerve matter—that they were not cases of locomotor ataxy at present. He combatted the opinion of the translator of Trousseau's "Clinical Medicine" that the pathognomic sign of locomotor ataxy "was the peculiar deficiency in the power of co-ordinating voluntary movements," basing his objection on the absence of pain, of urinary disturbance or ocular complication, as well as the fact implied by their youth and sex. The want of co-ordinating power being the most prominent symptom. He considered that in these cases the mischief was limited to the cord, and that there was no cerebellar complication, this idea being supported by the absence of subjective symptoms of brain disturbance and the superior intellectual power. He referred to the experiments of Linget and Bernard, which prove that when the posterior roots of the spinal marrow are divided there is less co-ordinatory power, and that the harmony of movement is interfered with, and that Dr. Lockhart Clarke had distinctly made out that the posterior roots of the spinal cord were diseased in locomotor ataxy. The author concluded that in these cases where the posterior columns were diseased the irritability of the muscles was found to be depressed, whilst their sensitiveness to pain was increased, that electric currents excited violent pains. This was not the case with these patients, moderate galvanic currents were not distressing. The author also pointed out a typical case of locomotor ataxy, pointing out the different manner of progression as compared with the gait of these young ladies.

A discussion then took place, in which Dr. Lockhart Clarke and Dr. Richardson joined, at the conclusion of which

The President proposed that a committee be formed to examine these cases and report to the society at the next meeting. He named Drs. Richardson, Hughlings Jackson, and Carpenter, and requested the assistance of Dr. Lockhart Clarke.

The discussion was then adjourned, the President thanking Dr. Carpenter for his interesting communication, and also the young ladies, for the opportunity they had afforded the society of seeing them.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 29, 1871.

THE PATHOLOGICAL SOCIETY OF DUBLIN.

We understand that a very animated discussion took place, on Saturday last, at the meeting of this Society, in reference to propositions laid before it by two of its members. It was suggested by one gentleman that the meeting should take place in the evening instead of at four o'clock in the afternoon, and that the communications made to the Society should be the subject of debate. In the course of the discussion, another member animadverted upon the constitution of the Council, which he considered was of an exclusive and not by any means a representative character. He complained that certain of the clinical hospitals of Dublin were without any delegate in the administration of the Society, while other hospitals enjoyed an undue share in its management.

We do not enter more fully into the subject matter of these complaints, inasmuch as our knowledge of the facts is unofficial, but we are strongly impressed with the consideration that the suggestions offered by these members are fully justified by the system of management and government of the Society.

Hitherto, its Council has been a sort of "Holy of Holies," into which no member, however energetic or talented, could hope to penetrate, except by the kind condescension of the Levites on guard. The Society itself is, in all respects, an

abnormity, numbering amongst its members some of the best-named men in the Irish ranks of the Profession, and including in its proceedings an embarrassing overflow of interesting communications. Its meetings have, nevertheless, been from year to year held in *Camera*, at an unholy hour of the day, and without public notice. The theatre in which the meeting is held being crowded with students, who actually used to take their attendance on the Society as a course of practice of medicine, and promulgated their certificate as they would the *testimonim* of a regular course of lectures, the members are obliged to content themselves with standing room against the wall, or a seat on somebody's knee, and the entire hour of meeting is enlivened by the constant pushing, crushing and shuffling of unpunctual members coming in, or gentlemen, who have "shown" themselves, going out. Beset with such difficulties and distractions, some surgeon presents a valuable and interesting pathological specimen, which, to do it and its contributor justice, would deserve three-quarters-of-an-hour examination and discussion. Yet, the moment the bow of the contributor has been made to the President, the specimen is precipitately carried away, and another gentleman "takes the floor;" and while under similar *desagremens*, he attempts the hopeless task of driving the views of his predecessor out of the heads of his hearers, usually succeeds in producing a sense of pathological bewilderment to the audience.

But the proceedings of the Society are not allowed the attentive criticism they deserve, even when they come to be perused. From the moment when the words drop from the mouth of their author, as much care is adopted to put them out of sight and mind as if they were diplomatic telegrams.

Three months after they have ceased to be of any interest, they are carefully and honourably interred on the bookshelves of a few hundred medical literati, while nine-tenths of the medical world even in Ireland are hardly aware that the Dublin Pathological Society exists as an organisation, not for the diffusion of useful knowledge, but rather for the embalment and sepulture of medical science, and the discouragement of over-eager students in the investigation of disease.

THE CONJOINT EXAMINATION BOARD FOR IRELAND.

It will be recollected that at its last meeting the General Medical Council adopted a resolution recommending the formation of a Central Examination Board in each division of the Kingdom of the Corporation of all the medical authorities in each.

This proposition was, as far as Ireland was concerned, pooh-poohed by Sir Dominic Corrigan, who declared that it never would be carried into effect in Ireland, and broadly insinuated that he would prevent it. The Council resolved thereupon to give the Licensing Bodies until the 1st of January to consider the question, and frame their arrangements, and declared that if they failed to do so by that time, they would call upon the Government to do so.

Nearly seven months have passed and no movement is visible in the "Irish medical authorities." We understand, indeed, that the Council of the Royal College of Surgeons have some weeks since invited the University of Dublin, Queen's University, College of Physicians, and Apothecaries' Company, to a conference of delegates to discuss the subject, and that each of these bodies has expressed its desire for such a meeting, except the College of Physicians. It is further said that a certain party in that College is anxious to impede the negotiations, and objects to meet the Apothecaries' Company as parties to the arrangement.

Thus we have arrived within a month of the date fixed by the Medical Council, and nothing has been done. We profess ourselves quite unable to comprehend a policy of obstruction on the part of any licensing body. Two successive years of Parliamentary threatening, and the expressed intentions of Mr. Forster, on the part of the Government, have left no room for doubt as to what we may expect in the coming Session. We have room to anticipate nothing but the unsparing pruning of medical corporations, if, indeed the Government will content itself with so mild a measure, and it is equally probable that the road to medical reform will be cleared by the total annihilation of the Licensing Bodies. The College of Physicians of Ireland must know this as well as we do, and they should not place dependence on the chances which ministerial embarrassments gave them last year. Mr. Forster has, we think, given every latitude which could be expected or desired, and if the medical corporations will not take the hint, and put their houses in order, it would be unjust to the Profession to deal tenderly with their obstinacy and obtructiveness.

MEDICAL ASPECT OF THE FRANCO-GERMAN WAR.—No. IV.

The Soldiers.—There is in the reports by correspondents and others capable of forming an opinion on the subject, sufficient to indicate that a very great difference existed in the *physique* as well as the *morale* of the troops constituting the opposing armies, differences which beyond doubt had an important bearing upon the result of the campaign, and which may appropriately be referred to in the present *résumé*.

French.—In ordinary times about 325,000 young men having attained the age of twenty-one years became subject to military service, but of these 61,000 are exempted on account of various reasons, deficient height being the most general; others were exempted by the operation of that unlucky rule which permitted conscripts to purchase immunity from personal service, the result being that the social tone of those unable similarly to obtain exemption, became lowered. Unfortunately also it is beyond doubt that a degree of laxity and want of discipline in small matters had for some years been in operation, and it is somewhat broadly asserted that when the time of real trial came it was not alone in small matters that this condition existed. But besides the ordinary annual contingent, large numbers of men had, in 1870, to be enrolled, and this was effected partly by conscription and partly by voluntary engagement. Of the men so *raised* some entered the regiments of the regular army, others the various corps of National Guards then brought into existence. Many of the older soldiers were, as we have just seen, deficient in discipline; those suddenly armed in a great emergency had not had time to acquire the tone and character of soldiers, and here are some of the consequences which followed: "That many of the troops, both of the line and contingents were sent to face the enemy while as yet imperfectly drilled is only too notorious, but the natural degree of their military ineffi-

ciency is perhaps not generally known. For example, we read of some *mobiles* in the provinces, being so very insufficiently drilled that in throwing themselves upon the ground they wounded each other with the bayonet, and that in getting up again they repeated the clumsiness."* We moreover learn that there were in the ranks many men who were physically unequal to the hardships of actual service, many were as yet immature lads who had not attained manhood, also that after the experience of the war against the Prussians and that against the Communists, *M. Thiers* expressed himself in regard to young soldiers much as the first Napoleon and many others had done before him. *M. Thiers* "believes in old soldiers. He will not hear of young men simply drilled for a number of months and returning to their villages every year."† With all these serious drawbacks the individual courage and *pluck* of the men is testified to. What is to be learnt from the observations made is, that individual bravery was of itself of little count against such serious defects as we have seen to pervade the masses.

German.—The soldiers in the German armies were selected from among men of twenty years and upwards, those of the Landwehr averaged from twenty-eight to thirty-two years of age, many of them being married and having families. They were all powerful men in the prime of life, well educated, with "a sense of responsibility which the French want. Splendid marchers, strong, self restrained, self-respecting, earnest, manly fellows."‡ We had almost thought we were writing of Cromwell's Ironsides; and like them the Germans are said by eye-witnesses to have "fought like devils." And they marched as well as they fought. When pursuing their defeated enemy they kept up with horses and carriages, at *a swinging* pace, and in full campaign order. They had one great advantage over their opponents in that they carried no tents, although we learn that the health of the men at times did suffer in some degree when they had to bivouac during inclement weather. While actively engaged they are sober, able to march thirty miles a day for three successive days *without a case of sunstroke* occurring among them, a circumstance in somewhat striking contrast to what is said to happen when one of our British regiments is called upon to proceed a few miles during a summer day. With all this the strictest discipline was maintained among the German troops. Even on the march men were reprimanded "if their buttons were not polished, and their cuffs turned down," and no sooner did they occupy a place than the soldiers were busy brushing and beating their clothes." It is manifest that the several characteristics here briefly alluded to while they have an all important bearing upon the efficiency of armies in a military sense, have also a direct bearing upon points affecting the health of their several component parts, and that this being the case they possess an especial interest, more especially at the present time for all who are concerned in the reorganisation of our forces.

The Cavalry Seat.—There are probably few of our readers who have not at some time or other observed with mingled pain and amusement the British dragoon on horseback, his charger at full trot, and he himself bumping up and down in his stirrups as if the great object of his being were to produce in his own individual self one or other or both those maladies formerly enumerated in military medical nomenclature as *hernia inguinalis* and *hernia humoralis*. A similar "seat" was at the beginning of the late war in use by the German cavalry, and perhaps is so again now that piping times of peace have returned; that it was abandoned in actual service and why it was so we learn however from the correspondent of the *Daily News*,* himself an ex-dragoon. He tells us that early in the war "the German cavalry have almost without exception betaken themselves to the practice of 'jockeying' on the trot." The German officers and men alike assert that experience has convinced them that to jockey on the trot is easier for the horse, spares his back more, averts his tiring, while beyond doubt, it is pleasanter for the horseman in a long journey. Mr. Forbes further says in illustration of his remarks that Lord Cardigan, who was a very strong opponent of "jockeying", had more sore backs among the horses of his hussars than any other regiment in the service, and adds, "I believe that the legitimation of *jockeying* would keep the dragoon longer sound." So do we, and so if we mistake not do the surgeons of most of our cavalry regiments.

Drunkenness.—What do we find on this unpleasant subject as it affected the *Celtic* and *Teutonic* soldiers during the late events in France? Is this vice the great prerogative of the free born and independent Briton, or has he rivals in its pursuit? Alas! he is by no means singular in his taste for intoxicating drinks. Of the French soldier and *mobile* we read that in the cold days of winter *vin ordinaire* was deemed by no means "comforting," and that spirits in very considerable quantities not unfrequently took its place with the following among other results, namely, that the Academy of Medicine discussed the question how far the indulgence which prevailed in Paris during the siege was a cause of the unfortunate termination which so often happened in the cases of the wounded, an insuccess said by *M. Verneuil* to be often induced by *alcoholism*. Also that a *Société patriotique de temperance* was set on foot of which "Le but est de combattre efficacement l'ivrognerie."

But it was not alone the French who are said to have indulgenced in drunkenness. The Germans, whose sobriety during the time of fighting, seems to have been remarkable, gave themselves up to indulgence during the time they besieged Paris. As one reason of this it is said that being deprived of the beer which appears to be an indispensable article to them, they the more readily indulged in such spirits as they were able to possess themselves of. We come across several instances of this in published correspondence, and perhaps it may be consolatory to know that when soldiers of other nations have the chance of indulging in strong drink, their performances in this respect are by no means far behind those of our own much respected Private Thomas Atkins.

* *Daily News* Correspondence. P. 411.
† *Observer*, 1st October, 1871.
‡ "My Experiences. Vol. I. Pp. 253, 18, 220, 267.

* "My Experiences." Vol. II. P. 180.

Notes on Current Topics.

Scotch Weather.

A TEN years' average of the mean temperature in Scotland shows that July is the warmest month, August the next, but during the past quarter August was 1° 2 warmer than July, and the warmth was felt the more that the air was nearly still, and what little breeze there was

came from the south-west. This higher temperature during August had its effect on the mortality. In ordinary years, when July is the warmest month and August the next, the mortality gradually decreases from May to September. But during the past quarter, the mortality of August exceeded that of July. As the heat was not great, however, the mortality continued comparatively low; so that the August deaths over Scotland only exceeded those of July by 80, instead of being 190 below them. July might be characterised as a rainy month, with a full mean temperature, but rendered cold to the feeling, and backward to the crops, in consequence of the unusual prevalence of cloud, from which rain was continually distilling, and a want of sunshine. August, again, was a warm month, with a clear sky, much sunshine, and little rain. While September was a cold month, with an unusual prevalence of easterly and northerly winds, and a consequent deficiency of rain. The *Quarterly Report* shows that the mean barometric pressure, reduced to the sea-level and to 32° Fahr., was 29·692 inches in July, 29·908 inches in August, and 29·930 inches in September. The mean temperature of the quarter was 56°·3, being 0°·6 higher than that of the ten previous years. The mean temperature was 57°·7 in July, 58°·9 in August, and 52°·2 in September. The absolute highest temperature was 79°·2 in July, 86° in August, and 78° in September. The absolute lowest temperature in the protected thermometer was 34°·7 in July, 35° in August, and 24° in September.

What to do with Leeches that have been used.

A CORRESPONDENT of the *Boston Medical and Surgical Journal* asks what shall be done with leeches which have once performed their duty. To a physician in the country, replies the editor, such a query is of more importance than to a physician in the city; the former is often obliged to use a second hand article, while the latter orders fresh. The only method of relieving the leech of blood is of course to induce him to disgorge it, or allow him to digest it. Many practitioners "strip" the leech, or else cause them to disgorge by means of salt. Such treatment if it does not cause their speedy death, generally renders them unfit for a second application. Both methods are barbarous. We think by far the preferable method is that employed by our correspondent, we give his words:

"My mode of treatment is the following: I never 'strip' them or cause them to vomit. I let them enjoy their fill of human gore, keeping them in cold spring water, which is changed regularly every day. In a few weeks' time their meal is all digested and they are ready for a fresh application. I have never known them to die when treated in this way. What is the experience of others?"

The Statistical Society.

AT the first meeting of the Statistical Society for the present session last week, an address was delivered by Dr. Wm. Farr, who asked the public to make fresh efforts to extend the science which this society was founded to promote. He expressed himself as looking forward to the foundation at the universities of Professorships of Statistical Science, which had paramount claims to every encouragement both in honours and rewards. Political economy is now taught in the Universities as a subsidiary study; and though it has a field of its own, part of it forms legitimately a small part of statistics, and the two sciences are closely connected. Dr. Farr also gave many interesting particulars of Mr. Babbage who attended the meetings assiduously at the origin of the society, and who was so well known by his two great and long-sustained efforts to construct calculating-machines—to produce by mechanism what had, up to his time, been either impossible, or the unaided work of human brains. Dr Farr thought we ought to have buildings for scientific societies, and then said "This Society especially has the strongest possible claims upon her Majesty's Government, for it is interposed as a critical independent body between Parliament and the Government departments; the papers in the Society's *Journal*, full of sifted facts, throwing the clearest and most impartial light on the political questions of the day under discussion, are to the country of incalculable pecuniary value. As proof, take the whole series of thirty-four volumes, and as samples the last numbers. This society is an arena where members can meet ingenious men—men not in Parliament—with strong convictions, who can not only expound but discuss their views before a scientific audience; but it is evident that such discussions demand for their full development a small convenient theatre."

Emigration.

IN reference to increase of population, emigration is of importance. From the chief ports at which emigration officers are stationed, it was ascertained that 71,400 persons emigrated from Great Britain during the quarter, of whom 32,312 were English, 16,139 Irish, 14,587 foreigners, and 5,862 Scotch, while of 2,500 the place of birth was not ascertained. Allowing 212 as the Scotch proportion of those whose origin was not ascertained, the total Scottish emigrants during the quarter would amount to 6,074, which, deducted from the excess of births over deaths, would leave 5,780 persons as the increase of the population during that period.

Prevalent Disease of Scotland.

AMONG the other important points discussed by the Scottish Registrar-General is that of the prevalence of several diseases. As the eight principal towns of Scotland furnish the particulars of the ages and diseases which proved fatal, as their united populations amount to nearly a third of that of Scotland, and as these towns are well scattered over the country, the diseases which prevail in them serve to give a very fair idea of those which are affecting the people generally. It appears that the deaths in the eight chief Scotch towns would number 2,438 in July, 2,450 in August, and 2,226 in September. Contrary to the usual average, August proved more fatal to the population than July. In this respect 1871 agreed with 1868. During August there was an increase among those diseases which are reckoned to belong to the zymotic class; and, on looking at the mortality of the individual diseases in that class, it is seen that, while almost all other diseases had decreased in fatality during that month, the deaths from diarrhœa had largely increased——viz., from 78 in July, to 188 in August. August, says the Registrar, was our warmest month—indeed, the only month of the year when there was any amount of warmth at all—and the warm weather invariably increases the bowel complaints. As these diseases are not rapidly fatal, many of

the deaths from these diseases, therefore, did not occur till September, so that 147 deaths from diarrhœa were registered during that month. The epidemic constitution, which gives rise to or encourages the spread of small-pox, appears to be very strong this year, and would seem to be on the increase; for, while only 24 deaths from that disease occurred in the eight towns during July, 30 occurred in August, and 47 in September. Measles, on the other hand, was rapidly abating; for, while 254 deaths therefrom occurred in July, only 124 were in August, and 65 in September. Scarlatina, as almost always happens, increased just in proportion as measles abated; for the deaths were 42 in July, 68 in August, but 107 in September. The deaths from diphtheria very slightly diminished, being 30 in July, 29 in August, and 27 in September, or, allowing for equal days, diminished only one day a month. It is worthy of remark that in the towns diphtheria has been proportionally more common among the middle and upper classes than among the lower classes. Hooping-cough showed a slight tendency to increase during September; for the deaths, which were 43 in July, and 44 in August, increased to 62 in September. Croup showed a still greater tendency to increase with the progress of the year; for 15 deaths occurred in July, 29 in August, and 32 in September. The bowel complaints—diarrhœa, dysentery, and cholera—caused 97 deaths in July, 213 in August, and 165 in September. Fever abated considerably during August and September; for, while 102 deaths therefrom occurred in July, only 83 happened in August, and 80 in September. The diminution, however, was far greater in typhus fever; for 45 deaths occurred in July, but only 38 in August, and 28 in September. Enteric fever, however, was nearly as fatal in September as in July—July registering 33 deaths, and September 31, though there was a diminution during July to 23 deaths. Erysipelas increased during August and September. The deaths from consumption, as usual, diminished with the advance of the season, 334 deaths occurring in July, 285 in August, and 259 in September. Apoplexy and paralysis were most fatal during the warm month of August, and caused 76 deaths in July, 99 in August, and 71 in September. Diseases of the heart were much more fatal during the warm month of August; for July furnished 81 deaths, September 63, but August 117. Diseases of the respiratory organs abated during the genial month of August; for while 340 deaths occurred in July, and 326 in September, only 291 happened in August. Inflammatory affections of the digestive organs were most common in August; for, while 196 deaths therefrom occurred in July, and 169 in September, 227 were in August. Kidney disease greatly abated during the warm month of August, and rose again with the colder weather of September.

Physiography.

THE lectures on the "Elements of Physical Science," intended for the instruction of women, were commenced by Professor Duncan, who took the term physiography, intending thereby the science of natural objects. That the term really misled the ignorant was seen by the amusing mistake mentioned by the lecturer of some one asking him if he meant to lecture about faces. The lectures were illustrated by maps and drawings, and are very popular. Professor Duncan said that the first thing to notice in connection with physiography is that the surface of the earth is constantly undergoing more or less appreciable changes; so that, during long ages of time, the landscape of every part of the world alters materially. The land wears away, and the results of its disintegration by heat, cold, wind, rain, and ice are carried down to the sea floor. This wearing away is called denudation by physiographists. Denudation, and the removal of the results of it, contribute largely to the formation of the contour of the ground. A simple, but a very good lesson in physiography might be gained by looking into the operations of their own river Thames. He would take them back to the period when the rhinoceros, the elephant, wild cat, and other great animals, were to be found in England, and when the ancient Britons had to content themselves with weapons and implements of warfare, and ask them to endeavour to realise the amount of mud and stone which has been swept down to the sea by the action of the river Thames. It has been calculated that 140,000,000 cubic feet of mud passes down the Thames every year. As a mass of stone this amount of mud would represent 520 tons in weight. Multiply this by 4,000 or 5,000 and a pretty considerable amount of material would be found. All this mass of earth and stone had been detached from the surface of the earth. The changes which this must have made in the appearance of the valley of the Thames may be easily imagined. This amount of soil represents roughly the annual wear and tear of the valley in which the Thames runs. A river running two miles an hour is capable of carrying along with it a pebble two ounces in weight, and one running at the rate of ten miles could carry a stone weighing ten tons. The Thames at London Bridge is a mass of fresh water one-sixth of a mile wide; its depth in some places thirty feet, and in others only twelve feet. Its water runs down towards the sea for about seven hours, and then runs up towards Teddington weir for about five hours twice in the day. About 115,000,000 cubic feet more water moves down than passes up beneath London Bridge every day. Above Teddington the water always runs downwards towards London Bridge in a continuous stream from Thames Head, in Wiltshire, which is 170 miles from London and 370 feet above the water of that bridge. The course of the Thames and its affluents is determined by the shape or contour of the ground of the Thames basin. This is bounded and separated from other river basins by the high ground which forms the Chiltern Hills, the Cotswolds, and the north downs. Denudation has formed the valleys, and their shape determines the course of the main river and its tributary streams. The basin of the Thames receives every year water on its surface, in the shape of hail, rain, snow, or dew, to the bulk of 2¼ cubic miles. These result from the condensation of the watery vapour of the atmosphere which arises from all watery bodies owing to the heat of the sun. Only a portion of the water which falls on the Thames basin reaches the sea by way of the river, for much is evaporated, and much sinks deep into the ground. The water of the Thames is constantly circulating, and the agent of the circulation is the sun. Rain, rivers, and the formation of valleys and the changes in the landscape are natural phenomena, which are influenced by the laws that regulate the heat of the sun. The area of the Thames basin was little more than 6,000 square miles, and about 24½ inches of rain fall into it every year. To mass all this water together would make 2½ cubic miles of water.

Work.

THE medical profession has the opportunity of judging of the effects of work on the human system, and some of our brethren fall victims to excessive mental or bodily toil. It is of the greatest importance that this subject should be more commonly studied, for it ramifies in every direction both preservative and curative medicine. The influence of work on health was the subject of the celebrated Bouchardat's two lectures before the Paris Faculty of Medicine as long ago as 1862, and no one has more beautifully illustrated it than this able professor of hygiene. In commencing his course, which was afterwards printed, he observed that one of the forefathers of philosophy—Plato—said that our body is impaired by rest and inaction, and preserved chiefly by exercise and motion. Rest will do harm to the mind as well as to the body. I pur-

pose to demonstrate the truth of these principles. I hope I shall prove to you that man is preserved and rises by the harmonious exercise of both body and mind, and that inaction impairs him physically as well as morally. I think I am true to the purpose of the useful works of the Polytechnic Association, in trying and asserting by arguments borrowed from the most largely understood of health, that physical and intellectual labour is a necessity of human organisation—a condition of health, of morality, and indefinite improvements. That is a question of general interest, which will bring us to inquire into the most efficacious means of contending with our most implacable enemies—spleen, misery, old age, and premature death; of preserving as long as possible the attributes of youth; and, last of all, keeping away the fatal hour to the utmost limit. To hit the aim I have just pointed out, it must be thought of for a long time, as it is easier to keep up a building in a good condition than to raise up again a ruin. In order to combine harmoniously intellectual and bodily exercise for many constitutions and social situations, it requires daily efforts and two difficult things—time and a strong and determined will; in short, what is still more difficult, and yet necessary, will be to subdue our mischievous propensities. But I shall be easily understood when speaking to an audience well prepared by the practice of the truths I am just trying to unfold. This is the plan I intend to follow in both lectures. I shall study first the physical, physiological, and healthy effects of bodily and intellectual labour. I shall say afterwards what are its advantages and inconveniences, according to climates, sex, and ages. Then I shall end by the study of labour's influence on the fate of nations."

The Iodides.

In his paper on "Ozæna," at the Medical Society of London, Dr. Prosser James drew attention to the value of other iodides than that of potassium, particularly to the iodides of sodium and calcium, which, though used abroad, have not been much employed in this country. The author exhibited specimens of those salts which had been prepared for him by Mr. C. R. C. Tichborne, of whose accomplishments he spoke in high terms. It appears that the iodide of sodium is far less unpalatable and quite as efficacious as the iodide of potassium. The iodide of calcium was spoken of as not at all nauseous, in fact, as a good substitute for table salt; while its mild action rendered it particularly suitable for strumous diseases, especially in children.

The Responsibility of Irish Dispensary Officers.

A very important inquiry has been recently held by the Poor-law Commissioners, and their decision thereupon was given last week.

Dr. Hannifin, of Milltown, Kerry, had been called upon to attend a woman named Quirk, in her confinement. Having done all that was possible to assist natural labour, he found that the urgency of the case would oblige him to deliver with the forceps. Just as he was about to operate, the priest of the parish came in, and Dr. Hannifin very properly retired, in order that the patient might have the consolation of her church. On his return after the departure of the priest, he discovered that that gentleman had decided that the woman should "make her way through the night" and the relatives accordingly refused to permit Dr. Hannifin to do what was proper and necessary under the circumstance. Accordingly having protested that "they would all regret it, because the child would surely die during the night, and the mother's life would be endangered," the next morning he did remove a dead child, and the woman died afterwards, and as a reward for his attention to the case, he was put on his trial for neglecting it.

The Commissioners say that "no evidence was produced to sustain the complaint, and that Dr, Hannifin had been most diligent and attentive in his attendance," and they further observe, while "they have no authority with regard to the reverend gentleman's proceedings," they consider his interference was to be regretted.

The Royal Institution.

The following lecture arrangements at the Royal Institution for 1871-72 are announced :—

Prof. Tyndall, LL.D., F.R.S.—Six Christmas lectures (adapted to a juvenile auditory) "On Ice, Water, Vapour and Air," on December 28, 30, 1871; January 2, 4, 6, 9, 1872.

Dr. W. Rutherford, F.R.S.E.—Ten lectures "On the Nervous and Circulatory Systems," on Tuesdays, January 16 to March 19.

Prof. Odling, F.R.S.—Ten lectures "On the Chemistry of Alkalies and Alkali Manufacture," on Thursdays, January 18 to March 21.

W. G. Clark, M.A., Vice-Master of Trinity College, Cambridge, late Public Orator.—Six lectures "On the History of Dramatic Literature, Ancient and Modern," on Saturdays, January 20 to February 24.

Moncure D. Conway, Esq.—Four lectures, "On Demonology," on Saturdays, March 2 to 23.

Dr. W. A. Guy, F.R.S.—Three lectures "On Statistics, Social Science, and Political Economy," on Tuesdays, April 9, 16 and 23.

Ed. B. Tylor, Esq., F.R.S.—Six lectures "On the Development of Belief and Custom amongst the Lower Races of Mankind," on Tuesdays, April 30 to June 4.

Prof. Tyndall, LL.D., F.R.S.—Nine lectures, on Thursdays, April 11 to June 6.

R. A. Proctor, Esq., B.A., F.R.A.S.—Five lectures "On Star Depths," on Saturdays, April 13 to May 11.

Prof. Roscoe, F.R.S.—Four lectures "On the Chemical Action of Light," on Saturdays, May 18 to June 8.

The Friday evening Meetings will commence on January 13.

The Friday evening Discourses before Easter will probably be given by Mr. W. R. Grove, Q.C., the Archbishop of Westminster, Professors Odling and Humphry, Dr. Gladstone, Messrs. C. W. Siemens, R. Liebrich, John Evans, and Prof. Tyndall.

The Dublin Class of Students.

Saturday last was the latest day for entry of students in the Dublin Medical Schools. The numbers entered for dissections were, we believe, as follows :—

School of Physic	195
Royal College of Surgeons	153
Ledwich School	191
Carmichael School	94
Stevens' Hospital School	85
Catholic University	71

Ozæna.

An interesting discussion on "Ozæna" took place on the 20th inst., at the Medical Society of London. It was introduced by Dr. Prosser James, who took a more hopeful view of the complaint than that entertained by the majority of writers. He described the several varieties, catarrhal, strumous, syphilitic, accidental, &c., and their

appearances in the rhinoscopic mirror. The treatment, both general and local was also detailed. Locally, one of the permanganates applied in various ways, seemed to be the most effectual treatment, and though various astringents were mentioned by Fellows, who joined in the discussion, the general impression seemed to be that the permanganates were the most trustworthy applications.

Medical Society of the College of Physicians, Ireland.

A MEETING will be held in the College hall on the 29th November. The following communications will be read : 1. Dr. Eames "On the Use of Phosphorus in Diseases of the Skin." 2. Dr. Hawtry Benson "On Elephantiasis Græcorum." The individual affected with the disease will be presented before the Society.

St. Andrew's Medical Graduates Association.

THE fifth anniversary session of the Association will be held at the Freemason's tavern, Great Queen street, on Friday and Saturday next.

The session will begin on the 1st, at 7 p.m., when the Report of the Council will be read, and new officers elected, after which Dr. Swete will open a discussion on "Habitual Drunkenness, and its Treatment, Medical and Legislative."

On Saturday, the 2nd, at 5 p.m., the President, Dr. Day, of Stafford, will deliver the anniversary address: "The Historical Steps of Modern Medicine."

The anniversary dinner will take place in the evening, at 6 p.m.

Indian Medical Service.

NOTICE has been given that an examination of candidates for at least forty appointments as assistant-surgeons, will be held in London in February, 1872. The application of candidates for examination will not be registered after 7th January, 1872.

Pharmaceutical Society.—Notices.

THE next meeting of the Pharmaceutical Society will be held on December 6th, at eight o'clock. The following papers will be read :—"The Substitution of Proportional Numbers for Specified Weights and Measures in the Description of Processes in the Pharmacopœia," by Prof. Redwood. "Method for the Estimation of Morphia in Opium," by Mr. John T. Miller. "The Syrup and Resin of Tolu, Tincture of Cinnamon," &c., by Mr. A. F. Haselden, F.L.S.

Army Medical Department.

THERE will shortly be some promotion in this department, consequent on Dr. Jones, C.B., succeeding to his Inspectorship, and the retirement on half-pay of Deputy Inspector-General J. Summers, M.D., G. C. Meikleham, M.D., and Surgeon-Majsr Buckle, M.D.

THE will of Sir Roderick Impey Murchison, F.R.S., has just been proved by his executors, under the personalty of £250,000. He has bequeathed funds to the University of Edinburgh, to endow a Chair of Geology, and has left his physician, Dr. Bence Jones, £1,000.

Unqualified Practitioners.

AT an inquest held in London on Saturday, upon the body of a child that died whilst under the treatment of a chemist, Mr. Richards, M.R.C.S., said he was called by the mother of the child, when it was too late for him to render assistance. The mother believed the apothecary who had medical charge of the child was a "doctor," and he never undeceived her. The Coroner stated that from the medical evidence there could be no question that this was another life added to the category, which had been sacrificed for want of proper medical assistance, poor people blindly believing that every chemist, or self-styled doctor is a qualified medical practitioner, and, as in this case, the party concerned had not the honesty to undeceive the parents. There was no reason why the life of this child should not have been saved. With this belief we are sorry the Coroner did not commit the said chemist for manslaughter.

DR. RICHARDSON'S next lecture on experimental and practical medicine will be on "The Synthesis of Pulmonary Congestion and Hæmorrhage."

AN epidemic of small-pox has also broken out in Birmingham, and as the contagious wards of the Queen's Hospital are full, steps are being taken for the erection or conversion of a temporary hospital.

THERE are about forty appointments vacant in H.M. Indian Medical Service. For these, examinations will be held in London in February, 1872. Particulars will be found in our advertisement columns.

HER MAJESTY, the Queen, has arrived at Windsor from Scotland. Though weak from her late severe illness, her medical attendants state that she bore the fatigue of the journey very well.

IN the metropolis the last weekly return gives 1,626 deaths, being 59 below the average of the corresponding week for the ten preceding years. Seventy-six persons died from small-pox ; from bronchitis, 287, as against 179, 190, and 180 in the three weeks preceding.

IT is reported that the jury in the Kelly trial have brought an action for libel against the proprietors of the *Times*. Perhaps Mr. Butt, Q.C., will oblige us with the same luxury. We made some rather severe comments upon the case.

OWING to the great prevalence of small-pox in Sheffield two hospitals are about to be erected for the accommodation of the patients. Upwards of 400 cases are reported by the relieving officers alone, and these are independent of those under private treatment.

IT is announced that the Brown Institution, under the government of the University of London, for studying, and, without charge beyond immediate expenses, endeavouring to cure the maladies and injuries of quadrupeds and birds useful to man, will be opened on the 1st of December, 1871. It is situated in Wandsworth road, Vauxhall. The cost of maintenance of each animal received into the institution must be defrayed by the owner.

In a paper appended by the Admiralty to the annual report on the "Health of the Navy," Staff-Surgeon Wade relates many interesting facts respecting the system of training boys for the navy, which was introduced eight years ago. The five training ships offer accommodation for 3,000 boys, and 2,884 appeared to have entered the service last year. The boys from the western counties, with some previous knowledge of maritime life, generally turn out well; but those from the midland and northern counties are "utterly ignorant of sea-life." London, though having an unlimited supply, turns out a rather indifferent stamp; Ireland has sent a large number to sea since a recruiting station was established at Belfast; whilst Scotland is complimented for the "intelligent, well-behaved lads" whom it contributes to the navy. "The highest in the social scale," among the boys in the training ships, according to Surgeon Wade, "were the so-called clerks in offices, though upon inquiry there had been but slight claim to the appellation; they were generally labouring lads of better education than their fellows, who had been employed writing. I only met with two who had been clerks from the time they left school. Greenwich School, often taken to be a nursery for the Royal Navy, sends very few boys, and these generally weak, and below the standard." "Dividing the occupation of the boys previous to entry into outdoor and indoor, which is perhaps the best practical division, there can be no doubt but that those who have followed the former are to be preferred as better adapted to the life on board ship."

SCOTLAND.

THE REGISTRAR-GENERAL'S QUARTERLY RETURN FOR SCOTLAND.

The quarterly return of the births, deaths, and marriages registered in the divisions, counties, and districts of Scotland for the quarter ending 30th September, 1871, has just been issued. During the quarter ending 30th September, 1871, there were registered in Scotland, 28,689 births, 16,835 deaths, and 5,424 marriages; and these numbers indicate that the proportion of births, deaths, and marriages was slightly above the corrected mean of the corresponding quarter of the ten previous years.

Births.—28,689 births were registered in Scotland during the third quarter of the year 1871. This indicates an annual proportion of 340 births in every ten thousand persons, or 3·40 per cent. The corrected average of the corresponding quarter during the ten previous years, was 339 births in every ten thousand persons, or 3·39 per cent. The proportions of births has, therefore, been slightly above the mean.

Deaths.—16,835 deaths were registered during the quarter ending 30th September, being in the annual proportion of 200 deaths in every ten thousand persons, or 2 per cent. The mean death-rate of the quarter during the ten previous years was 195 deaths in every ten thousand persons, or 1·95 per cent.; so that the death-rate of the past quarter has been above the average. In England, during the same quarter, the deaths not only were above the average of the quarter, but even exceeded the deaths of the previous quarter. Thus, during the September quarter, 121,196 deaths were registered in England; being in the proportion of 213 deaths in every ten thousand persons, or 2·13 per cent. The mean death-rate of England during the quarter of the ten previous years, was 210 deaths in every ten thousand persons, or 2·10 per cent. The English mortality was, therefore, both above its own average, and high above that of Scotland. The death-rates in the four groups of districts into which Scotland is divided closely corresponded with the birth-rates, being highest where the greatest number of human beings was massed together, and lowest in the sparsely inhabited rural districts. Thus, for every ten thousand persons in each of these groups, there occurred, during the quarter, at the annual rate of 261 deaths in the principal towns, 220 deaths in the large towns, 199 deaths in the small towns, but only 149 deaths in the rural districts. This same influence of density of population may be traced in eight divisions of Scotland. Thus, for every ten thousand persons in each division, there occurred during the quarter in the proportion of 124 deaths in the northern division, with 36 persons to a square mile; 168 deaths in the southern division, with 66 persons to a square mile; 222 deaths in the south-eastern division, with 219 persons to a mile; but 246 deaths in the densely-peopled south-western division, with 441 persons to a square mile. Of the eight principal towns, the mortality during the quarter was lowest in Aberdeen, and highest in Glasgow. Thus, for every thousand persons in each town, there occurred the proportion of 18·6 deaths in Aberdeen, 20·7 in Perth, 23·5 in Leith, 23·7 in Greenock, 24·2 in Edinburgh, 24·4 in Dundee, 26·2 in Paisley, and 30·0 in Glasgow. Of the deaths, 5,694 were registered during July, 5,774 during August, and 5,367 in September, being at the rate of 184 deaths daily during July, 186 deaths daily during August, and 179 daily during September.

Marriages.—5,424 marriages were registered in Scotland during the third quarter of 1871, being at the annual rate of 64 marriages in every ten thousand persons. The quarter's average during the ten previous years was 61 marriages in every ten thousand persons; so that the marriages during the quarter have been above the mean.

Literature.

HYPERPYREXIA.

We gave an abstract at the time of Dr. Wilson Fox's remarkable paper on "Hyperpyrexia," and it is with pleasure we find that it is now published* with many important additions. The little book, to which we invite special attention, is a clinical study of rare value on a subject that urgently demands the thought of all engaged in the effort to cure disease. It is clearly shown by Dr. Wilson Fox's cases that the use of cold water may save the lives of those who, without it, are condemned to death. Anyone who demonstrates that cases hitherto considered hopeless, may be snatched from death by means at our disposal, confers an unspeakable benefit on his fellow creatures, and gives a new impulse to scientific medicine. Now, everyone knows that a certain rise in temperature has been looked upon as one of the phenomena of death in these cases. Yet, after that was reached, by assiduously employing the cold bath after the manner indicated by German authorities, Dr. Wilson Fox has the satisfaction of reporting recoveries. His cases are so instructive that we shall give one as an example—merely premising that charts, pulse tracings, and tables, add to the value of the book, which should be read by everyone.

For extract, we take the first case, which is related in detail, and may be regarded as a good model. It is as follows:

Mrs. Brophy, æt. forty-nine, married, no children, was admitted into University College Hospital on the 5th of June 1871. Had lived badly until twelve months ago. Since then

* "On the Treatment of Hyperpyrexia, as Illustrated in Acute Rheumatism, by means of the External Application of Cold." By Wilson Fox, M.D., F.R.C.P. London: Macmillan and Co., 1871.

she had been in better circumstances. No direct hereditary tendencies; but one aunt had died from rheumatic fever. No previous diseases, except "inflammation of the liver" fifteen years ago; but she was liable to hysteria and palpitation. Menstruation had ceased for twelve months past. Her present illness—her first attack of rheumatic fever—began on the night of the 27th of May, with pain in the right hand. She had had slight pains in the feet for some days previously, but had not laid up. On the 29th (two days later) she had a rigor, which recurred on several successive days. After this the knees and ankles were affected. She knows of no cause for the illness. Did not perspire before admission, had no cough, and was free from pain in the chest or palpitation.

On admission, on the seventh day after the first rigors, or the ninth day of the disease, the patient looked depressed; had an earthy tint of skin; the tongue was furred and tremulous; the joints of all her extremities were painful, but especially the knees, ankles, hands, and feet. Grazing friction was heard over the heart; the apex was in the fourth interspace, a quarter of an inch outside the nipple, but the area of dulness was not increased. The cardiac region was tender. The first sound was muffled at the apex; but there was no distinct murmur. The patient perspired freely. She was placed on the treatment by the perchloride of iron, introduced by my friend and colleague, Dr. Reynolds, half a drachm of the tincture being given every four hours, and the joints were wrapped in cotton-wool.

On the 9th of June (the thirteenth day of the disease), the patient's state was much the same. She perspired profusely; the tongue was still furred. Friction was abundant over the heart; dulness only to the third cartilage. The joints of the upper extremities were more painful, those of the lower extremities less so.

On the morning of the 10th (fourteenth day of illness), there was little change, and the patient still presented the appearance of an ordinary case of acute rheumatism, with a rather marked degree of weakness. Up to this date the pyrexia, as measured by the temperature, had been of an extremely moderate type. On the 5th, the day of admission, it had reached, in the evening, 102·9°; but though taken regularly on the mornings and evenings, it had only once subsequently (on the evening of June 9th) been even as high as 101·2°, and on two occasions the morning temperature was 99·2° and 99·6°. On the morning of the 10th it was measured, but by some accident not recorded, though found higher than before; I am, however, assured by my excellent clinical clerk, Mr. Benham, who took it, and by my most reliable assistant, Mr. Bindley, who was present at the time, that it did not exceed 102° (axilla). The patient's aspect was then that of increased prostration, and she was perspiring freely, but no other change was noticed in her general state. At 3 P.M. on the same day (fourteenth day, five days after admission, and twelve days since the rigor), the temperature was found to have risen to 105°, and at 5.30 P.M. it was 105·6° (axilla). I was sent for, and reached the hospital at 6 P.M. The temperature in the axilla was then 106·4°. It had risen 4·4° since 9 A.M., or within nine hours. At this time the patient was entirely free from pain in her joints. She was conscious, but spoke with difficulty, and with an extremely slow articulation; otherwise her manner was natural. She complained only of weakness. The face was a dusky purple, the eyes suffused, and the conjunctiva much injected. A thick mucus had collected in the inner canthi. The tongue was tremulous, as were also the hands. She lay with her eyes closed, sighed deeply from time to time, but roused when spoken to. The pulse was 112, respiration 44 in the minute. The heart's apex was immediately under the nipple, in the fourth interspace. The dulness was at the level of the third left cartilage. There was strong friction at the base; a short, highly-pitched murmur at the left apex. Having in one case of rheumatic fever, when the temperature had risen rapidly from 101·8° to 104·4°, seen an immediate and rapid fall of four degrees to 100° within ten hours, and without any subsequent exacerbation, follow the administration of one scruple of quinine, I also gave this patient a scruple of quinine in powder, suspended in mucilage; and this dose was repeated every half-hour until 8.50 P.M., when the patient had taken in all 120 grains of quinine. The last dose was vomited. From 6 P.M. to 7.35 P.M. the temperature oscillated between 106·6° and 106·2°. The pulse varied from 108 to112; the respiration from 38 to 44 in the minute. At 7.50 P.M. the temperature had risen to 106·9°; pulse, 120, respiration 40 in the minute.

Being at this time obliged to leave the hospital for a short time, I requested my assistant, Mr. Bindley, in case the temperature reached 107°, to put the patient into a bath at 96°, and to keep her there, proposing to endeavour to effect by this means a gradual reduction of temperature. There was, however, some delay in getting the bath prepared, and in the meantime the temperature rose rapidly, being 107·1° at 8.5 P.M., 108·4° at 9.15 P.M., when she became entirely unconscious, and 109·1° at 9.50 P.M., when the patient was put into a bath at 96°. At this time I returned, and thought the patient in the act of dying. She was absolutely unconscious; the pulse was imperceptible; the face in the highest degree cyanotic; and she was drawing the few last irregular, gasping, stertorous respirations which commonly precede the act of death. At 9.55 P.M. the temperature in the rectum was 110°. I had questioned whether to take her out of the bath before death, but finding the temperature still rising I determined to make one vigorous effort at its reduction. Ice was fetched; a large lump was placed on her chest, another on her abdomen; a bag filled with ice was tied down the length of her spine; and while two assistants baled the warmer water out of the bath, two others poured ice-water as rapidly as the pails could be filled over the patient. At 10.10 P.M., or within fifteen minutes, the temperature of the rectum had fallen to 109·1°; In five minutes more (10.15 P.M.) to 108·4° (the average temperature of the bath being then 66°); at 10.20 P.M. the temperature in the rectum had fallen to 107·5°, and at 10.25 P.M. to 106·2°. The pulse now became perceptible (140), and the patient showed some signs of consciousness. Brandy was freely given. At 10.35 P.M., or within half an hour of the time that ice was first applied, the temperature in the rectum had fallen to 103·6°, and the patient was taken out of the bath (temperature of bath 63°), and the ice-bag was removed from the spine. At 10.55 P.M. the temperature in the rectum was 100·6°. The patient could speak, and had a certain imperfect consciousness. The lividity of the face and the suffusion of the eyes had disappeared, but spasms of rigidity attacked at times the muscles of the lips and of the neck, but not of the limbs. At 11.5 P.M. the rectum temperature was 99·5°. As there was some difficulty in swallowing, an enema of brandy was now given. The patient took six ounces of brandy from 10.10 P.M. to 11.10 P.M. At 11.25 P.M. the temperature in the vagina (taken here as an enema was retained in the rectum, the patient being nearly unconscious) was 97·4°. The temperature had therefore fallen 6·2° within fifty minutes after her removal from the bath, when her temperature was 103·6°; and the total reduction from the time of the first application of the ice was 12·4° Fahr. within a period of an hour and a half, during which she had really only been exposed to the influence of the cold for half an hour. At 11.40 P.M., or twenty minutes later, the temperature still remaining at 97·4° (vagina), and the patient presenting signs of threatening collapse, with a scarcely perceptible pulse, I thought it desirable to guard against any further fall of temperature. Hot bottles were applied to the feet, and a hot water bag was placed against the back. Within twenty minutes the temperature now rose to 98·2° (vagina). The pulse became perceptible (130); respiration, 42.

By 1.15 A.M. on June 11th, or within an hour and 20 minutes, the temperature had risen to 99·4°; the pulse was 118, respiration, 32; she had been partly conscious, and now dozed quietly, though some strabismus was noticed about this time. From 1.15 A.M. to 3.30 A.M. the temperature again slowly rose to 101·8°; consciousness was apparently restored;* the patient took brandy freely, and spoke; the pulse was 112; respiration, 40. From 3.30 A.M. to 7.35 P.M. a gradual rise of temperature continued, reaching at 7.35 A.M. 104·5°. At 7.40 A.M. she was again put into a bath (temperature 64°). Five minutes after her immersion the temperature in the vagina was 105°; it then began to fall, and in twenty minutes had fallen in the vagina to 103·9°. She was immediately removed from the bath (temperature of bath at patient's removal 66°); but the fall continued for forty minutes longer, reaching 99·4° at 8.40 A.M., or within an hour of this second application of cold there had been a reduction of temperature of 5·6° Fahr. At 8.30 A.M., while the temperature was 100·8°, there was a strong rigor, which was several times repeated. Hot bottles were again applied, but in spite of these the fall of temperature

* Subsequently it was found that the patient remembered nothing of the treatment after the first dose of quinine. Some days later she asked if she had not been very ill.

lasted for ten minutes longer—*i.e.*, until 8.40 A.M.,—and amounted to 1·4° within this short time, reaching 99·4°. Deafness from the quinine taken the afternoon before became very distinct about this time, and lasted for forty-eight hours. During the night the patient had, by mouth or enema, about twenty ounces of brandy. The temperature after this rose gradually to 100°, but did not rise above 102° for thirty-six hours. During this period the pulse and respiration ratio averaged 96 to 30. She perspired freely, was quite conscious, passed a natural motion and urine of 1014 specific gravity, and had some quiet sleep. Brandy was given, according to the strength of the pulse, in doses varying from two drachms to half an ounce every hour.

Some cough now appeared, with purulent expectoration. The lungs were however, resonant on percussion ; but on the following day moist and sibilant *râles* became general through the lungs. The cardiac friction and apex murmur were entirely unchanged, and there was no increase of the cardiac dulness. The knees now became again slightly painful ; the tongue became thickly furred, and she was occasionally sick, but took an abundance of milk, beef tea, and eggs. Lime-water was given with the milk, and within this period—viz., at 3 P.M. on the 12th, or thirty hours after the last fall of temperature, being the sixteenth day of the disease, the seventh after admission, and the second of this treatment,—the pulse becoming weak and increasing in frequency to 120, quinine was again given in doses of five grains every four hours. At 8.50 P.M. on the 12th, or thirty-six hours after the previous fall of temperature, and forty-eight hours after the first rise, this had again risen to 102.1°. In thirty minutes later it had risen to 102·2°, and in order to check a further rise the ice-bag was applied to the spine. Within thirty-five minutes the temperature had fallen to 101·6° or three-fifths of a degree ; in three hours it had fallen to 101°, when the ice-bag was removed. It fell another half degree in the quarter of an hour succeeding, and it then again slowly rose with minor oscillations within five hours to 102·4°, when the ice-bag was again applied for three hours, producing within this period a reduction of1·5°. The ice-bag was then removed and a slow rise of temperature ensued during three hours and a half to 102·5°, when the ice-bag was reapplied. Its effect this time was less marked. The temperature fell in three hours 1·1°, and continued below 102° for three hours longer ; but although the ice-bag was continuously applied, it rose to 102·2°, and remained nearly at this height during the succeeding three hours ; then it fell three-tenths of a degree, and oscillated between 101° and 101·9° for eight hours longer, when, the temperature being only 101·6°, the ice-bag was removed from the spine, after it had been continuously applied during eighteen hours.

During this period—*i.e.*, on the third day from the attainment of the temperature of 110°—moist *râles* had appeared throughout both lungs, but had again given way to dry sibilant *rales* ; abundant muco-purulent expectoration was present. The tongue was still covered with a creamy fur. The pulse had improved greatly in quality, varying in frequency from 100 to 104, while the respirations varied from 26 to 30 in the minute. The deafness disappeared on the beginning of the fourth day, though the patient was still taking quinine in doses of five grains every four hours. or at the rate of half a drachm in the twenty-four hours. The cardiac dulness remained at the level of the third cartilage. The friction continued, and also the apex murmur noticed on the 10th. There was great tenderness over the precordial region.

The patient had taken during each of the past two days eighteen ounces of brandy in the twenty-four hours, and also sixteen ounces of beef tea, four pints of milk, and seven eggs. On the fourth day of this treatment (the sixteenth day of the disease), there was some dulness at the base of the right lung ; fine and coarse moist *rales* had again become general throughout the left lung, and there was some blowing breathing over the dull area in the right lung. The moist *rales* on this side were limited to this part. The temperature on this day (June 14th) varied from 101·8° to 102·8. During an hour and a half, from 8.30A.M. to 10 A.M., when the temperature was 101·8°, the ice-bag was applied to the spine *without any effect in reducing the temperature*. Indeed, this rose during the application to 102·1°, or three-tenths of a degree, and it was therefore discontinued, and the temperature subsequently fell during the ensuing three hours to 101·3°, after which it gradually rose during eleven hours to 103·2° (June 15th, the nineteenth day of the disease, and the fifth of this treatment). At this time the ice-bag was reapplied for six hours, during which period a reduction took place of 1·8° in the temperature, or from 103·2° to 101·4°, when it was removed.

At this time a great improvement was noted in the patient's strength. She could turn in bed without assistance ; the pulse was 96, dicrotous, but of good volume ; the dulness at the right base, noted twenty-four hours had disappeared previous, though abundant moist *rales* persisted at both bases. The cardiac friction continued but the murmur at the apex had disappeared, and the precordial tenderness had diminished. The bowels had again been opened naturally. She had in the last twenty-four hours taken eighteen ounces of brandy, twelve ounces of beef-tea, and seven eggs. The brandy was now ordered to be reduced to twelve ounces in the twenty-four hours.

During the next twenty-four hours there was no further application of the cold. The temperature oscillated between 100·5° and 102·7. The pulse remained about 96, and the respiration 24.

On the 16th (the twentieth day of the disease and the sixth of this treatment) the strength was still further improved. The tongue was still furred ; but she had, in addition to twelve ounces of brandy, taken two pints of beef-tea, three pints and a half of milk, and seven eggs in the previous twenty-four hours ; and had passed a natural stool. There was no dulness over the lungs, and less moist *rale* ; but still some weak breathing at the right base. The pulse (96) was small, but well sustained, and without dichrotism. The cardiac friction was diminished ; the apex murmur was faintly audible. She had passed seventy-two ounces of urine. The quinine was reduced to one grain every three hours, or eight grains in the twenty-four hours.

On June 17th (the twenty-first day of the disease and the seventh of the treatment) the temperature fell to 98·4°. On the following day it never rose above 99·1 ; and after this it remained normal, though falling on the 22nd to 97·9°.

Oh the 18th, though only a week had elapsed since the excessive temperature, the patient sat up in bed and ate a boiled sole for dinner.

The *rales* in the back entirely disappeared on the 22nd—the twelfth day after the intense pyrexia, and the twenty-sixth day of the disease. The heart's sounds had now become natural, with the exception of a very faint friction at the base, which disappeared within the following two days. The apex had returned to its natural position, the dulness was at the lower border of the third interspace, and there was no murmur. From this time, though the patient remained feeble for a few days longer, there was uninterrupted improvement, with the exception that on the 1st of July (the thirty-fourth day) the morning temperature was 100°. This had however fallen to 98·5° in the evening ; and there was no subsequent relapse. The patient got up, walked about the ward, and was discharged for Eastbourne on the 10th of July—thirty days after the intense pyrexia, and forty-four days after she was first taken ill.

NEURALGIA AND THE DISEASES THAT RESEMBLE IT.*

"THE present work does not profess to be a mere compilation of standard authorities corrected down to the present time, but," as the author informs us in his preface, "puts forward a substantially new view of the subject." We have therefore read the work with especial interest, hoping to find in it an explanation of that pathological puzzle—the pathology of neuralgia, an attractive, but sorely tantalising problem, which, while stimulating the researches has baffled the ingenuity of the many physicians who have attempted to solve it. Has Dr. Anstie succeeded ?

In an introduction "on pain in general," he strikes the key-note of his work. "Pain," he says, "has been described by some of the most distinguished writers on nervous diseases as a *hyperæsthesia*, yet there is really little difficulty in convincing ourselves, if we institute a

* "Neuralgia and the Diseases that resemble It." By Francis E. Anstie, M.D., (Lond.) London and New York: Macmillan and Co., 1871.

thorough inquiry into the matter, that pain is certainly *not* a hyperæsthesia, or excess of ordinary sensory function, but something which, if not the exact opposite of this, is very nearly so" (p. 2). And again, "If pain be not a heightening of ordinary sensation, then we seem to be shut up to the idea that it is a perversion owing to a molecular change of some part of the machinery of sensation which *frustrates* function" (p. 3).

The work consist of two parts. Part I. contains five chapters entitled respectively:—*Clinical History, Complication of Neuralgia, Pathology and Etiology of Neuralgia, Diagnosis and Prognosis of Neuralgia, and Treatment of Neuralgia.* Part II. contains eleven chapters on *Diseases that resemble Neuralgia*, and which Dr. Anstie endeavours to differentiate from neuralgia itself. Without endeavouring to determine how far he has succeeded in doing so, we shall restrict our examination to Part I., because the author says Chapters II. and III. of that part "are certainly the most important portion of my book, and I would particularly direct attention to them, in order that their contents may be affirmed or corrected, the reader will, at any rate, find that they contain a kind of investigation never before systematically carried out with regard to neuralgia." We concur in Dr. Anstie's estimate of the *relative* importance of these two chapters. Chapter II., on the "Complications of Neuralgia," is undoubtedly a lucid and valuable exposition of the several remarkable and instructive phenomena which he ranges under that title, but as we find no trace of originality or novelty in that chapter, we confess to a little surprise, that the author should direct special attention to his description of phenomena, the existence and character of which are well known to every neuro-pathologist worthy of the name, and which, as Dr. Anstie himself mentions were, with a few exceptions, formally classified by M. Notta, "in a series of elaborate papers in the *Archives Générales de Medicine* for 1854." However, we cordially welcome the publication of Dr. Anstie's account of these neuralgic accompaniments as at once a concise and fairly complete description of an important group of phenomena, the production of which must be fully explained by any hypothesis which thoroughly solves the problem—what is the immediate cause of neuralgia? In his third chapter Dr. Anstie attempts to answer this question. At the beginning of that chapter he says, "I hope to show clearly, that as regards both the seat of what must be the essential part of the morbid process, and the general nature of the process itself, we possess very definite information indeed. I expect, in short, to convince most readers that the essential seat of every true neuralgia is *the posterior root of the spinal nerve in which the pain is felt*, and that the essential condition of the tissue of that nerve-root is *atrophy, which is usually non-inflammatory in origin*" (p. 110). The assertion that the posterior root of the spinal nerve is the essential seat of neuralgia, is, we think, if not strictly true, at all events very near the truth. So far, Dr. Anstie does but expound a doctrine which he holds in common with many other neuro-pathologists; but when he affirms "that the essential condition of the tissue" of the affected nerve-root "is atrophy," he propounds a theory peculiar to himself and one which, however capable of proof by facts yet to be discovered, still remains, in our opinion, wholly unproven by any evidence adduced in his elaborate chapter now under consideration. He claims for his doctrine "that the whole argument shall be taken together, for it is a case of cumulative proof; every link must be weighed and tested, before the remarkable strength of the chain can be felt." This is just what we have done: we have carefully examined every link, and we do not find one capable of sustaining the remarkable proposition in question. In other words, we do not find a single argument proving it to be even probably true, and as no chain can be stronger than its weakest link, our consideration of "the whole argument taken together" has not wrought in us that conviction which an examination of each separate part failed to produce. We confess that we are not surprised; for while fully recognising Dr. Anstie's undoubted ability, and his extensive acquaintance with his subject, we believe that he has attempted an impossibility. Nothing that he has said shakes our conviction—a conviction held, we feel assured, by nearly every medical man who has thought on the subject—that the condition of the centrepetal end of every sensory nerve affected with neuralgia is diametrically opposite to that described by Dr. Anstie. Within the space at our disposal we cannot discuss the several arguments he adduces, but we cannot help remarking that any seeming strength which they may have is mainly imparted to them by the ingenuity with which, while the simple, *primâ facie*, significance of established facts is ignored, a new and far-fetched meaning is given to them so as to enable them to yield an apparent support to the author's original theory. And here we must express our astonishment in observing that he is actually so far enamoured of that theory as to have become wholly unable to see *how* the simplest "peripheral influences" which "become factors in the production of neuralgia" produce that effect. Of such influences nerve-wounds are good examples, and surely no influences are more likely than these to exert an *irritating* and *exciting* effect on the nerve-centres in which the wounded nerves are rooted; but recognising this truth would be recognising a powerful argument adverse to Dr. Anstie's theory: he simply ignores it, and says, "the only common quality that can be predicated of all [these peripheral influences], is their tendency directly to *depress*, the life of the sentient centre upon which their action impinges" (!). Truly, "love is blind" in more senses that one.

The numerous complications of neuralgia which, as already said, Dr. Anstie has very well described, are either unexplained, or explained in an unsatisfactory manner by his hypothesis; indeed the "trophic phenomena"—the inflammations, for example, which are frequent accompaniments of neuralgia, stand in such stubborn opposition to it, that its author (at page 153) virtually confesses himself puzzled, and is obliged to invent a supplementary theory to help him out of his difficulty.

As already intimated, Dr. Anstie has, in our opinion, attempted an impossibility, and therefore that he has not succeeded in his attempt, is no discredit either to his natural ability or to his professional acquirements. And indeed we feel no regret that his doctrine—that the posterior roots of the affected nerves in cases of neuralgia are in a state of atrophy—is insusceptible of proof, is probably, in fact, the very reverse of the truth; for certainly it is a very comfortless, and indeed, hopeless doctrine, and one which affords no kind of trustworthy and faith-inspiring indication of rational treatment. Accordingly, on turning to Dr. Anstie's chapter on treatment, we only find but one suggestion which is a logical development of the author's theory, viz., that the constitutional strength of the patients should be increased as much as possible by an ample supply of food, including an abundance of fatty matters, and by a free use of tonics. The rest of the chapter enumerates the usual list of empirical remedies long employed with but little success in the treatment of the malady, and while especially commending hypodermic injections of morphia and atropine, dwells at length and with great emphasis on the remedial excellence of galvanism.

In taking leave of Dr. Anstie, we cordially thank him for his scholarly, very readable and decidedly interesting book; for though we are constrained to say that it contributes absolutely nothing to our knowledge of either the pathology or treatment of neuralgia, we feel sure that it will set many of its readers thinking, and its effective agitation of the obscure, but very important subject to which it is devoted, can scarcely fail to contribute, at least indirectly, to achieve the end which its earnest and gifted author has in view.

Correspondence.

REGARDING THE REAL AUTHORSHIP OF THE CIRCULATION OF THE BLOOD.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A short time since, I happened to take up a copy of Longinus "On the Sublime," in the thirty-second section of which where he speaks of the use of the metaphors and tropes, I find a quotation from Plato "On Human Anatomy."

On the opposite page I send you the quotation in the Greek text, of which the following is a strictly literal translation:

"By means of these (tropes), has the anatomy of the human body been so magnificently described by Xenophon, and even still more Godlike by Plato?"

"The head of man he calls a citadel, and says that the neck is placed in the centre between it (the head), and the chest like an isthmus, and that the vertebræ were fixed underneath like hinges, and, also, that pleasure is to man the attraction to evil, and that the tongue is the index of tastes; but the heart being a knot of veins, *and the source of the rapidly circulating blood* (καὶ πηγὴν τὸν περιφερομένου θοσζῶς αἵματος) is assigned a place in a well guarded situation. The course of the pores he calls narrow streets. But the Gods devising a protection against the pulsations of the heart in the expectation of danger, and against the excitement of the mind when it would be inflamed with wrath, conceived, he says, the idea of implanting the lungs, soft and bloodless, and having within them numberless cavities, like a malagma, in order that the heart, when the mind would seeth within itself, striking against a yielding substance would not injure itself. The seat of the sensual passions he calls the apartment of women, and that of anger, the apartment of men, and the spleen, the image of the entrails whence, when filled with excrements is greatly enlarged, and becomes soft. But after this, he says, they (the Gods) covered all parts with flesh, having placed the flesh as a protection against external agents, and says that, for the sake of nourishment they formed a system of blood vessels in the body, cutting channels, as is done in gardens for their irrigation, that from a fixed source, the body being weak, the *rivulets of blood would be in continual movement* (τὰ τῶν φλεζῶν ζεοι νάματα). But when death approaches he says the cables of the soul, like those of a ship, are relaxed, and that she is permitted to go perfectly free."

Hitherto, I had implicitly believed that Harvey was the real discoverer of the circulation; but now my belief is entirely changed, and I am perfectly convinced that the ancients were quite conversant with the fact of the circulation. See what an immense space of time there is between Plato and Harvey, the former lived 395 B.C., and the latter died A.D. 1657, leaving an interval of 2,052 years. Now, Sir, I shall feel very thankful to you for your full and candid opinion on this important subject, and would be glad to see it discussed by some able readers of the MEDICAL PRESS.

J. J. MCKEOGH, L.R.C.P.

Thurles, 17th Nov., 1871.

P.S.—Is it not very reasonable to think that at the time Plato lived, the word φλεζῶν may have been used to mean both veins and arteries?

DRAINAGE AND FEVER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—His Royal Highness the Prince of Wales is suffering from typhoid fever—such is the announcement in the daily papers—and it suggests serious reflections as to the causes and prevalence of this insidious class of diseases.

In this case it is supposed to have been produced by impure water; but we cannot shut our eyes to the fact that for some years past there has been a general increase in typhoid and low fevers during cold weather, and the question naturally presents itself—What is the cause of it?

It has popularly been considered that cold, clear, or, as commonly expressed, "bracing" weather, invigorated the system and purified the atmosphere; but recent observations qualify our opinions. A spell of cold weather—unseasonable perhaps, but not otherwise unusually severe—has again developed fevers of a typhoid character, not only amongst the poor, but, as shown above, amongst the highest in the land.

I am disposed to attribute this to the increased luxuriousness of our habits and the extension of so-called sanitary regulations. The drainage has been extended until every house is supposed to be in direct communication with the sewers in most towns, and in the better class of houses an upper in-door closet is a *sine qua non*. Have these anything to do with it? Is it not probably that when, to keep out the cold, every window and other aperture by which pure air could gain admission is carefully closed, we are admitting a fœtid atmosphere into our houses, that our sleeping rooms are reeking with the foul air from the drains, which, pouring from the defective traps and gullies at the basement, gradually ascends to the upper rooms, permeating the whole house, and breeding fevers and poisoning our blood?

This is a subject which should engage the attention of the profession, and is worthy a place in your columns.

A. B. S.

OBITUARY.

DR. JOHN DEMPSTER,

INSPECTOR-GENERAL OF HOSPITALS.

THIS able medical officer, who held one of the good-service pensions, died on the 13th inst. at Edinburgh, having served about forty-five years on full pay, nearly thirty-four of which were passed on foreign service. He entered the service in 1813, and, under the provisions of the Royal Warrant of 1858, was placed on half-pay in January, 1859, having attained the age of sixty-five years. He was much esteemed both in and out of the service.

CALEB WILLIAMS, M.D., F.R.C.S.

THIS gentleman who died on the 5th inst., in the seventy-third year of his age, was the oldest member of the medical profession in York. He was in high repute as an alienist, had had much asylum experience; and occupied the chair of Materia Medica and Therapeutics in the York School of Medicine, now closed for many years. His work "On the Criminal Responsibility of the Insane" appeared in 1856, and was much thought of by the profession.

MR. DE LA GARDE, F.R.C.S.

ANOTHER eminent Exeter surgeon has been removed by death. On Friday afternoon Mr. Philip Chilwell De la Garde, F.R.C.S., died at his residence, Southernhay, at the age of seventy-four, from inflammation of the lungs. The deceased gentleman was the son of the Rev. Philip De la Garde, Rector of St. Martin's, Jersey, and belonged to an ancient and honourable family. He was educated at the Exeter Grammar School under the famous Dr. Lempriere, the then head master, whose daughter he afterwards married. After leaving school he became the articled pupil of Mr. Patch, a surgeon of high repute in Exeter. Mr. Patch died during his pupilage, and was succeeded by the late Mr. Barnes, with whom Mr. De la Garde completed his term. He afterwards entered Bartholomew's Hospital as a student, and while there was a pupil of the celebrated Abernethy. He distinguished himself at the hospital, and served the office of house-surgeon, on resigning which he returned to Exeter, where he practised about half a century. In the earlier part of his career he was one of the medical officers of the Corporation of the Poor. In the year 1841, he was elected to the post of surgeon to the Devon and Exeter Hospital, succeeding Mr. Luscombe, and became senior surgeon of that noble Institution on the death of the late Mr. James. For about thirty years he was surgeon of the Devon and Exeter Eye Infirmary. To the diseases of the eye he applied himself with special success, and wrote a work on Cataract which was highly prized. Mr. De la Garde was perhaps the most accomplished anatomist in this division of the kingdom, and as a consequence a surgical operator of superior skill. He filled the office of Sheriff of the city as far back as 1832, and that of Mayor in 1834. To antiquarian studies he

was much attached, and as a member of the Devon and Exeter Architectural Society read many papers on archæological subjects. Of scientific engineering he had also considerable knowledge, and it is related of him, that he warned Brunel of the perils to which his new line along the South Devon Coast would be exposed. The great engineer laughed at the advice given to him, but the apprehensions expressed were soon after confirmed by the washing away of a bridge and a portion of the railway. Mr. De la Garde made no parade of generosity, but those who knew him best speak warmly of his goodness of heart, and of the kindness shown by him to persons of restricted means when stricken down by illness. He was, says the *Exeter Gazette*, an English gentleman of the good old fashion ; punctilious even in his observance of the unwritten laws of honour. He was more than a Conservative, he was a Tory of half a century back,—high-minded and independent, staunch to his principles, and of sterling integrity. The deceased's only son, a talented and promising member of his father's profession, died a few years ago.

H.R.H. THE PRINCE OF WALES.

THE Prince of Wales lies ill at Sandringham with typhoid fever. Exactly ten years ago his father died at Windsor from the same disease, and there are physicians who think that some constitutions are more liable to it than others. If the disease runs a most favourable course, it will yet last another week, and the debility it leaves behind is often profound and prolonged. Then there are many sequelæ from which such patients too often suffer, and to which not a few succumb. We cannot then, but regard the case with anxiety. In these days of foolish speeches about the uses of royalty, the country is as profoundly anxious as ever, and the serious illness of the Heir to the Crown excites questions in all directions. Is the water at fault? is the first thought of all imbued with modern doctrines, and if others were simultaneously seized who were supplied from the same source, would be most important. It will be regarded in all medical circles as satisfactory that Sir William Jenner has been called in. As long ago as 1846, Sir William, then Dr. Jenner, began a series of investigations into this disease which have greatly contributed to the exact knowledge we now possess, and with which his name will be always most honourably associated. No living physician has a greater claim to the confidence the profession reposes in him, in reference to his intimate acquaintance with fever, and all will, we are sure, find comfort in the thought, that the Heir-apparent has the benefit of his care. Still, even the greatest authority on fever cannot perform impossibilities, and we should but be wilfully blind did we refuse to see cause for grave anxiety. We annex the latest bulletin from the telegrams as we go to press. "Nov. 27 (7 p.m.) His Royal Highness the Prince of Wales has passed the day more tranquilly. There is no important change in the symptoms since morning."

Medical News.

Royal Society.—At the annual meeting of the Fellows of this Society, to be held on St. Andrew's Day, at Burlington House, the following gentlemen will be nominated :—President, George Biddell Airy, D.C.L. ; treasurer, William Spottiswoode, M.A. ; secretaries, William Sharpey, M.D., LL.D., and Professor George Gabriel Stokes, M.A., D.C.L. ; foreign secretary, Professor William Hallowes Miller, M.A., LL.D. Other members of the Council :—George James Allman, M.D., John Ball, M.A., George Burrows, M.D., George Busk, President R.C.S. Eng. ; Prof. Robert Bellamy Clifton, M.A. ; Heinrich Debus, Ph.D., Prof. Peter Martin Duncan, M.B., Professor George Carey Foster, B.A., Mr. Francis Galton, Thomas Archer Hirst, Ph.D., Sir John Lubbock, Bart., Sir James Paget, Bart., D.C.L., F.R.C.S., the Earl of Rosse, D.C.L., General Sir Edward Sabine, K.C.B., Isaac Todhunter, M.A., and Sir Charles Wheatstone, D.C.L. The Council will present the gold medals in their gift to Mr. George Busk, F.R.S. and President of the Royal College of Surgeons ; the Copley medal to Mr. Julius Robert Mayer, of Heilbronn ; and the remaining Royal Medal to Dr. John Stenhouse, F.R.S.

Small-pox.—At a meeting of the Shoreditch vestry, a resolution previously passed providing for the sale of the wooden building temporarily used as a small-pox hospital in the Hackney road has been rescinded. The principal argument against the original resolution was that the distribution of the materials of the building would probably disseminate the disease throughout the district.

Royal College of Surgeons in Ireland.—At the meeting of the Council held on the 16th inst., Dr. W. Handsel Griffiths, Ph.D., L.R.C.P., and L.R.C.S.E., was elected Assistant-Librarian of the College.

An Enormous Collection of Earthy Matter in a Human Lung. By V. Gorup-Besanez.

THE two cases were under the care of Prof. Zenker ; V. Gorup-Besanez made the chemical examination of the lungs.

One was a woman who was employed in the manufacture of the books of thin red paper in which gold-leaf is placed. Fifty-seven grm. of one lung was incinerated, the ash treated with muriatic acid and examined for oxide of iron, of which 0·828 grm. were found. Supposing the oxide equally distributed through both lungs, the total amount would be between 21 and 22 grm.

The second case was a manufacturer of ultramarine. Two hundred and twenty-seven grm. were incinerated and the ash remaining gave 3·1,935 grm. siliceous sand, 0·3,298 grm. quartz sand, and 0·329 grm. of oxide of iron.

Considering the total weight of both lungs 1,500 grm., and these substances to be equally distributed, the total weight of sand, &c. ; would be 29·86 grm.—*Annalen d. Chemie u. Pharmacie.—Med. Chir. Rundschau*, July 1871.

Spasmodic Muscular Contraction.—Arterial Compression.

M. BROCA had under his care, a few months ago, in the Hôpital de la Pitié, a man who had broken both bones of his leg an hour before his admission to hospital. The muscular contraction was so violent that it was impossible to reduce the fracture. M. Broca thereon employed a method which he had found successful in cases of painful cramps of the lower limbs, viz., compression of the femoral artery. Almost immediately the muscles became relaxed, and reduction was effected with ease. Subsequently, in re-applying the splints, the contraction returned, and was again overcome by the same means. The *Journal de Médecine et de Chirurgie Pratiques* for March, in relating the case, says that the simple and easy means employed by M. Broca ought always to have a trial before giving chloroform, which is often done in such a case.—*N. Y. Med. Record.*

Case of Superfœtation.

IN the *Wiener Allg. Med. Zeit.*, a case of superfœtation is given by Schusta, of Seiden. A robust woman, of twenty-six, was delivered, after tedious labour by forceps. The placenta came away in three-fourths of an hour, and on carefully examining it, a second amniotic sac was found, which contained a male fœtus, nine inches long, and which weighed five ounces.

Tapping in Strangulated Hernia.

DR. DOUGLAS MORTON (*Richmond and Louisville Med. Jour.*) reports two cases treated by introducing a canula needle into the hernial tumour, and evacuating such of its contents as can be made to pass through such a channel. The first of the cases occurred in the practice of Dr. D. Cummins. It was of a large and tense scrotal hernia, and the patient a negro boy. The instrument employed by Dr. Cummins was a hollow needle, made for applying sutures in vesico-vaginal fistula. Immediately on introducing this instrument, the gas, which distended the bowels, gushed out, relaxing the walls of the loop, and rendering reduction a matter of the utmost ease. The patient was up the next day, and suffering no bad results from the operation.

NOTICES TO CORRESPONDENTS.

To the Editor of "The Medical Press and Circular."

Dear Sir,—I find there is an error in the percentages in two places in my address to the Dublin Obstetrical Society, reported in the last number of the Medical Press, and though it does not materially affect the argument, and the whole numbers are correct, I shall feel obliged by your allowing me to rectify the error.

It is stated that Dr. Clarke lost 72·38 per cent. of the whole number of children born after tedious and difficult labours, and Dr. Collins 42·80. It should be, that Dr. Clarke lost 53·005, and Dr. Collins 53·809 per cent.

I am, yours truly.
George H. Kidd.

Mr. Hincliff will please receive our thanks.

Mr. Gunson, Scarborough.—We make it a rule never to recommend any particular practitioner through our columns. The gentleman named by you is duly qualified, and would doubtless give every attention to your case.

Materia-Medica.—The work you mention is published by Messrs. Maclachlan and Stewart, Edinburgh.

J. S. B.—Not later than Mondays.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Text Book of Skin Diseases. By Dr. Isidor Neumann. Translated by Alfred Pullar, M.D. London: Hardwicke.

On Clinical Education. By Furneaux Jordan, F.R.C.S. London: Churchills.

General Representation. By A. E. Dobbs, M.A. London: Longmans.

First Report of the Medical Committee of the Charity Organisation Society.

The Royal London Hospital Reports, Vol. VII.

Le Mouvement Médical; The Glasgow Medical Journal; La Presse Médicale; La France Médicale; Bullettins Delle Scienze Mediche.

VACANCIES.

Female Orphan Asylum, Beddington, Surrey. Honorary Physician.

Stockport Infirmary. Assistant-Surgeon. Salary £60, with board.

South Stafford Hospital. Assistant-Physician. Salary £100, with board.

University College Hospital, London. Assistant Obstetric Physician.

Brompton Consumption Hospital. Resident Clinical Assistant.

Great Northern Hospital, London. Honorary Surgeon.

Farringdon Dispensary, London. Resident Surgeon. Salary £75.

Liverpool Royal Infirmary. Honorary Physician to the Infirmary, and the Demonstratorship of Opthalmology.

Carnarvon Infirmary. House-Surgeon. Salary £80, with board.

MEETINGS OF THE LONDON SOCIETIES.

Wednesday, Dec. 29th.—Royal Society of Arts. 8 p.m. Paper by W. Bridges Adams.

Friday, Dec. 1st.—St. Andrew's Medical Graduates' Association, 7 p.m.—"Habitual Drunkenness and its Treatment," by Dr. Horace Swete.

Saturday, Dec. 2nd.—St. Andrew's Medical Graduates' Association, 5 p.m.—"The Historical Steps of Modern Medicine," by Dr. Hy. Day.

Monday, Dec. 4th.—Medical Society, 8 p.m. Ordinary.

Tuesday, Dec. 5th.—Pathological, 8 p.m. Ordinary.

OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, Nov 29.

Middlesex Hospital.—Operations, 1 p.m.

Royal Westminster Ophthalmic Hospital.—Operations 1½ p.m.

St. Bartholomew's Hospital.—Operations, 1½ p.m.

St. Thomas's Hospital.—Operations, 2 p.m.

St. Mary's Hospital.—Operations, 1½ p.m.

King's College Hospital.—Operations, 2 p.m.

Great Northern Hospital.—Operations, 2 p.m.

University College Hospital.—Operations, 2 p.m.

St. George's Hospital.—Ophthalmic Operations, 1½ p.m.

London Hospital.—Operations, 2 p.m.

Cancer Hospital.—Operations, 3 p.m.

Thursday, Nov. 30.

St. George's Hospital.—Operations, 1 p.m.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.

University College Hospital.—Operations, 2 p.m.

Royal Orthopædic Hospital.—Operations, 2 p.m.

Central London Ophthalmic Hospital.—Operations, 2 p.m.

West London Hospital.—Operations, 2 p.m.

Friday, Dec. 1.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.

Royal South London Ophthalmic Hospital.—Operations, 2 p.m.

Central London Ophthalmic Hospital.—Operations, 2 p.m.

Saturday, Dec. 2.

Hospital for Women, Soho square.—Operations, 9½ p.m.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.

Royal Free Hospital.—Operations, 2 p.m.

St. Bartholomew's Hospital.—Operations, 1½ p.m.

King's College Hospital.—Operations, 1½ p.m.

Charing-cross Hospital.—Operations, 1 p.m.

Monday, Dec. 4.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.

St. Mark's Hospital.—Operations, 2 p.m.

Metropolitan Free Hospital.—Operations, 2 p.m.

Tuesday, Dec. 5.

Royal Westminster Ophthalmic Hospital,—Operations, 1½ p.m.

Guy's Hospital.—Operations, 1½ p.m.

Westminster Hospital.—Operations, 2 p.m.

National Orthopædic Hospital.—Operations, 2 p.m.

Royal Free Hospital.—Operations, 2 p.m.

APPOINTMENTS.

Allen, T., L.R.C.P., House-Surgeon to the Great Northern Hospital.

Cooper, A., F.R.C.S., Assistant Surgeon to the West London Hospital; Surgeon to Out-Patients at the Lock Hospital; Assistant Surgeon to St. Mark's Hospital for Fistula; to the Inns of Court R.V. and Surgeon to the Royal Hospital for Diseases of the Chest, City road.

Cave, L., M.B., Clinical Assistant to the Hospital for Women, London.

Havard, D., L.R.C.P.L., Admiralty Surgeon and Certifying Factory Surgeon for Newport, Pembrokeshire.

Husband, W. D., F.R.C.S.E., J.P., Visiting and Consulting Medical Officer to The Retreat Lunatic Asylum, York.

Keys, R. A., L.R.C.P.Ed., Resident Medical Officer at the Toxteth park Workhouse, Liverpool.

Milligan, J., M.R.C.S., Medical Officer of Health for Keighley, Yorks

Neal, Breward, L.R.C.P.Ed., Assistant Medical Officer to the Cornwall County Asylum.

Philipps, S. R., M.D., C.M., Assistant Medical Officer to the Devon County Asylum.

Piers, Mr. C. E., Assistant House-Surgeon to the Cumberland Infirmary.

Wells, J. S., M.D., Consulting Surgeon to the Shropshire Eye and Ear Hospital, Shrewsbury.

Williams, I. M., M.R.C.S.E., Visiting Medical Officer to the Lawrence House Lunatic Asylum, York.

Wimberley, C. C., M.D., Honorary Surgeon to the Coventry Hospital.

Marriages.

Covey—Morton.—On the 15th inst., at Dring-houses, York, Edward Rogers Covey, son of the Rev Charles Covey, of Alderton, to Emily, youngest daughter of the late Hugh Morton, Esq., M.D., of Newark-on-Trent, Notts.

Averill—Goodwyn.—On the 18th inst., at Tetbury, Alfred Averill, M.R.C.S., to Maria Anne Goodwyn, daughter of J. G. Goodwyn, Esq.

Barwell—Shuttleworth.—On the 15th inst., at Christ Church, Preston, Richard Barwell, F.R.C.S.E., of George street, Hanover square, to Mary Diana, daughter of Thomas Starkie Shuttleworth, Esq.

Jotham—Warwick.—On the 16th inst., at Southend, George W. Jotham, M.B., of Kidderminster, to Edith, daughter of W. R. Warwick, M.D.

Deaths.

Davis.—On the 17th inst., at Tottenham, Robt. Wm. Davis, M.R.C.S.E., formerly of Finsbury, in his 63rd year.

De la Garde.—On the 17th inst., Philip Chilwell De la Garde, F.R.C.S.E., of Southernhay place, Exeter, aged 74.

Greenwood.—On the 22nd inst., at Talbot place, Blackheath, Henry Greenwood, M.D., in the 79th year of his age.

Steggall.—On the 21st inst., at Southampton street, Bloomsbury square, Dr. J. Steggall, Medical Tutor.

The Medical Press and Circular

OFFERS UNUSUAL ADVANTAGES

FOR the Insertion of announcements, from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c., it will be found a most valuable medium for Advertisements of Books, Vacancies and Appointments, Sales and Transfers of Practices, Surgical Instruments, Chemicals, and Trades generally.

The scale of charges is as follows:—

Seven lines and under	£0 4 0
Per line afterwards	0 0 6
One quarter page	1 5 0
Half-page	2 10 0
One do.	5 0 0

When advertisements are given for a series of insertions, a very considerable reduction from the above scale is made.

☞ Advertisements for Insertion in this Journal must be at the Office, on Saturday, by Two o'Clock.

ST. ANDREW'S MEDICAL GRADUATES' ASSOCIATION.—The Fifth Anniversary Session will be held at the Freemasons' Tavern, Great Queen street, on Friday and Saturday, December 1 and 2.

On the 1st, at 7 p.m., the business of the Association will be transacted, after which Dr. Swete will open a discussion on "Habitual Drunkenness and its Treatment, Medical and Legislative."

On the 2nd, at 5 p.m., the President, Dr. Day, of Stafford, will deliver the Anniversary Address, "The Historical Steps of Modern Medicine." The dinner will be held at 6 p.m.

Leonard W. Sedgwick, M.D., Hon. Sec.

INDIAN MEDICAL SERVICE.

NOTICE IS HEREBY GIVEN, that an Examination of Candidates for at least 40 appointments as Assistant-Surgeons in Her Majesty's Indian Medical Service will be held in London in February, 1872.

Copies of the regulations for the examination of Candidates, together with information regarding the pay and retiring allowances of Indian Medical Officers, may be obtained on application at the Military Department, India Office, Westminster, S.W.

The applications of Candidates for examination will not be registered at the India Office till after the 7th January 1872.

T. T. Pears, Major-General,
Military Secretary.

India Office, Nov. 16th, 1872.

Irish Poor-Law Intelligence;

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

SLIGO UNION.

ATTENDING THE SICK.

Dr. Powell stated that on the last day it was deter. mined that an additional paid nurse should be got for the female and male lunatic wards. The woman formerly acting as such had been discharged from the house, but her services could be procured for the sum of £4 or £5 a year, and it would be the more economical way of filling up the place.

Mr. Simpson asked if it were actually necessary that such appointments should be made.

Dr. Powell—If they were not I would not ask the Board to make them.

Mr. Walker objected to increasing the expense of the house for lunatics. They were led into admitting them at first on the plea that they could be treated as ordinary paupers, but now it appears that a new *regime* was required for them. The lunatic asylum was the proper place for them.

Dr. Powell—The asylum is overcrowded at present. Beds have to be fitted up in the corridor.

Chairman—I know the governors of the asylum are to consider at their meeting on to-morrow week the propriety of adding to the building.

Mr. Tighe fully agreed with Mr. Walker, that those lunatics should never have been transferred to the workhouse, but having let them in the guardians were bound to provide proper accommodation for them.

Mr. Simpson loudly complained of the increased expenditure in the house.

After some discussion the proposed female nurse tender was called before the Board, and after some hesitation she agreed to take £4 a year as salary, with plain rations, the board agreeing to allow her £1 for a suit of clothes in the year, provided the doctor reported favourably of her.

Matthew Kivlehan, who was a pauper, agreed to become an officer on the same terms, and he was ordered to be placed in charge of the male lunatics.

DR. LOUGHEED'S RESIGNATION.

The Chairman next read the minutes of proceedings of the Sligo dispensary committee held on the previous Friday, in which it was recorded that Dr. John Lougheed had resigned the office of apothecary, after eighteen years' service, and the committee strongly recommended that the board should call on the Poor-law Commissioners to grant him the usual superannuation allowance.

A guardian asked how much that would amount to?

Clerk—Two-thirds of the salary. He has £50 a year, and two-thirds of that is £30 odd.

Mr. Barber—He was a good officer, and he is worthy of what we can give him.

Mr. Walker was afraid that the board could not act in the matter, as the law stated plainly that an officer could not be allowed any retiring allowance on account of age, when he did not serve twenty years. Mr. Walker also complained that there was no notice given of this dispensary meeting, although such an important matter was to be brought forward at it.

Mr. Tighe—You are a member of that committee, and the regular day of meeting is known, and you could have attended it.

Some discussion followed with regard to the meaning of the Act of Parliament, and finally the matter was adjourned, it being the feeling of the board that if it were possible to give it Dr. Lougheed should get his full retiring allowance.

Mr. Sidley pointed out that in Dr. Lougheed's original letter of resignation he stated he was twenty years in the service of the guardians, but that was stroked out and eighteen years substituted.

Mr. Tighe—That was done with Dr. Lougheed's consent, and with his approval.

Chairman—The date of his appointment can be easily ascertained.

The Clerk said that in the return which would have to be filled up for the Commissioners the date should be correctly given.

THE MILLTOWN INQUIRY.

Poor-law Commissioners' Office, Dublin,
16th November, 1871.

Sir,—The Commissioners for administrating the Laws for the Relief of the Poor in Ireland acknowledge the receipt of your letter of the 13th inst., and forward for your information the accompanying letter, of which they have forwarded a copy to the Committee of Milltown Dispensary on the 8th inst., on the subject of the inquiry recently held in the matters of complaint between you and the Rev. B. O'Conner, P.P.

B. Banks, Chief Clerk.

To Dr. James Hanafin, Milltown.

Poor-law Commissioners' Office, Dublin,
8th November, 1871.

Sir,—Adverting to the letter of the 17th ult., the Commissioners for administering the Laws for the Relief, &c., have to inform the Committee of Management of the Milltown Dispen-

sary District, that they have received the report of the inspectors, Mr. Horsley and Dr. King, of the enquiry held by them into the matters of complaint between Dr. Hanafin and the Rev. B. O'Conner, P.P., in regard to the case of the late Catherine Quirk, Dr. King having been, at Mr. Horsley's request, associated with him in the enquiry in view of any question which might arise as to the medical treatment in the case by the medical officer.

The minutes of evidence are enclosed herewith for the information of the committee.

It appears from the evidence of Dr. Hanafin that he was called to attend Catherine Quirk on the night of the 25th of August last, Anne Moriarty, a midwife, being in attendance upon her at the time, and that he found on enquiry that Catherine Quirk had at that time been three or four days in labour, having passed the first stage, the pains, however, being feeble and not frequent.

On the following morning (Saturday) it appears that Dr. Hanafin again visited the patient, and he states that her pulse was then rising rapidly, her tongue becoming foul, her face and neck conjested, and that the labour had become powerless. On this occasion Dr. Hanafin remained in attendance until ten o'clock, when he was obliged to leave in order to attend the dispensary, which is open from ten o'clock until twelve o'clock, returning however immediately on the closing of the dispensary to Catherine Quirk's house, where he arrived at twenty-five minutes before ten o'clock p.m., having on the way met with Edmund Quirk, Catherine Quirk's husband, who stated that he was going for the priest, as his wife was going on very badly.

Dr. Hanafin deposed that he found Catherine Quirk in such a condition that he was of opinion that immediate delivery was the only hope of saving the life of the child, and that he accordingly proposed to use the forceps, to which no objection was made, all the woman's friends on the contrary seeming anxious that she should be relieved.

The bed, it appears, was then prepared for the operation, the forceps had been heated in warm water, and Dr. Hanafin was about to use the instruments when the Rev. Mr. O'Conner arrived, and the medical officer retired for about half an hour while the priest administered the rites of the Church to Catherine Quirk.

The priest having left, Dr. Hanafin re-entered the house, and at the door met Anne Moriarty, the midwife, coming out who, according to the medical officer's depositions, said to him that Father O'Conner would not have Catherine Quirk delivered; that he (Mr. O'Conner) said "for her to make her way through the night," upon which Dr. Hanafin states that he remarked, "Very well, but I fear we will all regret it," or words to that effect; and that he further added that the child would surely die during the night, and that the mother's life would be in serious danger.

It appears that he then took the forceps out of the warm water, put them into the case, and left the house, saying that he would yet have to use them.

On the other hand, the Rev. Mr. O'Conner deposed that he neither directly nor indirectly interfered so as to prevent Dr. Hanafin operating in the case, and that he was not aware when he visited Catherine Quirk that an operation had been proposed. He denies having used the words attributed to him —"Let her work her way through the night;" but he admits that he said, "Why not give her time?" which expression, the inspectors observe, if it means anything, means that something which was proposed to be done should be postponed in order that nature should take its course.

Edward Quirk, the husband of Catherine Quirk, deposed that he heard that the Rev. Mr. O'Conner had interfered to prevent Dr. Hanafin operating on his wife, and Mary Palmer, Mary Hanafin, Julia Hanafin, Thomas Quirk, Michael Quirk, all coincide in deposing that they heard Anne Moriarty, the midwife, say that Father Batt had interfered in the case, and had prevented the operation being performed.

On the other hand Anne Moriarty deposed that she never said so; but on this point the inspectors observe that they think it right that they refer to the manner in which this woman gave her evidence, which they stated was most unsatisfactory. When asked a question it appears that she attempted to answer before she had heard the question. For instance when asked, "Did you hear Father O'Conner say," she replied, "On my oath I did not," before she heard the nature of the question, so desirous did she seem to relieve the Rev. Mr. O'Conner from the imputation of having unduly interfered in the case.

Annexed to the evidence is a declaration made by Catherine Quirk, eighteen days before her death, in which she declares that Dr. Hanafin would have delivered her on Saturday evening, the 26th August, if Father Bartholomew O'Conner had not come and interfered, and the inspectors report that there can be no doubt whatever that up to the period of the Rev. Mr. O'Conner's visit no objection had been raised to the use of instruments by Dr. Hanafin, and that after the Rev. Mr. O'Conner's visit the delivery of the woman by Dr. Hanafin was objected to, while several of the witnesses have deposed that the midwife had alleged that the Rev. Mr. O'Conner had interfered so as to cause the operation to be postponed. Dr. Hanafin also alleges that at the time he proposed the first operation the child was alive, and that he predicted that if the operation was postponed the child's life would be lost.

No further progress having been made in the labour, it appears that Dr. Hanafin was obliged to deliver Catherine Quirk by using the forceps at seven o'clock in the morning after he had proposed the operation, and that she was delivered of a child which was then dead, and had been so, in the medical officer's opinion, for only a short time. Subsequently, the inspectors report, Catherine Quirk made a fair convalescent, considering the severe confinement she had passed through and the amount of blood she had lost; but on the ninth or tenth day after her confinement, having imprudently gone out of doors, she caught cold, and on the 14th of September Dr. Hanafin was again called to see her. She then laboured, it appears, under uterine and phlebittes, of which she ultimately died on the 6th October. With respect to the charge of neglect of duty preferred against Dr. Hanafin by the Rev. Mr. O'Conner, the inspectors report that no evidence was produced to support this complaint, and that during the progress of the inquiry it appeared that Dr. Hanafin had been most diligent and attentive in his attendance on Catherine Quirk.

It is certainly to be regretted that the Rev. Mr. O'Conner took upon himself to interfere with the conduct of the case, so far as to recommend the mother and friends of Catherine Quirk

to allow her to remain without surgical assistance, in the hope of her being able to give birth to the child by natural labour; but the Commissioners have no authority in regard to the rev. gentleman's proceedings on the occasion.

It is satisfactory that no evidence could be adduced in support of the grave charges preferred by him against Dr. Hanafin.

The Commissioners request that the minutes of evidence and other documents, enclosed with this letter, may be preserved and returned to this office.

By order of the Commissioners,

B. Banks, Chief Clerk.

A DISPENSARY DOCTOR CALLED UPON TO RESIGN.

Killarney, Wednesday.

A few weeks since Mr. Horsley, P.L.I., was authorised by the Poor-law Commissioners to hold an inquiry into a charge brought against Dr. Spottswood, the dispensary physician, and also the workhouse medical attendant at Cahirciveen, by the guardians of that union. The complaint was as follows:—A man named Shea, belonging to the neighbourhood of that town was returning from the Cahirciveen September fair when he was thrown off his horse, a rather spirited animal, opposite the workhouse gate. He was at once taken into the workhouse, and a messenger dispatched with a red ticket to Dr. Spottswood. The doctor refused to attend until the following morning. On his visiting Shea the ensuing morning the latter was dead. The circumstances was reported to the board of guardians in this town, and they communicated with Mr. Horsley, requesting him to hold an inquiry. On the receipt of the evidence and of Mr. Horsley's report, the Poor-law Commissioners have decided upon calling on Dr. Spottswood to resign.

HEALTH OF DUBLIN.

In the Dublin Registration District the births registered during the week ending 18th November, amounted to 172. The average number in the corresponding week of the years 1864 to 1870 inclusive, was 146. The deaths registered during the week were 168. The average number in the corresponding week of the previous seven years was 158. Seven deaths from small-pox were registered during the week. The Deputy Registrar of No. 3 North City District (Blackhall street) makes the following statement:—"Four infants' deaths registered from small-pox this week, aged respectively 3 weeks, 2 months, 9 weeks, and 3 months; these were unvaccinated. The want of a proper conveyance for the removal of persons suffering from infectious diseases is much felt. It has been reported to me lately that it is quite common for cabs to bring small-pox and fever patients to hospital. The only public hospital which has a conveyance is that of Cork street. By section 37 of the Sanitary Act of 1866, the sanitary authorities are empowered to provide and maintain a carriage or carriages suitable for the conveyance of persons suffering under any infectious disease, and pay the expense of conveying any person therein to an hospital or place for the reception of the sick." Nine deaths resulted from fever, viz.:—6 from typhoid or enteric, and 3 from simple continued fever. Scarlet fever caused 5 deaths, diphtheria 2, and croup 1. Fifteen deaths were ascribed to convulsions. Bronchitis was the cause of 24 deaths, and pneumonia or inflammation of the lungs, of 4. Apoplexy proved fatal in 6 instances, and paralysis in 2. Ten deaths were referred to heart disease, 2 to aneurism, and 3 to pericarditis or inflammation of the heart's covering. Liver disease caused 3 deaths. Eighteen persons died from phthisis or pulmonary consumption, 2 from mesenteric disease, and 1 each from scrofula and hydrocephalus or water on the brain. Cancer was the cause of 6 death. Four deaths resulted from accidental causes.

Registration Districts.	Births.	Deaths.	
	Number Registered.	Number Registered.	Annual Rate of Mortality per 1,000 Inhabitants.
Dublin . . .	172	168	26
Belfast . . .	117	80	23
Cork	—	—	—
Limerick . . .	19	21	25
Waterford . .	8	10	17
Galway . . .	12	4	11
Sligo . . .	7	5	15
Londonderry . .	8	13	30

Belfast.—The Registrar of Belfast No. 4 District remarks:—"Small-pox was the cause of death in 5 of the 15 cases registered this week."

Cork.—The Registrar of No. 8 District remarks:—"One case of small-pox—a sailor from Newport who lodged in a house were disease existed."

Waterford.—The Registrar remarks:—"One death from small-pox."

Iodoform in some Phases of Syphilis. By J. H. Davenport, M.D.

Among the numerous remedies with which chemistry has gifted modern medicine is iodoform. It is one of the handsomest of drugs, its shining crystalline scales resembling chloride of gold in colour. It is soluble in alcohol, but insoluble in water and in glycerine; is slightly volatile, with a faint, sickish, saffron-like odour; and in this state of vapour is said to be anæsthetic, though inferior to chloroform. Speaking chemically, it is a teriodide of formyle [C^2 H I^3], forming one of a complete series of chemical compounds, of which others, such as bromoform and chloroform, are used in medicine. They are all combinations of some compound radical, in this case formyle [C^2 H], with three equivalents of an element such as bromine or iodine.

Iodoform contains twenty-nine parts in thirty of its weight of iodine. Hence the therapeutist would infer that wherever iodine was indicated iodoform would be of service, and experience proves the surmise to be not far from correct. Its action, however, differs from that of iodine in many important respects. It is not in the least irritant, whereas iodine is remarkably so. Like iodine, it is alterative; and like iodine also, its action is speedy; but perhaps its most

valuable property is its anodyne influence, often subduing the most violent and chronic neuralgias. Every physician knows how wide a field is open to an anodyne alterative; and iodoform has accordingly been tried in a great many diseases, and in many with eminent success. Ringer praises it in syphilis, in bed-sores, and in neuralgia. Prof. Fordyce Barker, of New York, highly recommends it as a suppository in cancer of the womb, which it robs of its pains at the same time that it seems to delay the course of that malignant disease. Besides this, it has been used in chronic rheumatism and gout, in consumption, in in scrofula, ophthalmia, in painful affections of the neck of the bladder and of the prostate, and in cancer of the rectum.

Iodoform is found in the shops as a light yellow powder of small, pearly, crystallized scales. It is used both externally and internally; externally as an ointment—R. Iodoform, grs. xxx—lx; simple cerate and lard, each one half oz. M. Or, better still, is simply dusted upon the surface, and a rag smeared with cerate, or a bit of lint dipped in glycerine, placed above. Internally, the best form of administration is in pills containing two or three grains each of iodoform. The power of iodoform is greatly enhanced by adding to these pills Valleix's iron, which is protected from combining with the iodine of the iodoform by the insolubility of the iodoform in water. These pills, if preferred, may be sugar-coated. The greatest objection to using iodoform at the present time is its expense, which is about a dollar an ounce, a price unwarranted by its simple and easy manufacture, and which can only be accounted for by the novelty of the drug.

Given in over-doses, iodoform causes, says Ringer, a species of intoxication, succeeded by convulsions, with tetanic spasms. It imparts its peculiar odour to the breath of the patient, a fact which the writer has often noticed on entering a room in which patients taking the drug have been lying.

In some of the manifestations of secondary syphilis, iodoform has, in the writer's hand, met with marked success, and below are adduced a few cases of ulcers and neuralgias, with a specific history, which have yielded to its influence, and often with surprising readiness. A few years ago there was no disease to which was assigned so certain and so uniform a treatment as the venereal. But late inquiries have shown that mercury is a remedy of as doubtful value in that as in the numerous other diseases for which it was so largely prescribed in the last generation, and medical practice has inclined more and more to the use of the compounds of iodine. The old mercurial sheet-anchor has been cut loose! The largest syphilitic hospital in New England to-day gives not a grain of calomel to its patients, and can still point to cures as numerous and as striking as before.

The following cases are those of some patients treated at the Deer Island Hospital, and illustrate the power of iodoform over secondary syphilitic ulcers, especially of the soft and fresh variety; and also in neuralgias of a syphilitic taint.

Case 1.—A. G., twenty-five years of age, terribly afflicted with syphilitic ulcers. In the latter part of June, 1870, he contracted a chancre on the penis, and about a month afterwards began to be troubled with pimples on the face and legs. I first saw him on the 8th of April, 1871. He then had by count sixty (60) ulcers on the legs and thirty on the arms and face, mostly of large size. On the nates were two sores, each four inches in diameter by measurement. One ulcer, on the right wrist, was two inches broad, and completely encircled it, save in one place for about half an inch. There were no tertiary symptoms, no nodes at the usual places, nor any pains at night. On entering the hospital, he was much emaciated and suffering from diarrhœa; was given chalk mixture for a few days, and then was treated as follows:—

℞. Iodoform ..... gr. ij.
Sulph. quinine ..... gr. i. M.
S. Take three times daily.

Also iodoform ointment (30 gr. to ℥i.) was applied to the sores. A marked improvement was almost immediately observed. Most of the smaller ulcers were healed in a few days, and the larger ones grew rapidly less. They seemed to dry and skin over with the presence of a few granulations. In the large ulcers on the nates, islands of epidermal tissue formed in the midst of the sore, which seemed to stagger the ideas of pathology that had been instilled into me. The iodoform in this case acted so well that I was encouraged to try it in many other cases. The patient had no mercury or other treatment than that described, and was discharged, cured, on May 6th, 1871. This patient had been previously treated at the City Hospital with, as he described them, "bitter medicines."

Case 2.—P. R., thirty-five years old. Admitted on April 17th, with a large oval syphilitic ulcer on the leg, about two inches in diameter. Was treated for two weeks, unsuccessfully, with various stimulant washes, lunar caustic, and with strapping. Then prescribed iodoform, grs. ij., in pill thrice a day, and iodoform ointment locally. A week later began to sprinkle on iodoform itself in powder. On May 17th patient was discharged, the ulcer being then but half an inch in diameter and doing well. Discharged because term of sentence (a prison patient) was out. The effect of the iodoform here was not as marked as in the previous case, as this was an old ulcer which had frequently been treated before, and the man was broken down by intemperance.

Case 3.—M. J. A., thirty-five years old, much troubled with syphilitic neuralgia about the head and face, with a bad corroding ulcer at the junction of the cheek with the right ala nasi, accompanied with deep lancinating pains, which resisted all ordinary treatment. Was given mercurials, corrosive sublimate dissolved in iodide of potassium, and iodide of potassium alone; also cod-liver oil and whiskey, iodide of potass with bark; but all without much perceptible effect, the ulcer still continuing to increase. April 18th, began to give one grain of iodoform in pill three times a day, and iodoform ointment applied to the ulcer constantly.

April 20th—Ulcer begins to look cleaner.

21st.—Much less pain. Iodoform increased to two grains, and shortly after this began to dust iodoform in powder upon the sore.

May 1st. The ulcer was practically cured, the pains having previously ceased. To-day the scar presents an excellent opportunity for a plastic operation to restore the lost portion of the ala nasi.

Case 4.—H. F., twenty-three years old, afflicted with severe and protracted frontal neuralgia, was admitted to hospital on the 3rd of April. Was treated ineffectually with iodide of potassium, long continued and pushed to large doses. Opiates were given without stint. Chloral would afford her sleep for a time, but she would soon wake up with renewed pain. Blisters on the neck would give partial relief for a day or so.

April 17th, began to give iodoform pills, one grain, thrice a day, with no other treatment.

April 24th.—Pain was much less and sleep better. Dose was now increased to two grains thrice a day. Improvement constant until her discharge, on April 28th. This woman had a chancre two months previous, but no secondary symptoms had appeared.—*Boston Medical and Surgical Journal.*

Pressure on Abdomen in Uterine Hæmorrhage.

Dr. J. H. H. Burge (*Richmond Louisville Med. Jour.*) contributes the history of a case of placenta prævia attended with profuse hæmorrhage. He found a small margin of the placenta presenting. The liquor amnii had completely drained away, so that the outline of the child could be made out through the abdominal walls. The examination excited some pain, and caused considerable hæmorrhage. Observing that during the pain the pressure of the child's head upon the placenta controlled the flow, he, in the intermission, grasped the uterine tumour and pressed steadily in the direction of the os. This was continued with perfect success for two and a half hours, when a living child was born, and the placenta followed without loss of time. During all this time, if the pressure was relaxed while the uterus was inactive, hæmorrhage was sure to follow.

In connection with external pressure in placenta prævia, Dr. J. H. Traylor, of Cape Girardeau, Mo., (*Med. and Surg. Reporter*) recommends the rupture of the membranes and the free use of ergot to produce tonic contraction of the womb and bring the presenting part of the fœtus in direct contact with the bleeding surface.

SULPHUROUS ACID IN SMALL-POX.

Mr. R. T. Manson, in the *British Medical Journal*, corroborates the statement of Dr. Hjaltelin as to the value of sulphurous acid—internally administered—in cases of small-pox. Several confluent cases, as well as others, were treated with sulphurous acid and water in varying doses; and he considers the eruptive fever is checked, the secondary fever rendered less dangerous, and the period of convalescence shortened by this treatment.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 6, 1871.

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LECTURES ON EPILEPSY

DELIVERED IN THE

LEDWICH SCHOOL OF MEDICINE,

BY HENRY EAMES, M.D., Dub. L.C.P., &c.

Physician to Mercer's Hospital, Joint Lecturer on the Practice of Medicine, Ledwich School, &c.

(Continued from page 476.)

NOTHING can more clearly show the unsatisfactory results of treatment as applied to epilepsy, than the long list of various medicines at different periods vaunted as specifics. Though in many, nay in most, cases of the disease you will entirely fail of cure; yet, that in some cases success has been obtained must encourage you in your contest with the malady. Had we an exact knowledge of its pathology we should then be in a position to determine on a rational line of treatment. But this is not so. The nearest approach to such knowledge is the discovery of the hyperæmic state of the medulla oblongata. On this is founded that treatment recommended by Van der Kolk, of repeated leechings of the nape of the neck, or vesication of the same part, or the inunction of pustulating salves. The *rationale* of this *modus operandi* is their derivative action from the congested medulla. Be the theory true or false, undoubtedly brilliant results have occasionally followed the adoption of such means. Three or four leeches applied once a fortnight, and the bleeding after their removal encouraged by elastic cups, or warm stupes will, in some cases, marvellously diminish the number and violence of the fits. But though this topical bleeding be useful, I am reminded to warn you against general blood-letting, or venesection. This latter will almost always prove positively injurious to your patient.

Whatever specific treatment you may purpose finally to adopt, you will do well as a primary measure to foster and improve the health of the patient. You will take care that there be no excessive or long continued mental, or bodily exertion. That exercise and food be regularly and moderately taken. That an epileptic boy or girl do not sit for six or eight hours at lessons; at the same time you would not enforce absolute idleness, since the mind, as well as the body, requires pabulum and exercise for its growth. You will ascertain whether excessive venery, masturbation, or intemperance be indulged in, and if they should, you will compel by every available means their relinquishment. If anæmia be present, you will, I presume, employ iron in some form. You will direct your patient at the same time to take proper hygienic measures, to live in a pure atmosphere, to eat meat twice or three times a day, and possibly to use the cold sponge bath. Shower baths do not usually agree well. Bathing in the open sea you must interdict both on account of its tendency to induce cerebral congestion, and lest a fit might come on during bathing, and the sufferer be drowned. This is no idle warning since such untoward accidents have occurred.

Should you find a plethoric state of body you will permit meats but sparingly, and vegetables will form the main portion of the diet, whilst water will be the beverage.

Strumous subjects you will no doubt treat with cod-liver oil and such remedies as you may deem advisable for that diathesis.

It has been mentioned that worms, cicatrices and tumours are occasionally the excitants of the malady. It need hardly be insisted on, that should such cases present themselves, you will endeavour to remove the *origo mali*. That the disease sometimes persists, despite such removal, would be no sufficient reason for neglect. Obstinate epilepsy subjected to varied specific treatment has entirely ceased on the passage of a tapeworm; and a similar happy result has followed the excision of an old cicatrix, or the extirpation of a neuroma. Do not, however, fall into the other extreme of encouraging the too sanguine hopes, doomed perhaps to disappointment, of an epileptic patient in whom you have discovered a tænia.

Where you have reason to suspect the existence of uterine derangement you will make a proper and searching examination, and should your suspicion prove correct, you will devote yourself to its removal. Ulceration of the os uteri, a polypus within its cavity, as well as other diseased

states, have often been the starting points of both forms of the comitial disease.

This, perhaps, is the fittest place to allude to the operation of clitoridectomy advocated by Dr. Baker Brown as a cure for epilepsy in the female sex, when the disease owes its origin to self-abuse. This author believes that there exists a morbid irritability of the extremity of the nerve supplying the clitoris, and that by the extirpation of this organ the starting point of the disease will be removed. This plan of treatment has not met with much favour, and few physcians, I think, will agree, that the pernicious habit, to which allusion has been made, exists to the extent that is presupposed.

Amongst the remedies employed in the specific treatment of epilepsy the first that claims our attention is bromide of potassium. This is of modern use, and indeed of recent discovery, bromine being first discovered in the year 1826. Bromine alone, or potassium alone have no useful effect on the disease, it is from their combination that such excellent results are not unfrequently obtained. You will commence its administration in ten grain doses three times a day, and may gradually increase the amount to one or two drachms in the twenty-four hours. The latter quantity I have rarely exceeded. In certain cases the smaller doses will have little effect. You may find it necessary to press the drug to the production of what is termed bromism before good results are obtained. By this term we mean the specific effects of bromide in chemical combination with potassium, sodium, or lithium. They may be briefly stated as redness of the palate, swelling of the mucous membrane of the mouth and nose, with salivation and lacrymation, heat and burning in the epigastric region, mental confusion and drowsiness with depression and failure of memory, and weakness of the limbs. Acneiform eruptions also occasionally follow its use. None of these disagreeable effects of the drug are permanent, and quickly disappear when its administration is stopped.

We are hardly at present in possession of sufficient data to enable us to predicate with any certainty in what cases of the comitial disease this remedy will prove successful. From the anaphrodisiac properties of the drug it is presumable that those cases into the history of which excessive venery or masturbation enters are the most likely to be benefited by its administration, and my own observations would lead to this conclusion. It has lately been stated that fits arising from injuries and jars to the pericranium are especially amenable to the curative action of the bromide, whilst in the congenital or hereditary form it has no efficacy.

Many of you have seen at Mercer's Hospital cases thus treated. I would recall to your recollections the case of a lad, aged nineteen years, who himself assigned onanism as the source of his disease. He was treated with bromide of potassium alone for more than a year, taking it latterly a drachm and half every day. The fits, which used to occur four and five times a week, were almost from the first diminished in number and violence. After he had taken the drug for six months they ceased altogether. He thought himself cured, and no longer attended. The malady, however, soon recurred, and he again placed himself under our care. He took the bromide steadily for nearly six months more, a drachm and then a drachm and a half each day, and is now I believe completely cured, treatment being stopped for nine months, and no fit having, in the meantime, occurred.

The bromides of sodium and lithium have also been recommended, more especially the former. Their good effects do not appear to equal those of bromide of potassium. The salt of sodium may be given in ten grain doses three times a day gradually increased to twenty-five grain doses. It produces less gastric irritation than bromide of potassium; but in other respects the symptoms induced are alike.

When administering bromide of potassium, or any other medicinal agent, for the cure of the comitial disease you must remember that the malady is chronic, and is not to be overcome by hasty and uncontinued assaults. That no good effects are visible after it has been taken for some weeks will be no valid reason for its relinquishment. Perseverance is essential to success.

The next drug, to the use of which I would ask your attention, is belladonna, and its alkaloid atropia. The late M. Trousseau, the great advocate for this form of treatment, insists much on the necessity for long and unremitting continuance in its employment. It is not for six or twelve months, it is for years that it must be given. The system must be continuously kept under its dominion, bearing in mind that the germ of the disease has probably existed from birth. You may administer the drug thus: one pill, composed of extract of belladonna and the powdered leaves, of each one-fifth of a grain, to be taken every day during the first month; two such pills during the second month, increasing each month the dose by one pill. These are to be given together and precisely at the same hour each day. The limit to which you may push the remedy is marked by its toxic effects. Excessive dilatation of the pupils and dryness of the fauces are hints you must not neglect. If the system do not readily bear the drug, your increase will be more gradual, a pill being added only every second, third, or fourth month. When permanent good results have been attained, you may continue for some time the dose then reached, and gradually diminish it at the same rate at which you had increased it.

A solution of atropia may be substituted for the above pills. One minim of a solution of two grains of atropia in two drachms and a half of rectified spirit will correspond to one of the above pills. The same rules will apply to its administration.

The hypodermic injection of atropia in the track of the aura might be followed by good results. I merely throw out this as a suggestion. The dose should, of course, be minute, and persisted in day by day.

Opium, and its alkaloid morphia, are of ancient fame, though now little used. Indeed, the whole class of sedatives and narcotics would be theoretically contra-indicated, since we are not called on to relieve pain, but subdue excessive reflex irritability. This the narcotics tend to increase. Digitalis, which acts so powerful on the circulation, has been used to some extent abroad, and favourable results are claimed for it.

Nitrate of silver has also been much employed. One to four grains may be given each day after meals. You must be very careful not to produce the bluish staining of the skin which sometimes results from its continued use. The earliest symptom of this is a greasy appearance on the skin of the faces; should you observe this, you will at once cease its administration.

The preparations of zinc are still occasionally used: the oxide, sulphate, valerianate, acetate, lactate and cyanide. They are most successful in young subjects, and in those of a highly nervous organisation. They should not be pushed to the extent of producing spanæmia, which often follows their prolonged administration.

The ammonio-chloride and the sulphate of copper have also their advocates. Trousseau suggests that whilst belladonna is continuously given in the mornings, the salts of silver, zinc and copper may be given in the evenings, each for ten days at a time. I have no experience of this method; but every suggestion coming from so excellent a physician is worthy of attention.

Phosphorus, which acts so powerfully on the nervous system, has been used with success in epilepsy. I am not as yet in a position to speak from extended experience of its effects in this disease, but from the benefit which I have observed to follow the employment of this drug in other neuroses, I would anticipate most favourably concerning it. It may be given dissolved in oil inclosed in capsules which may be procured from Messrs. J. J. Graham and Co., Westmoreland street.

You are probably aware that a powerful action can be exercised on the spinal cord and the collateral ganglia of the sympathetic nerve by means of ice applied over the

spine. The circulation, and consequently the energy of the nervous centres acted on, is much lessened by the application of the spinal ice-bag. It is claimed that convulsive seizures can thus be checked, and a permanent good effect be induced by its continuous use. To Dr. Chapman belongs the merit of having brought this form of treatment into general use.

The constant galvanic current is now by some employed as a curative agent. It may be used whilst other medicinal treatment is persisted in. The parts to which it is applied are the brain, spinal cord, and sympathetic nerve. The electrodes are to be placed, the positive on the forehead, the negative on back of the neck for four minutes. Then they are to be placed for the same length of time on the mastoid processes, and lastly, the positive pole is to be applied over the sympathetic in the neck, and the negative over the third or fourth dorsal vertebra. The current should be a strong one. One derived from twenty cells of Daniell, Smee, or Le Clanche will suffice. The applications should be repeated three, or four times a week.

Valerian, artemisia vulgaris, santonine, turpentine, strichnine, arsenic, musk, ergot of rye, and guaiacum, are selections from the remedial agents, which in addition to those already mentioned, you will find recommended for the treatment of epilepsy.

M. Brown-Séquard recommends that the starting point of the aura should be sought for most diligently in all epileptics, both in those in whom it palpably exists, as also in those in whom a superficial examination may not discover it. Pressure, tickling, and the passage of the galvanic current may induce a fit in persons who were supposed to be unaffected by auræ, and this only when a particular part is acted on. Ligatures isolating a member or limb; actual cautery, issues, or potassa fusa applied to the ascertained locality whence the aura originates, have brought about a cure of the malady. This result, strange enough, has been obtained even in cases where there could be no doubt as to the central source of the malady. In using these measures you must bear in mind the fact that the fit deferred from time to time by ligatures and the like, appears occasionally to gather, as it were, an accumulated force, and indeed now and then proves fatal. Such was the termination of Odier's case, and many others.

The epileptic should have constant care, and, when circumstances admit of it, he should have an attendant devoted to himself. He should not be allowed to go into positions where, should an attack occur, dangerous results might ensue. He should avoid excitement and crowds. His bed should be provided with sides, lest he should fall to the floor. He should not sleep in a room by himself lest, turning on his mouth in a fit, suffocation might result.

During the fit, the inhalation of chloroform has been favourably spoken of by some. In the hands of others it has not been so successful. It has no curative effect on the disease. There are certain cases, however, in which you will find this anæsthetic of great use. It will lessen the clonic spasms of the respiratory muscles, which tend to prolong the stupor following the fits. It will also be of service in those cases in which maniacal attacks succeed the seizure; and should a limb be fractured, by averting an expected attack, time may be gained for the formation of callus.

If the fit be very violent and long continued you may succeed in arresting it by pressure on the carotids. This operation is difficult to perform during the fit, and requires careful manipulation. Generally, during the paroxysm, a few simple measures will suffice. The head should be raised above the level of the body, the collar and necktie loosened and a piece of soft wood placed between the teeth to save the tongue from injury. You will of course take care that in his struggles and writhings your patient does not place himself in a position of peril.

Original Communications.

NOTES OF MIDWIFERY CASES.

By J. M. Hyslop, M.D.,

Late Professor of Midwifery, Grant Medical College, Bombay.

February 22nd, 1863.—A case of retained placenta after a natural labour, which terminated five hours before seeing the patient; little hæmorrhage; os uteri of the size of a crown piece, and a portion of placenta protruding; the cord had been pulled away with a portion of placenta adhering. Hand introduced into uterus, and placenta found to be strongly adhering to the right side of the uterus near the fundus; it was almost entirely detached and brought away, but with much difficulty. There was high fever for some days; a small portion of placenta was expelled without hæmorrhage, and the woman recovered perfectly.

February 23rd, 1863.—A Parsee woman. A six months' fœtus having presented by the feet was pulled away and detached from the head, which was left in the uterus. Before admission os uteri swollen and contracted, and upper lip torn and ragged; no pains; pulse good. Several doses of ergot were given without effect; after a dose of morphia, which procured several hours sleep, she had a pain which expelled the head.

March 5th.—Had sharp fever and severe abdominal pain for some days, during which she was kept under the influence of morphia. There was a fœtid discharge from vagina for some days, which was corrected by injections of Condy's fluid properly diluted. Is now well.

March 20th, 1863.—In consultation, I saw a Mahommedan woman in her fifth labour; water has been draining off for some time, and she has had irregular pains in her back for weeks; has taken several doses of ergot since yesterday; os fully dilated; parts cool; head of child felt high up. Recommended an opiate to procure sleep, and afterwards a stimulating enema and ergot if necessary.

March 29th.—I saw the same case with another practitioner; woman was confined on the 26th of a dead full sized female child; placenta has been retained until now; no hæmorrhage; she has had a purgative and ergot which latter had no effect; pulse fair; skin cool. Introduced the hand to extract the placenta, and found a globular tumour of the size of the fist in the posterior and left wall of the uterus. The placenta was adherent, but partially decomposed, and giving out a most offensive smell. It could not be entirely removed, owing to its decomposition, but it was well broken up, and will be easily removed by warm water injections, which were ordered to be frequently used and diluted, Condy's fluid occasionally added. To have opiates and abundance of nourishment.

April 4th.—Had some fever, but was doing well until yesterday afternoon, when she was found collapsed and cold, and almost pulseless; under the use of stimulants she rallied.

I saw her this morning; breathing very short and hurried; pulse 136; tongue dry; no abdominal pain; is said to have had a rigor yesterday; bowels not moved for some days, but urine is passed freely. Ordered soup every hour, and ammonia and morphia every two hours. Was informed that, owing to some native prejudices, nourishment has never been given, and she soon sank and died.

September 5th, 1864.—A Parsee, æt. twenty-six; was delivered in hospital on March 30th, 1862, and March 22nd, 1863. On both occasions by craniotomy, and on both at the full term of pregnancy. Had previously aborted twice at two and two and a-half months of pregnancy; is now at the end of her seventh month; fœtal heart's sounds distinct; the brim of pelvis diminished in its antero-posterior diameter; patient is only four feet two and a-half inches in height; general health good; bowels open.

b

Sept. 6th.—Tongue white. Pulv. rhei co., ʒj. s.t.

Sept. 7th.—For the purpose of inducing premature labour, at 4 p.m., the flexible tube of a patent enema syringe was introduced within the os; several pounds of cold water were injected, the injection being kept up for ten minutes; at 8 p.m., labour pains came on, and at nine labour was complete. The child, a female, was born with the face to the pubis, and did not breathe for some time after birth.

Sept. 8th.—No complaint.

Sept. 12th.—Mother and child well. Discharged.

April 4th, 1863.—Mohammedan woman, æt. twenty-two. Second pregnancy. First child seven years of age. Labour commenced three days ago, when liquor amnii was discharged. Right arm presented, and was torn off before admission at 4 p.m.; cord prolapsed; chest of child presenting at brim; os dilated: pains effective; pulse 108; skin tolerably cool; urine drawn off and chloroform given. Delivery was effected in half an hour by evisceration and turning; child male. Placenta not having been expelled in twenty minutes, ʒss. of tincture of ergot was given, which in ten minutes took effect; uterus contracted well.

April 9th.—Has never had a complaint, and is now discharged.

April 19th, 1863.—At 7 p.m., was called to see, in consultation, an English woman, æt. eighteen, in her second pregnancy. Her first child was born on 11th August last. Yesterday she had some hæmorrhage from the uterus without any known cause. She was kept quiet, and cold applied to vulva, and the bleeding ceased until to-day, when it returned more copiously than yesterday; ice was applied to the abdomen and vulva, which checked it for a time. When I saw her, the vagina was plugged, and there was only a little oozing of blood; pulse good, and patient comfortable; plug not removed. At 11 p.m., flooding returned and expelled the plug; another had been used, but bleeding was going on; removed it and made an examination; many clots in vagina; os could not be reached; a plug of tow was firmly introduced through a speculum; soup and jelly with stimulants administered; as there had not been the slightest pain or uterine action, a current from an electro-magnetic machine was passed through the abdomen, a conductor being placed on each side for ten minutes when uterine action was set up, which continued to be regular. An enema of cold water was given, which produced a copious stool. No bleeding.

4 a.m. (20th).—Has slept for three hours; expresses herself as feeling better and stronger; no hæmorrhage; pulse pretty good; pains have been going on steadily, and get stronger.

7 a.m.—The plug was expelled by a gush of blood; the head was found presenting; the membranes were ruptured; a small seven months' child was born, and the case did well.

May 23rd, 1863.—Patient twenty-six years of age, at the end of her third pregnancy. Labour commenced yesterday morning, and liquor amnii discharged at 5 p.m. yesterday. No fœtal sounds; pulse feeble, but not quick; tongue moist; right arm of fœtus protruding from vagina and dark coloured; evisceration performed; the child a male, very easily extracted. Turning would have been performed had the child been alive; placenta came away in ten minutes.

May 26th.—Discharged well.

June 13th, 1863.—3 a.m., a young woman in her fifth pregnancy. In labour since yesterday morning. Pulse and general condition good; fœtal sounds not heard; arm protruding from vagina; os uteri so firmly contracted over arm, that with difficulty the tips of two fingers could be introduced, and a leg could not be reached. Perforator used and child eviscerated. Os contracted so firmly round the neck of the child, that there was considerable difficulty in delivering the head. The placenta was then thrown off at once, and uterus contracted well. Two hours after delivery had a good deal of flooding, which was checked by the application of cold to the vulva. Recovered well.

August 16th, 1863.—A young European woman at the end of the eighth month of her fourth pregnancy. A fortnight ago had hæmorrhage from the uterus, which was intermittent until this morning, since which time until now (9 p.m.), it has been constant; vagina has been imperfectly plugged, and the upper part of vagina was full of clots; parts relaxed; os large and soft; pelvis roomy; placenta attached to cervix uteri, and over the left half of os; head of fœtus felt behind it; membranes were ruptured with a silver director, and liquor amnii drained away. Pains not increasing in severity, a dose of ergot was given; this having had no effect in twenty minutes, another dose was given, which acted speedily, and in a few minutes a male child was born alive, and apparently mature.

17th.—Mother and infant well. Recovered well.

November 9th, 1863.—Patient admitted to hospital at 8 p.m., in her second labour. In labour for two days. First child said to have been born alive. Right hand of fœtus protruding from vagina and livid; os well dilated but uterus firmly contracted upon the body of the child; antero-posterior diameter of brim of pelvis small; woman exhausted; pulse quiet and feeble. Bladder and rectum having been emptied, an attempt was made to turn but without success, owing to the uterus being so tightly contracted upon fœtus. An attempt was then made to eviscerate, but from the same cause the operation was difficult and tedious; it was at length, accomplished however, a leg brought down, and child extracted with great difficulty. The placenta was soon thrown off, and the uterus contracted well, but the woman sank, and died at half-past two a.m.

November 27th, 1863.—Called to hospital at a quarter to four a.m. to see a case just admitted. Woman in her second labour since yesterday morning; child's right arm protruding and livid; uterus acting powerfully, and shoulder well down in the pelvis; pulse pretty good; bowels moved yesterday; passed urine this morning; catheter could not be introduced. An opening was made into thorax under the right clavicle, and viscera of thorax and abdomen removed. Blunt hook was then fixed upon the lower part of the spine, breach brought down, and delivery effected without much difficulty. Placenta thrown off in a few minutes, and uterus contracted well; child a male. Recovered without interruption.

(To be continued.)

THE SEWAGE QUESTION.

SPECIAL REPORT.

(Prepared expressly for the Medical Press.)

No. XXXI.

NOISOME AND DANGEROUS EFFECTS OF SEWAGE IRRIGATION.

There are three classes of effects which render sewage irrigation more or less dangerous to the public. In the first place the emanations are offensive, and are productive of pythogenic diseases. In the second place the percolation of sewage into subsoil water, and thence into springs and wells, is not unlikely to be a source of danger; and in the third place the distribution of undefæcated sewage charged with the ova of intestinal and other entozoa is certain to produce disease in man and animals.

As regards the first point—namely, the offensive and morbific character of sewage emanations, especially in those cases where the undefæcated sewage is distributed in large quantities upon the land, there is abundant evidence. At the Craigintinny meadows, near Edinburgh, the stink is hardly endurable. To use the words of Dr. Ligertwood, who was stationed at the neighbouring cavalry barracks in 1868, "Those fields are certainly a source of nuisance to those living in barracks, from the offensive emanations given off from the open ditches conveying the sewage, and also from injudicious flushing of the fields, for the stench in the barracks is sometimes sickening." At Norwood and at Beddington the Croydon sewage farms are the subjects of constant complaint, and the neighbouring houses and property are greatly damaged in value on account of it. Mr. Creasy, the surgeon of the Orphan Asylum at Beddington, said in his evidence before a recent Parliamentary Committee, that he had known the district ever since it was a sewage farm, and typhoid fever had been in every cottage on the estate ; every disease, in fact, assumes a particular type, accompanied by what is called "a sewage tongue." At Aldershot, Banbury, and other places which have been described, the stink of the irrigated ground is a matter of serious complaint ; but in most cases these complaints are ignored, or are met with positive denial. "Some people," says the Earl of Essex, "have grumbled at the smell, but I think they are getting tired of doing so, as I take no notice of it." That there are good grounds, however, for such complaints is evident from the remarks of those who paid proper attention to the subject. Messrs. Galton, Simpson, and Blackwell, the referees appointed by the Government in 1856 to consider the question of the main drainage of the metropolis, say in their report that it is a question whether irrigation on a large scale might not occasion danger to the health of the inhabitants of such districts by the pollution of the air of the district, as well as the wells and springs ; and Liebig, in his letter to the Lord Mayor of London in January, 1865, said that the fear of producing fever by sewage emanations was not altogether groundless, especially where land was flooded with sewage and converted into a bog. Dr. Copland, in his remarks on the paper of Mr. Fothergill Cook on the "Treatment of Sewage with Lime," stated that in his opinion the effects of sewer gases were never so bad as when sewage was spread out upon the land, and he recommended some process of deodorisation or defæcation before the sewage was thus used. The Select Committee on the Sewage of Towns admit, while advocating the employment of sewage upon the land, that if the power of the soil be overtaxed, and large dressings be applied, there will be injury to wells and to running streams, and they quote Dr. Angus Smith, Mr. Alderman Mechi, Mr. John Chalmers Morton, and Mr. Francis Wyley in proof of it ; indeed the instances which have already presented themselves of the malarious effects of sewer gases are sufficient to create alarm, and to show that under some circumstances the proximity of a sewage farm is not altogether devoid of danger. Dr. T. S. Clouston, the medical superintendant of the Cumberland and Westmoreland Asylum, has given an account in the *Medical Times and Gazette* (June 1865) of an outbreak of dysentery among the patients of the asylum, which he says was caused by the effluvia from a field irrigated with sewage. The asylum contained two hundred patients, and before the distribution of the sewage upon the land, the mortality and sickness were greatly below the average of such institutions; but soon after the sewage had been thus used, severe dysentery appeared among the residents of the asylum. Thirty-one persons were attacked, and of these twenty died ; besides which there was much diarrhœa of an ordinary kind. The irrigated field was about three hundred yards from the female ward, in which the greatest number of cases occurred, and it was about three hundred and fifty yards from the corresponding male ward. Both of these wards are upon the ground floor, and Dr. Clouston is of opinion that the effluvium is most concentrated near to the ground. He observed also that the effects were most marked when there was little or no wind and a high barometric pressure. Most of the cases occurred in June, July, and August, when vegetation was most active, and none of them in the winter time. It often happened that there was no marked odour of sewage, notwithstanding that it caused disease; and he was for some time very disinclined to refer the outbreak to the irrigated field, but at last, suspecting the cause, he gave orders for the sewage to be conveyed to a distant part of the farm, and then the dysentery disappeared, and those suffering from it recovered. In the following year, thinking that the sewage might be better applied, he gave directions for a more perfect levelling of the ground, and for its being better trenched and drained ; but while this was being done, the sewage again got upon the land, and caused another outbreak of the disease. Dr. Clouston was thus convinced that the sewage emanations were the cause of the dysentery and diarrhœa, as well as the cases of typhoid fever, which occurred in the asylum. Another instance of a like nature occurred at Shaftesbury in the year 1862. The town had recently been drained by a person of no practical knowledge, who carried the sewage into the ditches and ponds of the neighbouring fields. In less than a year, one-eighth of the whole population was attacked with enteric fever, and the results were so serious that Dr. Letheby was requested by the local authorities to inquire into the matter; and he reports that of three thousand five hundred persons who formed the population of the place, four hundred and forty-eight were attacked with the fever. A similar case is recorded by Dr. Letheby as having occurred at Copley village, which lies at the junction of the Hebble brook and the river Calder. The village consists of about one thousand persons, and it was designed as a sort of model village by Mr. Ackroyd, who built it. Near to the village is a plot of meadow land, which was irrigated with the brook water containing the sewage of Halifax ; but as typhoid fever presented itself in a serious and unmistakeable form, the process was abandoned as a measure of public safety. At the Broadmoor Criminal Lunatic Asylum, it seems to me more than probable that the continually increasing proportions of fever cases from the opening of the asylum in 1863 to the adoption of earth closets in 1869 is attributable to emanations from the land upon which the sewage of the asylum was distributed. Very recently, in the spring of the present year, an outbreak of scarlet fever at Haileybury College, near Hertford, was traced by the medical attendant, Dr. Elin, to the offensive emanations from a garden and field saturated with sewage. All the cases—twenty-three in number—occurred in the dormitories and studies nearest to the garden which received the urine and slops of the establishment, the solid excreta being collected in earth closets. It was noticed that the soil of the garden was sodden with sewage and was very offensive, and another piece of ground of about an acre in extent was therefore taken for irrigation, but this also became offensive,

and then the disease presented itself. But why multiply examples of this kind, when, to use the words of Dr. Buchanan and Mr. J. Nether Radcliffe, in their report "on the systems in use in various northern towns for dealing with excrement, the propagation of certain epidemic diseases, especially cholera, enteric fever, and diarrhœa among communities, as the result of excremental pollution of air and water, is one of the best established facts of sanitary medicine." The chief object, indeed, of sanitary practice during the last fifty years has been to prevent the infection of air with excremental effluvia, and the most notable fact in the present century has been the recognition by Dr. Murchison of the true cause of pythogenic, enteric, or typhoid fever in the poison contained in sewage emanations. It is, however, not alone on account of the specific or special morbid action of such gases that sewage is dangerous. It is also dangerous because of the damp and sodden condition of the soil which receives it. Everywhere the experience of medical practice has demonstrated the unhealthy character of a district saturated with mixture containing organic matters. The fens of Lincolnshire, the rice fields of China, the sunderbunds of India, and the irrigated grounds of Italy and Southern Europe, afford abundant evidence of the malarious influences of such soils. It is a matter of grave doubt whether the Campagna of Rome, which was once the favourite locality for the luxurious villas of the Roman nobility has not derived its unhealthiness from the saturation of the soil with the filthy water of the Tiber.

Again, the researches of Dr. Buchanan and others into the effects of drainage on the prevalence of phthisis, have shown beyond all question that a dry atmosphere is less provocative of this disease than a wet one, and if this be so it is inevitable that the saturation of ground with sewage, and the raising of the subsoil water, must necessarily render the atmosphere more humid than it otherwise would be, and thus create a consumptive influence. Besides which, if the doctrines of Professor Von Pettenkofer, of Munich, be correct, as they certainly seem to be, that fluctuation in the level of ground water charged with sewage is the most active agent of fever and cholera, the consequences of irrigation may be most serious.

In addition to all this, there is the danger of polluting springs and wells to such a degree, as that the water becomes positive unwholesome, and unfit for human consumption. This is the case at Beddington, where all the wells are seriously and dangerously polluted, and it not unfrequently happens that the effluent water from irrigated ground produces illness in cattle that drink it. Even water-cresses grown in such water have caused diarrhœa in the human subject.

Hospital Reports.

KING'S COLLEGE HOSPITAL.

SATURDAY, NOVEMBER 11TH, 1871.

Enchondroma-enucleation.—Hæmorrhoids (Operation with the use of the Clamp).

By HENRY SMITH, Esq., Surgeon to the Hospital.

THE case of enchondroma, Mr. Smith said, was similar to the case which was lately reported in the MEDICAL CIRCULAR, inasmuch as it was difficult before making an incision accurately to define the connections of the tumour, situated as it was immediately over the metacarpo-phalangeal joint of the right ring finger. On making the incision however, it was found to be possible to remove the tumour and save the extensor tendon—points of importance, as the woman was a seamstress. Its contiguity to the joint however led him to suppose that an amount of inflammatory action would be set up, which might terminate in an ankylosed joint, although even with such an unfavourable result, it was far better than losing the finger altogether. The tumour was shown to the class, and the characteristics pointed out.

Mr. Smith then drew the attention of the class to a woman suffering from hæmorrhoids, and stated that many hundreds of cases of a similar character had been successfully treated by him, both in hospital and private practice, by the use of the clamp. Secondary hæmorrhage by this operation never occurred; nor in his own practice had he met with failure, though some few cases had happened he believed to other practitioners. Mr. Smith also observed on the Catholic spirit which prevailed among the surgeons of the hospital. Every operation was performed in that theatre as coming within the legitimate domain of the art, and although his clamp might be regarded by some as rather belonging to a specialty, he was content to regard it as a simple addition to the armamentarium of surgery. It had been asserted that patients who submitted themselves to this operation were frequently kept on the table an hour, he would appeal to those who had seen the operation if such were the case; and those who had not seen the operation before, he would patiently await their verdict. The operation had also been called "heroic," as the patient, it was stated, got burnt, but from the extreme care taken in applying the cautery—the width of the clamp which protected the parts, and the whole of the under-surface being lined with a non-conducting material (ivory)—such a *contretemps* was impossible, and could exist only in imaginative minds.

Mr. Smith then proceeded to perform the operation in the usual way. There were three separate tumours, and the time occupied in snipping them open and applying the clamp—cutting them off—cauterising each, and dressing the parts, occupied exactly eight minutes.

Mr. Smith operated a short time previously on a case, in which he said many surgeons would have formerly hesitated to do so, inasmuch as the tumour was of very large size; but by the aid of the clamp all danger had disappeared, provided always the cautery was at a black heat, and the method of applying the clamp was strictly observed. He (Mr. Smith) was never afraid of using his own clamps, as they had all been previously tested by him; but, as the class had noticed, he had, prior to using the clamps belonging to the hospital, ascertained for himself, by placing a piece of gutta percha membrane between the edges of the clamp and then closing them, that they were in perfect and close apposition; as, if such were not the case, there was the danger of bleeding recurring; indeed, it might be said that he (Mr. Smith), without being the originator of the cramp, had so modified and improved it as to render it an instrument of perfect safety. Mr. Smith added that he thought greater praise had been awarded to him in reference to the clamp than he was fairly entitled to. He really was not the originator. He had simply modified and improved the instrument. Another case, in which the tumour was as big as a walnut, and had blood-vessels as large as the radial artery, was removed with perfect safety; but in such formidable cases as these, he (Mr. Smith) considered a suppository a careful and safe adjuvant. "Two points," he said, "you should always bear in mind—viz., to open the tumour at the junction of the skin and mucous membrane; and, 2nd, to loosen the clamp after the application of the cautery, in order to ascertain that all hæmorrhage had been completely arrested."

Lithotomy.

By ROYES BELL, Esq., Assistant-Surgeon to the Hospital.

Mr. Bell's case of Lithotomy was interesting on account of the age (72) of the patient, for, as he pointed out to the class, the great and unusual pain the man was suffering necessitated *cutting* for rather than crushing the stone, and in this view he was supported by Mr. Henry Smith.

The lateral operation was performed in the usual manner, and, contrary to all that had been anticipated, the stone was with great difficulty found, was extremely small, phosphatic, and was crushed in the forceps. A careful examination was made, to ascertain that all the *débris* was removed, and the patient was carried to bed.

Mr. Bell then contrasted the small size of the stone and the extreme irritation and suffering of the patient, and said that, although the prognosis was somewhat unfavourable on account of the advanced age of the patient, still, the source of irritation being removed, he hoped for a favourable issue.

ST. GEORGE'S HOSPITAL.

Results of Vaccination in last year's Epidemic.

We have already (MEDICAL PRESS, November 15) given the principal facts on this subject. We have therefore to add Dr. Richard Wilson's conclusions from his paper in the Reports.

Before given an analysis of the cases that were vaccinated, he thinks it well to describe what is meant by the expression a "good" and "bad" mark, which he frequently uses.

"By good cicatrices I mean those that vary in size from that of a threepenny-piece to a shilling; varying also in shape, some being oval, others round, others having several radiations from the edges. They usually have a dull-white appearance, with a well-defined margin, and on the floor of the cicatrix numerous small black specks or indentations ought to be observed, these being due to the ulceration of the rete mucosum, exactly similar to the smallpox mark; it is also said that a good cicatrix ought to be seen at a distance of several yards.

"Bad cicatrices must be considered to be useless as regards the protection they give from small-pox. These, again, may vary in size; but they are usually smooth and shining on the surface, without any well-defined margin, and without any indentations, sometimes being so slight that they can only be recognised as vaccination marks by the position they have on the arm.

"Up to the 3rd day of February, 225 patients were vaccinated, varying from three weeks to sixty-three years of age.

"Of this number, 5 were vaccinated for the first time, and all were successful.

"Of 89 who had 'good marks,' 58 were successful.

"Of 56 who had 'bad marks,' 44 were successful.

"Of 31 vaccinated twice, 13 were successful.

"Of 18 who showed no marks, but were said to have been vaccinated, 12 were successful.

"Of 26 who had had smallpox, 21 were successful.

"I think that it is necessary to note, that the older a person is, the more likely is it that the re-vaccination will be successful. For instance, out of those cases which I vaccinated, taking those with good and bad marks only, including those whose ages ranged from infancy up to the 21st year, 49 were vaccinated.

"Out of 29 of those who had good marks, 9 were successful.

"Out of 20 who had bad marks, 13 were successful.

"Including those whose ages ranged from the 21st to the 42nd year, 83 were vaccinated.

"Out of 51 of those who had good marks, 41 were successful.

"Out of 32 who had bad marks, 31 were successful.

"Taking those whose ages ranged from the 42nd to the 63rd year, 12 were vaccinated.

"Out of 9 of those who had good marks, 6 were successful, whilst 4 who had bad marks were all successful."

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, OCTOBER 20TH.

DR. PROSSER JAMES read a paper on

OZÆNA,

of which the following is an abstract.

The author alluded to the intractability of the complaint and the almost hopelessness with which it is too oftenregarded by writers and practitioners, and intimated that care in diagnosis and perseverance in treatment may obtain more successful results. It should be our aim in every case to trace the origin of the ailment, and so reduce it to a mere symptom, though this is so difficult, that most authorities speak of idiopathic ozæna as a disease, and even with all the improvements as yet effected in rhinoscopy, there are undoubtedly cases in which we cannot demonstrate the actual lesion. These, however, he believed, will be gradually reduced in number. The simplest form of ozæna, is that commonly spoken of as catarrhal. It is the result of chronic coryza, in fact, it is coryza with fœtor superadded. The patient has suffered from colds for a long time. These became more and more chronic, till at last a discharge remained altogether, and this at length became offensive. Rhinoscopy generally shows that the pituitary membrane is hypertrophied. Sometimes erosions or ulcerations are also brought into view. In protracted cases the membrane may be atrophied, and these are much more obstinate. This kind of ozæna mostly affects strumous patients, and constitutional treatment should therefore be employed in addition to local measures. With cod liver oil and iodide of iron, there is often rapid improvement under the same applications that have previously proved inert. A similar condition to that already described, is common in syphilitic disease of the nose. Indeed, ozæna so frequently occurs in syphilis, that on asking a gentleman the other day what he thought of ozæna, he replied, "It is a symptom of syphilis." This, however, is certainly too narrow a view. In syphilitic ozæna of this kind, it is probably the diseased condition of the mucous membrane that gives rise to the discharge, which is offensive from an early period. In catarrhal ozæna, perhaps the chronic coryza gives rise to the hypertrophy. At any rate the fœtor is later in making its appearance. It is much more common for syphilitic cases to give rise to ulceration, and this in fact has almost always commenced before the fœtor is complained of. At this stage, the disease must not be neglected, for although now confined to the mucous membrane, it may even in secondary syphilis extend deeper, and involve both the cartilages and the bones. Then the fœtor is sure to be aggravated. But it is in tertiary syphilis that the graver lesions mostly occur. In these cases the deeper tissues may be invaded before the mucous membrane. A patient may seek relief from distressing ozæna amongst other prominent symptoms, and yet the most careful rhinoscopy may only reveal the darker, dusky colour of the mucous membrane with here and there erosions. In persons of a strumous constitution, the destruction will be much more rapid, and it is therefore desirable to prescribe for the scrofula as well as the venereal disease. When erosions or ulcerations can be brought into view by reflected light, they should be treated by its aid locally. Nitrate of silver, sulphate of copper, and other appropriate remedies, may be carefully applied to these spots. But the whole pituitary membrane should also be subjected to other agents. The ozæna that occurs in children in connection with inherited syphilis, is often difficult to treat, and the investigation of its pathology is attended with peculiar difficulties. Clinically the chief point is to treat the inherited syphilis, and to bear in mind that the child may be also scrofulous. Rhinoscopically thickening of the membrane is most common. It has been remarked, that syphilis may attack the deeper

tissues first or may extend to them. The former is more common in tertiary disease, and may begin as a gummatous periostitis, going on perhaps to caries and necrosis of the bones and cartilages which exfoliate and give rise to great and characteristic disfigurement. The disease may continue its ravages until the unfortunate patient succumbs to intra-cranial mischief. Acute syphilitic periostitis is a very painful disease. The patient's sufferings are exacerbated by warmth. Hence the leading symptom is intense pain in the forehead and head, worse at night, *i.e.*, when warm in bed. During the exfoliation of pieces of bone, the ozæna is most offensive. Some people have attributed this exfoliation to the abuse of mercury, but it may occur when we have reason to believe that drug has not been used, and it therefore seems just to speak of it as one of the manifestations of syphilis, although no doubt it might be aggravated by the injudicious use of the mineral. Besides it is desirable not to forget that caries may occur from other causes than syphilis, for example, mechanical injury. Sometimes the rhinoscope reveals very little to us, and yet the ozæna is all the while dependant on diseased bone, which cannot be brought within the range of vision. The prognosis therefore in persons with a syphilitic taint, should be guarded.

Amongst other causes of ozæna, mechanical injury, already incidentally alluded to, should be inquired about. Then the presence of foreign bodies is far more common than is generally supposed, especially in children. Sometimes beads, bits of pencil and other bodies are put up the nostrils by children, and remain for weeks, or months, in a few cases for years. They are quite forgotten, and the ozæna persists until they are discovered by the rhinoscope and extracted. Those singular formations, nasal calculi, may also be mentioned. Again, ozæna may be named as one of the sequelæ of the exanthemata. Abscess may occur in these diseases, and the septum may be destroyed. In strumous children, the bones or cartilages may suffer after these diseases. There are some other causes of which time prevents the consideration, but the author could not lose the opportunity of mentioning the naso-palatine glandular disease described by his friend and colleague, the President of the Society, in the 1st vol. of the *London Hospital Reports*. *Treatment.*—Some points in treatment have already been incidentally mentioned. In every case local measures should be resorted to, and in the great majority constitutional remedies are indispensable. The first point is to clear away the discharges. Until this is accomplished, the diagnosis itself cannot be properly made. What can the most skilful use of the rhinoscope show on a surface covered with discharge or crusts? The use of the nasal douche and the syringe is then the first measure. This will probably have to be continued assiduously. At first common salt, chlorate of potash, carbonate of soda, or other saline, should be used in the proportion of a teaspoonful to a pint or a quart of tepid water. Other substances had also been used by the author, and amongst them chloride of aluminum. This gave fair results, but the best remedy was a permanganate. The comfort this gives to patients is remarkable, and under its persistent use, the membrane assumes a healthy appearance. It at once removes the fœtor in many cases, and this is all in all to the patient. A weak solution may be employed at first, gradually increasing it until it produces a little smarting, for it should not be forgotten, that this substance is a powerful caustic, one of the best and safest we can employ. Ulcerations and erosions may be touched with a strong solution or with a paste, and the whole membrane thoroughly and frequently washed with a weaker solution by means of the nasal douche, the atomiser, and camel-hair brushes. Mercurial lotions are used by some, but are not so effectual as permanganates, and the risk of absorption, after the recent case of a far more justifiable resort to the mineral, cannot be overlooked. Various powders by insufflation are sometimes effectual, though this mode of medication has serious drawbacks. Inhalation of vapours, especially that of iodine, is often of great value. Of course, small abscesses are to be opened, pieces of exfoliated bone removed, and other ordinary indications carried out. With regard to constitutional treatment, scrofula has already been mentioned. Anæmia and any cachexia may be present, and if so is of the greatest importance. Then as to syphilis. It must always be treated through the system. Some would use mercury for syphilitic ozæna, but the author does not employ it. Sir B. Brodie thought it hastened the separation of dead bone. Mr. Henry Lee had mentioned to the author some cases that benefited by calomel baths. The author would rather iodise than salivate. He gave iodide of potassium in large doses. The dose is to be measured by its effect on the disease, and the ability of the patient to bear it. Although iodide of potassium is mentioned as the constitutional remedy, because it is the most common form of administering iodine, one object of this paper, was to bring before the Society the value of other salts of the metalloid. The author had obtained important results in syphilitic diseases of the throat, nose and mouth, from other iodine salts. It is clearly not the potash which cures syphilis, and feeling this, he gave full trial to iodide of sodium. Soda is a constituent of the frame, and is always more easily assimilable than potash. The sodic salt is more pleasant to the taste. Weight for weight it contains more iodine than the potassic salt. It can frequently be taken by patients who cannot tolerate the more commonly used salt. When abroad, the author learned that his experience was corroborated in the Vienna hospitals. Iodide of calcium is also an excellent preparation. It is easily borne by the system, and much more agreeable to take. It may in fact be used as a substitute for table salt. It is really desirable that the profession should recognise that all the salts of iodine are not so unpalatable as the one in common use. A specimen of iodide of calcium was exhibited, which had been prepared for the author by his accomplished friend Mr. Tichborne, of the Dublin Apothecaries' Hall. It was when formed a beautiful crystalline mass, but had been broken up.

An interesting discussion ensued, in which the President, Drs. Semple, Leared, Hughlings Jackson, and Mr. Adams took part.

In reply, Dr. Prosser James stated, that the nasal douche he had recommended was the same as that mentioned in the discussion, viz., that devised by Dr. Thudichum, that he had spoken of the permanganates as a class, inasmuch as there were important differences between them; that the iodides of sodium and calcium were introduced, because though often used abroad, they had not been much employed in this country, while the iodide of ammonium since being introduced by Dr. Richardson, was frequently used.

Mr. Spencer Watson then read a case of

SKIN-GRAFTING UNDER CONTINUED IRRIGATION.

Dr. Thorowgood then read the following report of the Committee appointed by the Society, to examine Dr. Carpenter's two cases brought forward at the last meeting, and of which the history has already appeared in the Medical Press and Circular.

Notes of Examination of Dr. Carpenter's "Two Cases of Muscular Anæsthesia" by the Committee appointed by the Medical Society of London, November 17th, 1871.

Members Present.—Dr. B. W. Richardson, F.R.S.; Dr. Lockhart Clarke; Dr. Hughlings Jackson; Dr. Alfred Carpenter.

Invited.—Dr. Broadbent; Mr. Brudenell Carter, F.R.C.S.

The following points were fixed upon as the subjects of the report to be made to the Society:—

1. Facts ascertained by inspection.
2. The state of the cutaneous sensibility as shown by points at graduated distances.
3. As shown by electricity with carbon point.
4. The state of muscular contractibility and sensibility to induced (faradaic) and (galvanic) continued currents.
5. The degree of vascular resistance to freezing by ether spray.

In the case of the older sister, æt. twenty-eight, there was found on inspection a very marked lateral curvature of the lower dorsal spine to the left as described by Dr. Carpenter. In walking, the toes were turned in and the feet were thrown forward with a slight jerk and brought suddenly and heavily to the ground. She walked worse with her eyes shut. Says that when the eyes are shut she does not know whether she is in an upright position or not, but when the eyes are closed she could advance and draw back either feet, and know exactly where the feet were. Although she never walked without assistance under ordinary circumstances, she walked a short distance alone, and made one or two steps with eyes shut, she stood for some time the eyes being shut without falling. In these experiments she was assured by the observers, that she should not be allowed to fall. 2. Cutaneous sensibility as tested by points (Dr. L. Clarke), found to be about normal over back, and at various points on leg it was observed during the investigation that red spots quickly appeared where the points had been applied, and the mother stated that bites or stings of insects produced great irritation which lasted many days. 3. Cutaneous sensibility as tested by the induced and

constant current, with carbon points found to be normal (Dr. B. W. Richardson. Interrupted current at 8 points caused gentle sensation on outer side of thigh lost at 6 powers, on inner side 7 powers felt, not at 5. Continuous current of 30 powers not felt on outer part of thigh, and caused burning sensation at inner aspect, similar results from comparative experiments of Dr. Carpenter. Muscular contractility and sensibility tested by faradaic and galvanic electricity with moist sponges. Induced current of full power caused no contractions, and little sensation in muscles of calf or anterior aspect of leg, powerful contractions in muscles of thigh with some pain, but much less than in comparative experiments on observers and on muscles of arms of patients. Continuous current (15 cells), no effect on muscles of calf or front of leg, either on making or breaking contact, burning pain when contact made. Conclusions made by Drs. Richardson and Clarke, great impairment of muscular contractility ; no loss of muscular sensibility. This patient resisted powerfully flexion or extension of knee-joint.

CASE II.

1. Inspection.—Curvature of spine slighter and lower down ; stronger than her sister ; required guidance but not much support in walking ; gait unsteady and feeble ; no jerking of limbs ; says that when eyes shut she does not know whether she is in the perpendicular position or not, and would not know whether she were leaning on one side ; she walked the length of the room alone, and for about six steps with the eyes closed ; stood, for sometime with the eyes shut, the body swaying slightly to and fro ; can move legs into any position when eyes shut, and knows exactly where they are. 2. Cutaneous sensibility normal. 4. Muscular contractility much below normal standard, but strong induced currents caused decided contractions in the muscles of the calf and front of the leg. Experiments with ether spray. Case I.—Freezing took place on outer side of leg with 3 strokes in 2½ seconds. In Dr. Carpenter's 6 strokes in 9½ seconds. Patient's forearms, 8 strokes 8 seconds. Patient's thigh, outer side, 11 strokes, 15 seconds, Case II.—Outer side of leg freezing by 3 strokes in 2 seconds 75, repeated several times with similar results. Lower down above outer malleolus, 6 strokes in 10 seconds.

At the conclusion, DR. LOCKHART CLARKE remarked upon the obscurity of these cases, the symptoms were independent of the curvature. The muscular sensibility is not deficient, movements can be made every way with the eyes shut, one toe can be placed upon another, and the finger placed to the nose, the sense of gravity is also good, nothing is dropped when the eyes are shut. Hysteria is not alone a sufficient explanation. He recommended continued current, phosphates and stimulants.

DR. HUGHLINGS JACKSON said that to call these cases of hysteria, was begging the question. He had never seen similar ones, they were not cases of locomotor ataxy or disease of the cerebellum.

DR. SEMPLE thought the term progressive locomotor ataxy a good one.

DR. CHAPMAN thought the malady came under the term paralysis, asking what is hysteria ?

The PRESIDENT replied that he considers hysteria to be, "the more or less complete domination of all the emotions and the will by disordered sensations begotten out of undue vaso-motor susceptibilities."

DR. CARPENTER considered these cases hereditary, there were various instances in the families of nervous affections and spinal curvatures, but hysteria was not present in these cases, except, perhaps, in a case allied to the fasting girl. These were not cases of locomotor ataxy, there was no pain, no urinary disturbance, he had called them cases of "so called muscular anæsthesia."

DR. RICHARDSON did not like the term "progressive locomotor ataxy." In these two cases he did not make out any mischief in the central spinal system, there was some disturbance of the vascular system, pain is not produced in the muscle itself, skin is generally necessary to pain.

DR. LITTLE said that the connection between spinal curvature and change in the spinal cord was most interesting, there was weakness of the muscle and a twist, not to be explained by occupation or a bad position, the spinal cord was ill-nourished, the peculiarity of the young ladies was, that they did not improve under treatment.

At the conclusion, DR. CARPENTER thanked the Committee and the Society generally for their kindness and attention to these cases, saying that he would continue the treatment with the addition of the continuous current.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 6, 1871.

THE MASSACRE OF AN AMBULANCE.

OUR various articles on the medical aspects of the late war have excited attention beyond the profession. We are reluctant to make any remarks that may be construed into partiality or to revive controversies we would gladly see buried. But we cannot shut our eyes to the fact that an unusual degree of bitterness has been manifested by medical and scientific men, and that much of this is due to the infringements of the Convention of Geneva that took place. We know that war almost always brutalises those engaged and were prepared to hear of acts of cruelty even in this generation ; but it is well that they should be condemned, and those who are responsible for them should be aware of the public feeling of the civilised world.

An authenticated statement of the facts respecting the cold-blooded massacre of the Lyons ambulance was issued several months ago, in the form of a report to the Medical Committee for the Help of the Wounded, presided over by Dr. Chistôt, chief surgeon of the Third Lyons Ambulance. Although this report must have been seen by many in Germany it seems to have produced no effect in the way of expressions of sorrow or regret. We call the atttention of our German editorial brethren to the sad story, and, as a picture of the horrors of war, we publish Dr. Christôt's report unabridged, a most accomplished friend having placed at our disposal the following translation from the *Lyon Médical*.

GENTLEMEN,—Your committee has charged me to present a detailed report on the attempted massacre of the ambulance of the Saône-et-Loire. The documents received from various quarters by the committee have been deemed insufficient for ascertaining the whole truth, the more so, as in a report addressed to Mr. Verne d'Arlandes, the enemy endeavours to assert that there was no assassination, but a lawful and justifiable self-defence. I could not decline the painful task, not only on account of the many ties which bound me to several of the victims, but also because the ambulance of Dr. Morin and the 3rd Lyonese ambulance were on the same field of battle.

Knowing the importance which you attached to this mission, I began at once to collect all such facts as would serve at all to throw any light on this terrible catastrophe. Dr. Bouchacourt has been kind enough to furnish me with depositions of the highest importance, being all signed by members of the ambulance of the Saône-et-Loire. I have seen several of the medical staff of this ambulance, amongst others Mr. Cordier, house-surgeon to the hospital; have likewise received several accounts by post. But not feeling yet sufficiently informed, and not willing to neglect any means by which the truth could be brought to light, on the 18th of June, I set out for Dijon, from thence to Hauteville, accompanied by Mr. C. Brun, barrister, of Lyons, and Mr. Chenot, jun., barrister, of Dijon, to whom I owe many thanks for their kind and valuable aid. By these means I could obtain many more details than those I had already transmitted to you whilst your ambulance was still in the Côte-d'Or. Hauteville is a village to the north of Dijon, being about ten kilometres distant from that city. Its strategical position was important, its attitude being the same as that of Talant, from which it is only distant three kilometres by direct line. The possession therefore of this culminating point was of the highest military importance to the attacking army of Dijon.

On the 21st of January, between nine and ten o'clock in the evening, the two first battalions of the 3rd legion of the Saône-et-Loire, took up their positions at Hauteville. The ambulance of Dr. Morin was installed in one of the most spacious houses in the lower end of the village. This house belongs to a Mr. Callais, and is situated on the road which runs through Hauteville from south to north. The plan annexed to the report will dispense with a detailed description of this house and its appendages. One thing only ought to be borne in mind, and that is that its own situation, the position of its exterior yard, and the neighbouring house which faced the south of Mr. Callais's house, all united in making it an impassible point of defence against an attack from south to north as was that of the Prussian army. "At ten o'clock in the evening, in the most complete darkness, the battalion set out from the farm of Changey with the 2nd company (Captain Von Pulity) to act as van-guard, and marched towards Hauteville. As soon as the van-guard were within a hundred steps of the first houses of the village, it was received by a brisk fire." (Such is the report of General Franceschy, Dôle, 18th March, 1871; and how ridiculous and absurd would any contradiction of the fact be.)

The choice of the house was made more by reason of the total absence of any soldiers in the place, than by its interior arrangements, which, however, proved suitable to Dr. Morin. Callais house did not shelter a single bayonet—that fact was incontestible. All the depositions made by the members of the ambulance affirm it, and the evidence given by Mr. and Mrs. Callais is so strong that it puts the matter beyond doubt. One sergeant having entered the house, was obliged to quit it by Mr. Morin's request. The exterior court had likewise no troops in it (deposition of Mr. and Mrs. Callais, Messrs. Cordier, Fleury, de Chamvigy, Berland, Alacoque and Baudot). The ambulanciers of the Saône-et-Loire carried no arms whatever. Dr. Morin had several times strictly enjoined his assistants to fulfil to the letter the Geneva Convention, and had himself set the example by giving up the revolver which he usually carried about him to the Captain of his battalion. All wore the cross on the arm.

Two Geneva flags were hoisted on the façade of the house, one at the entrance door of the ground floor, the second on the first story. The flags were of large dimensions, and could be seen at some distance. Military action was to recommence on the following day, and our army too, trusting as before, was preparing to take up the defensive on the morning of the 22nd only. Towards ten o'clock a sharp fire surprised it; and a Prussian regiment advanced towards Hauteville following the road from south to north. Our Mobiles fell back on the same road answering the enemy's volley by a few shots.

Surprise rendered fighting difficult, and even impossible, so that there really was none. The enemy took possession of the village which could not defend itself. The Prussians entered Hauteville, and our soldiers unable to fight against superior force, quitted the village, and a general flight ensued. Such is the truth on the taking of Hauteville, which the Prussian report, with its usual propensity to exaggeration, has transformed into a brillant feat of arms. On this matter, too, all evidence coincided.

There was no fighting. One small fact, which, however, has its importance, will tend to prove it. All the southern façades of the houses in Hauteville were pierced through by the Prussian bullets, whilst the northern, which received the fire of the French, only show signs of a few projectiles; the traces of that unequal contest are still very visible.

It was also about ten o'clock that ten or twelve Prussian soldiers burst into the ambulance, of which the members were then in consultation as to what they should do. Some advised an immediate departure; others were opposed to it, declaring that duty bound them to remain at Hauteville, and that the buckler of the Geneva Convention would shield them from any possible atrocities. However all indecision was quelled when their attendance was required to a Mobile who was shot in the face, and to a child of fifteen (Eugenie Picamelot) who was mortally wounded. A Prussian bullet had passed through her chest, and the shot had evidently been fired very near, as it had only struck the unhappy child after passing through a thick door frame.

This first and innocent victim of barbarous aggression was lying in a recess of the large room where the members of the ambulance were then assembled. It was during the dressing of that wound that soldiers of the 61st Pomeranian Regiment (and not the 21st) burst into the house, notwithstanding the most energetic protestations of Dr. Morin, who showed the cross on his armlet and the Geneva flag, crying, "Feld-lazareth, feld-lazareth! Amboulance, amboulance!" "Charognes capout!" said the savages with an expression of incredulity and disdain. All the answer that our unfortunate chief Dr. Morin got was three thrusts of the bayonet. He fell; but, getting up immediately, he again repeated, "Feld-lazareth, feld-lazareth!" It was at this moment a bullet was fired which put an end to his life. It was then our turn to be attacked. They knocked us all down with the butt-end of their guns; those who were at all refractory receiving revolver shots. When my turn came I dropped down, and thus escaped being touched. Like all the others, I feigned death; but a soldier having crushed my fingers, I could not repress a movement. Seeing that I was not dead, they made me get up, and four bayonets were levelled at me. There was in the room a Prussian sergeant-major, who asked me whether I was not a sergeant-major. On my answering in the affirmative, they let me go without doing me any more harm. Milliat was dragged out of the room. He was made to turn his back two steps outside the door, when two shots were fired, and he fell down dead. Then it was Fleury's turn to be dragged outside, and I heard two shots fired and he fell; but in a few minutes he got up again, and I heard him trying to run. They shot again. I afterwards learnt that he was only wounded. Baudot only returned in two days time to Dijon to Dr. Chanut, honorary professor of the medical school, where Morin had been received with the utmost hospitality. "We had feared," said Dr. Chanut to me, "that the brave youth would have fallen a victim to his attachment for his chief. Great therefore was our joy when we saw him appear. He was wounded, and had his head bandaged. We could not restrain our tears at seeing his safe escape from the massacre."

The details which my obliging fellow-member gave me confirm all that is written in this report.

The following deposition is another sad proof of this terrible event. It is given by Mr. Fleury, medical student.

and infirmary-major in the 2nd battalion of the 3rd legion of Saône-et-Loire:—

"Remaining the last on my feet, I did not fall till I had received two blows on my head with the butt-end of their muskets and two bayonet thrusts in the left side, one of which only grazed my ribs. I lay bathed in my own blood and that of my comrades, who were all stretched on the ground, whilst the enemy proceeded to break open two cases of medicines and wound-dressings, all marked with the Geneva cross.

"After deliberating for a few minutes, the Prussians made one of us get up (I think it was Baudot, the officer in charge of the baggage), and dragged him outside. Then came my turn. When outside the door, I found myself facing a platoon of about twenty men in a line. I understood and wanted to go in again; but all had been foreseen, bayonets were behind me as well as before me. They made me a sign to advance. I did so without hesitation, and stopped at five steps distant from them with my arms crossed. I heard a report of fire-arms, and felt my left shoulder, near the neck, struck by a ball. Fortunately this second wound was not mortal. Thinking it wiser to feign death, I fell to the ground. In a few minutes I felt myself pulled by the leg, and, fearing to be finished off by bayonet thrusts, I got up, preferring to receive a shot which would at once put an end to my life. Then, suddenly changing my mind, with one bound I sprang into the yard. Two balls went whistling after me—one struck my cheek, the other only pierced my hat. That did not stop me from clearing the hedge which bounded the yard, and to reaching the gardens, from where I issued after scaling the walls. Then I crossed the vineries, and after two hours' painful march I reached Pouilly, then occupied by the French."

The horror of these details must not prevent my citing you the deposition of Mr. John Morin, of the infirmary. It is but another sad proof added to the preceding ones.

"I was standing near the door, when I received a blow which felled me to the ground. At the same time I heard the cries of my comrades, but the wretches drowned their voices by their inhuman shouts. When all had fallen, they came back to me, and brutally forced me to rise. In vain I besought those monsters to leave me the little life I had and to take me prisoner. Their answer were two more blows, which again felled me to the ground, and I then felt streams of blood gush from my mouth and nose. My head was cut from the forehead to the eyes, and as I was once more endeavouring to rise, another shot was fired my way. It missed me however, but struck Mr. Morin in the heart, and he fell down dead at my feet."

This sanguinary deed completed, they ate and drank in that same house. Callais' house was then given over to pillage. The soldiers penetrated into all the apartments, even into a kind of cellar, whither Mrs. Callais had dragged a man of the infirmary, in the hopes of saving him from the assassins. The unfortunate man was found, and brutally carried outside.

"I alone managed to escape from the massacre," writes M. Alacoque. "Seeing two women rushing down into a cellar, I followed them. In about five minutes' time the Prussians, thinking they had massacred all the ambulance, visited all the house. Five of them prepared to shoot me, pronouncing with rage the words 'revolvers, chassepots.' By dint of prayer and beseeching, they at last consented to make me prisoner. I could hardly stand up. Three of the Prussians helped me up the stairs, and forced me to cross the room which had just been the scene of the horrible carnage. I cannot describe to you the terrible impression which the sight of my friends bathed in their own blood made on me. I thought they were all dead. I now conclude by affirming most positively that no provocation, no discharge of fire-arms, was made from our ambulance, and no injury of any kind on our part. Nothing can therefore palliate the horror of the massacre of the ambulance at Hauteville, committed against all rules of the Geneva Convention." (Deposition of M. Alacoque.)

A servant of Callais' house, a child of 17 years, was taken prisoner, and, notwithstanding the most active steps being taken, no intelligence has been received of him. On the 18th of June, the day of our inquest, they were still without any news of his whereabouts.

This scene of butchery had occupied about half an hour, at the end of which the Prussians quitted the room, having first taken the precaution of placing a sentinel at the door. The assassination had been committed amidst frantic hurrahs!

Madame Callais then came in. She found Morin's corpse lying near the clock; one of the infirmary was lying near the cupboard, two others were stretched on the ground between the recess and the door. All three were more or less seriously wounded. A fourth was hid behind a bed and made his escape; thanks to some clothes lent him by the master and mistress of the house. "Everyone hid or escaped as best they could," writes M. Berlaud. I managed to glide in between the footboard of the bed, where the young girl was lying, and the wall of the recess. Only a curtain hid me from sight, and I cannot understand how I contrived to escape their search. From there I could hear the cries of the unhappy victims, and could distinguish the voice of my unfortunate friend Dr. Morin, who, in falling to the ground, branded his murderers with the name of assassins. It is impossible for me to analyse the circumstances of this terrible scene.

All that remains on my mind, is a confused mass of recollections, and a horrible smell of powder and blood. Neither could I tell you whether there was a chief among them. All their helmets were alike, without a sign of distinction on any. The butchery ended, the murderers left the apartment and in a few moments the inhabitants of the house entered to render assistance to the young girl. I left my hiding place and beheld all the victims lying in pools of blood. At the foot of the bed lay Messrs. Champingy and Dheret moaning gently. They had been left for dead. I took farewell of them, thinking never to see them again.

Milliats' corpse was stretched in the yard near the pump belonging to the house. All the canteens of the ambulance had been forced open and emptied, nothing was respected, not even the bandages for the wounded. Mr. and Mrs. Callais sat down by the fire and spent the night with the victims. Some Prussian soldiers, in the presence of an officer, stripped Mr. Morin and his assistants. From one they took a gold watch and a purse. On Mr. Callais observing that these unfortunates belonged to the ambulance and ought to be respected—at least after death, the officer answered: "It is our right, and it will help to enrich the company." The valise belonging to the surgeon-major, and containing all the ambulance funds, was likewise sacked. Having kept our surgeon's accounts, I estimate the sum thus stolen at 1,500 francs. (Deposition of M. Berlaud.)

Mr. Morin's portfolio, evidently forgotten or overlooked by his enemies, was found by Mrs. Callais; it was thrust through with a bayonet. It was whilst he was lying senseless that these wretches sacked him and took all they could find. His shoes were the only things which they could not manage to pull off.

Next to Mr. Callais' residence, in Eugenie Picamelot's house lay an officer at the point of death, the brave commander of the battalions, Braconnier, chief of the 1st battalion of the 3rd legion of the Saône-et-Loire. He, too, was brutally stripped of everything—even his clothes, by the unscrupulous soldiers of Major Von Erckert.

These arts of refined cruelty and cupidity will easily account for the following passage, taken from a report of the General Franceschy. As usual, the German heroism and want of sincerity and honor are shown once more by the most glaring evidence. Towards midnight the affray in that house was terrible. About eight men of the enemy were killed. After this resistance had been

mastered, and the building taken, it was discovered, *after a most minute inspection*, that several of the dead and wounded wore the red cross on the arm ; and later on was seen the Geneva flag floating from the roof of the house. In the meantime Major Von Erckert made his appearance, and immediately had the matter investigated (now we know the nature of this investigation), which resulted in the following declarations : " Firstly. During the contest the corpses had been carried away, and the inhabitants of the place had taken in the wounded, so that it was impossible to ascertain whether two French doctors were among the dead, as also the number of individuals with the red cross on their arm, who had been killed or wounded unawares."

[Surely such a report needs no commentary !]

" Secondly. It is also impossible to ascertain whether the individuals with the red cross had carried arms or made use of them at all. Indeed, it is affirmed, that on the first floor of the house mentioned, and particularly near the spot where the corpses of the two doctors were found, a sharp fight against armed men had taken place, and also that a quantity of discharged fire-arms and amunition were likewise found." (Report of General Franceschy, Dôle, 18th March.)

We owe, however, one extenuating circumstance to these assassins, and that is: that during our sojourn in Dijon, the French authorities arrested several Prussian spies bearing the insignia of the Geneva cross, and more than once members of the 3rd Lyonese ambulance had picked up on the field of battle cartridge boxes containing the red crosses as well as the amunition.

But let us go back to that night of agony. " I passed the night," said Mr. Callais to me, " in mortal fright, knowing that a movement, a word, or a groan, would entail worse evils on us. The murderers showed an odious cynicism, watching their unhappy victims with unceasing vigilance. More than ten times did they return to see if some of the young men gave any signs of life ; approaching the flame of the candle to their faces, or giving another blow with their guns, or crushing their fingers beneath their heel. Each time they left the room, I found great difficulty in stopping the groans of the poor sufferers. One of them begged of me to give him drink, which I was obliged to refuse for fear of betraying him, as the sentinel could see all that was passing in the room. About two o'clock another soldier came in ; finding that one of the attendants of the infirmary was still alive, he pulled out his sword to put an end to him, but probably being too great a coward to do the deed alone, he went out and returned with four of his comrades, who fortunately happening to be rather less inhuman than himself, prevented him from accomplishing his bloody design. Three hours after the massacre a superior officer entered the house, and seeing the people of the house in tears, he asked them the cause of it. They answered by pointing to the poor wounded girl, and the dead bodies of the doctors. " You ought to consider yourselves fortunate, replied the officer, that I have not had you killed with the rest, for wherever I have passed I have killed every one." He also accused us of having fired at his soldiers. On our solemn assurance in the negative, he said, " If you had had any franc-tireurs I should have set fire to the whole village." The soldiers being present, their chief almost praised them for their deeds. Being asked what was to be done with the unfortunates who were lying in death-agony on the floor : " That regards me little said he, now that they are shot, it is no more my affair." However, on the repeated instances of the inhabitants, this soldier of humanity promised to send his doctor to attend on the suffering girl. The latter at last put an end to this heart-rending scene, says Mrs. Callais, by delivering the unhappy victims from the homicidal vigilance of the sentinels ; and at half-past eight in the morning the dead bodies of the two doctors were carried to the cemetery. This Prussian doctor was the only individual worthy of the name of *man* among all those savages, says M. de Champingy ; it was he who saved our lives.

Mrs. Callais had hardly finished her deposition, when her husband came in, and his account of it tallies exactly with what we have written.

The debt contracted by the victims towards the Prussian doctor was promptly acquitted, for on the following day (the 22nd) the victorious army of Dijon took prisoner a Prussian ambulance at the farm of Changey. In the ardour of retaliation which the atrocious deed of the preceding day almost justified, the Prussian doctors ran a great risk of their lives. But your 3rd ambulance, under the protection of which the prisoners had placed themselves, was wise enough to avoid the shedding of blood, and a second violation of the Geneva convention. I must bring to your notice the courage and energy evinced under these perilous circumstances by my friend Dr. Bernheim, and which merits praise.

On the 25th of January, whilst the cannon was roaring from St. Apollinaure, I sent Mr. Chambry and a van to Hauteville to accompany the parents of Mr. Morin, and aid them in their sad task of exhumation, for the corpses had been buried without coffins; the victims' boots had been pulled off and the pockets of the uniforms emptied and turned inside out. Milliat still had his képi, both wore the Geneva cross. The following are the notes taken down by Mr. Chambry at the time of exhumation: "*A. Morin, Major of the Ambulance of the Saône-et-Loire:* A bullet in the upper part of the abdomen ; a sword-cut on the left side of the head ; a fracture of the skull caused by a blow of the butt-end of a musket ; several bayonet thrusts in the left side ; in all six wounds. The limbs of the corpse are shrunk, the fists closed, and the face contracted, as is the case with those who have suffered much before succumbing."

" *Milliat, aide-major of the Ambulance of the Saône-et-Loire*: A bayonet thrust in the right breast ; a bullet in the left lumbar region. The outward appearance shows that death must have been immediate." At ten o'clock on the 26th inst., we paid the last funeral obsequies to our unfortunate colleagues. The procession started from the hospital whither the bodies had been brought. The commander of the battalion of Charolles, Dr. Jeannin, surgeon-major of a battalion of the Saône-et-Loire, another doctor from the same battalion, and myself held the corners of the pall. The troops stood in lines along the road where the funeral procession passed. Dr. Favre, delegate of the Society for the Help for the Wounded, and several military ambulances chiefly composed of the friends of the victims, followed the bier. Your 3rd ambulance also assisted at the ceremony ; none were missing. Milliat's body was interred in the cemetery, whilst Morin's was taken to the station, from whence it was conveyed to his family. Before separating, I could not help saying a few words of farewell to our colleagues, and at the same time adding an energetic protestation. The day preceding the funeral we had decided to abstain from all passionate appeal, in order not to excite the people's feelings. But on seeing the sad procession, the coffin, and the tears in all eyes, our resolution gave way, and I felt but a poor interpreter of the people's feelings when reading the following farewell speech : "Gentlemen, —I know that death loves silence, and that it seems but ill-advised to speak passionate words when standing by an open grave. But the crime which brings us now together, is of so cowardly and atrocious a nature, that we find it impossible not to protest with our utmost energy ; for never have the laws of humanity or the grand and generous principles of the Geneva Convention been more cruelly and unworthily violated and trampled under foot. I therefore loudly protest against this conduct in the name of our society, of which Morin and Milliat were distinguished members ; in the name of the large Lyonese family, of which we are the representatives, and which is now weeping for its dead martyrs ; and in the name, too, of their friends, who are now standing around the

grave, and whose falling tears testify beyond all speech the bitterness of their loss, and the horror of the assassination. Farewell my friends, your names are spoken throughout the whole of indignant Europe, but nothing can console us for our loss. Farewell, you will always live in our memory and our hearts, as heroes of duty and patriotism."

Now gentlemen, I have finished the task which you imposed on me. I have tried to fulfil it faithfully, speaking the truth only, and avoiding the expression of feelings which are but too natural. The truth is a crushing one to our enemies, who only remained at Hauteville as cowardly assassins; the hypocritical veil which the Prussian report tries to throw over it, rendering it only all the more odious and cynical.

THE GOVERNMENT AND THE TEA FRAUDS.

As the use of diplomatic speech has been truly described as the concealment of the opinions of ministers, so may diplomacy itself be described as the art of avoiding the duties of administration and government whenever such duties are inconvenient. Councils, Committees, and Governments, give as much thought and consider it as much their business to find out legal or practical corners behind which they may hide whenever they happen to be pursued by importunate reformers. Of course, amid the delightful incomprehensibilities of Acts of Parliament and official regulations, there is seldom any trouble in finding a barricade behind which the beseiged administrator may fortify himself.

As it does not suit the present Government to fall out with trade adulterators, or with the shopkeepers who vend a fourpenny mixture of iron filings and caterpillars filth as "Moning" tea at 2s. 8d. a pound, the long tried ingenuity of Government officials is being ransacked to find some sort of an excuse which will pass muster as a reason for allowing this special form of trade roguery to go on.

The *Pharmaceutical Journal* informs us that, at the meeting of the City Commission of Sewers on Tuesday week, a report was presented from the Sanitary Committee on the subject of the seizure of spurious tea, which well illustrates the present defective state of the law in reference to the adulteration of food. It stated that, upon a full consideration of the circumstances of the most recent seizure, the Committee did not think it expedient to take legal proceedings against the offenders,—experience in past cases giving them little encouragement to do so. They were of opinion that the traffic could be stopped only by the officers of Her Majesty's Customs, and that no local sanitary authority, even if armed with fuller legal powers, would be able to deal with it successfully. They had written to the Secretary of the Board of Customs on the subject, who told them that the officers of that department were not empowered to seize and destroy tea, whether spurious or not, even upon a certificate that it was unfit for human food. They then had an interview with the President of the Board of Trade, who intimated that the Board had no power over the Customs, and referred them to the Lords of the Treasury. They next had a conference with the Chancellor of the Exchequer and Sir Thomas Fremantle, the Chairman of the Board of Customs, but with no better result; both those gentlemen being of opinion that even with qualified inspectors locally appointed, the Customs could not be entrusted with such powers as those suggested, and that such powers if used would have a very injurious effect upon trade, and divert a large amount of business from this country. The Chancellor of the Exchequer considered that nothing further could be done without an express Act of Parliament, and that any application to the Government to introduce such a measure, which probably would not pass, should be made either to the Home Secretary or the Local Government Board. The Committee concluded by expressing regret that there seemed no means open for adoption likely to put a stop to a trade so injurious to the health of the community. The Report of the Committee was approved and ordered to be printed and circulated among the members of the House of Commons and of the Corporation and of the various sanitary bodies in the Metropolis.

After what we have heard from Mr. Bright as to the perfect legality of trade deceptions, and with the knowledge we possess of the importance of the shopkeepers' vote to Mr. Gladstone, it was hardly necessary for the Commission of Sewers to run the gauntlet of five public offices, in order to ascertain that the present Government will do nothing except discourage and obstruct every effort to enforce commercial morality. We find it hard, however, to believe that the law is really so defective. Would it not be possible to settle the question by prosecuting the sellers of this spurious tea and others, proceeding from the retailer to the merchant, lay our finger on the real culprits who are, no doubt, living like princes, and, mayhap, entertaining officials with appropriate splendour on the strength of their profit of eight hundred per cent.

SCOTLAND.

THE LADY STUDENTS.

THE opinions of counsel have been published as follows:—

Copy of Certain Additional Queries submitted to the Lord Advocate and Sheriff Fraser on the former Memorial, and their Opinion thereon.

Queries.

Whether the Senatus, University Court, University Council, and Chancellor had collectively the power of granting to women the permission to matriculate as students, as they did in 1869, and whether the regulations issued officially (November 12, 1869) are valid as regards such matriculation?

Whether the medical professors are exonerated from obligation to teach in some way or other all matriculated students by the fact that in clause three of the regulations quoted above it is merely stated that they "shall be permitted to have separate classes for women?"

In case such women as are matriculated students of medicine in the University are refused instruction by individual medical Professors, what is their legal mode of redress, and against whom should it be directed?

Opinion.

We are of opinion that the University Court, in virtue of the power conferred upon it by the 12th section (2) of the Act of 1858, have power after communication with the Senatus, and with the sanction of the Chancellor, and after the University Council have considered the subject, to grant permission to women (as they did in 1869) to matriculate as students, and the resolutions of the Court in that year are valid.

The University Court having statutory powers to "effect" improvements in "the internal arrangements of the University," and it being within their power under this enactment to allow women to be educated at the University, and to takes degrees, and the Court having resolved (with the necessary sanction), on 12th November, 1869, that "women shall be admitted to the study of medicine within the University," we are of opinion that this resolution must be carried out in good faith and obeyed by the professors. The third resolution of the University Court, of November, 1869, which "*permits*" the professors to have separate classes for women, in no way derogates from the resolution of the Court that women "shall be admitted to the study of medicine."

We are of opinion that the University Court can compel by action the medical professors to obey the resolutions of November, 1869, by holding separate classes for the education of women. With respect to the title of the women, we think that those of them who have matriculated and passed the preliminary examination have a title, and may enforce their rights by action. The proper form of action is, we think, a declarator against the professors refusing to obey the resolution of the University Court, with petitory conclusions to the effect that they should be ordained to hold separate classes for the instruction of the pursuers, they receiving their due remuneration.—The opinion of

(Signed) G. Young.
" Patrick Fraser.

Edinburgh, 13th November, 1871.

ST. ANDREWS UNIVERSITY COUNCIL.

The half-yearly meeting of the St. Andrews University Council was held in the University Hall last Thursday. Dr. George Lees presented a report, agreeing in the main with those of the Council meetings of Edinburgh, Glasgow, and Aberdeen, at which the suggestion has been made that a Royal Commission would be required to adjust questions connected with the universities, in reference more particularly to curricula or systems of studies suited to the capabilities and prospects of young men preparing for the varied pursuits of practical life. A Royal Commission, the committee believes, would be the best and speediest way of settling all questions now agitating the University Councils of all the four Universities. The committee respectfully suggest that the University Court of St. Andrews following the example of that of Edinburgh, should give greater publicity to their proceedings, either by making half-yearly statements to the Council of what they have done, or sending an extract of their proceedings to the newspapers, as is the practice in the Universities of Edinburgh and Aberdeen. The report was adopted.

Royal Medical Society of Edinburgh.—The following gentlemen have been elected Presidents of the Royal Medical Society:—E. Willis Way, M.B., &c., Adelaide, South Australia; Lewis Shapter, B.A., Cantab., Exeter; Henry C. Martin, M.B., &c., Surrey; Arthur J. M. Bentley, M.B., &c., Devonshire.

Dundee.—Sir David Baxter, Bart., has intimated his intention of erecting a convalescent hospital in connection with the Dundee Infirmary, to contain from fifty to sixty beds, and so endowed as to defray the requisite expenses.

Notes on Current Topics.

Jenner Memorial.

At Berkeley, in Gloucestershire, where Jenner was born, lived, and died, stands a noble old church, in which it is proposed to erect a window to the memory of the man who has done so much for his fellows. The committee list is headed with the names of three earls, and as £500 is the modest sum asked to complete the design, we should think and hope there will be no difficulty in the way of those who have undertaken the carrying out of this graceful act.

Poisonous Disinfectants.

Owing to the prevalence of small-pox in Wolverhampton, as reported in this Journal a fortnight since, disinfectants have been used in the town to an enormous extent. In some of the workshops, men have become exceedingly sick and unable to follow their occupations, whilst not a few domestic animals have succumbed to the disinfecting powder used. The subject deserves investigation.

Bromides in Epilepsy.

Sometime ago Dr. Lutz stated in the *Berliner Klinische Wochenschrift*, that he had employed bromide of potassium in ten cases of epilepsy with good results. In three patients the attacks were entirely suspended for six months, in the remainder they occurred in much greater intervals. Lutz began with 1-3 grs. *pro die*, and increased gradually up to 10-20 grs. daily. The author found especially good results from the combination of the bromide of potassium with the bromide ammonium. This seems to him a fresh proof that the bromine is the active principle. Also in nervous headache the bromide did good service. One case of enuresis nocturna was promptly cured."

The *Medical Cosmos* says "the bromides of sodium and iron may be often combined or substituted with advantage in this and other disorders."

Vaccine Matter Preserved for Years.

Dr. D. B. Hillis, of Keokuk, Iowa, writes to the editor of *Chicago Pharmacist*, as to the efficiency of the plan of preserving vaccine virus between layers of the red rubber used by dentists, "for several years past I have used no new matter, but have, for the sake of experiment, drawn from the stock originally put up as described. I have always found it effective, though no care whatever has been taken as regards temperature. Last week I successfully vaccinated a patient from a crust which had been lying about my office in rubber for *twenty-seven* months."

Chlorine Water.

A simple method of preparing chlorine water is described by Mr. R. Rother "by pouring into a quart bottle four fluid ounces of solution of chlorinated soda previously mixed with twelve fluid ounces of water, and then diluted chlorhydric acid by gradual addition until, firstly the carbon dioxide has been liberated and expelled, and secondly, the available chlorine has all been set free and absorbed by the water, aided by frequent agitation. This product seems to be more permanent than the officinal article, as it retains the powerful odour of chlorine for a considerable time even in bottles partially filled, if they are kept cool and excluded from the light."

Inoculation as a Preventive of Small-pox.

Dr. E. J. Beall (*Med. Archives*), writes that in 1866, in Brazos Co., Texas: "I had to treat eighteen or twenty cases of small-pox. There were no cases nearer than Millican, twenty miles distant. A man or two went down—a *calico* dress was bought and taken on the place, and the wife of the man who bought the dress, twelve days after its purchase, was taken with small-pox, and the number of cases mentioned occurred. The woman who was first seized had not been off the place for twelve months. Indisputably the cotton dress was the means of introduction. I subsequently learned that a case existed

in the rear of the store in which the negro bought the dress. No vaccine virus being obtainable, in the face of a State statute I inoculated, after a time, from the first case, isolated the farm, and one death was the mortality in the whole number of cases. I am satisfied with the inoculation, &c., in the cases."

The Editor of the *Medical Cosmos* remarks upon this statement as follows:—"In our student days we read an account of some experiments which made a deep impression upon us. It was to the effect that a German, by the name of Lichstentein, we believe, had taken the pus from a tartar emetic pustule and inserted it into the arms of divers persons, children and adults of both sexes, with the result of causing a pustule having similar anatomical characteristics as the true vaccine pustule, and what is still more wonderful, affording the same protection against small-pox as vaccination in the regular way. Now, this may be fact or mere fancy, but in lieu of the usual protection under such circumstances as the above, it would be right to give the people the benefit of the doubt and practically test the correctness of such observations."

Chloro-Acetic Acid in Fibrous Growths, Etc.

Dr. W. H. Atkinson says (*Dental Cosmos*), this agent "has a strong affinity for dead connective tissue, epithelial scales, indurations, warts, and fibrous growths. For correcting unhealthy and brawny faces, for which 'enamels,' 'bloom of youth,' &c., have been resorted to to such an execrable extent, and producing a beautiful skin, these acids, judiciously used, stand unrivalled, dissolving off the old scales, and favouring the growth of a new supply."

Sham Diploma Practice.

The almost impossibility of bringing illegitimate practitioners to justice under the powers of the Medical Act has been again illustrated. Last week, a chemist named Lakin was charged at Leicester Town Hall with wilfully and falsely pretending to be a duly qualified medical practitioner. It was given in evidence that the prisoner kept a shop as unlike a chemist's, and as like a surgery as possible. On his door-plate he styled himself "Dr." Lakin, and issued a death certificate signed, W. Lakin, M.D. (U.S.)

For the defence, a diploma from "the Eclectic Medical College of Pennsylvania" was produced. Respecting this document,—

Francis William Crick, of Bedford, "eclectic" practitioner, said he was a member of the College of Pennsylvania. That was a College in the United States, having authority to grant diplomas in medicine. Had *not* been in Pennsylvania. There was a board of examiners in this country communicating with them. He was not on that board. Had had correspondence with Dr. Buchanan, and knew his handwriting. The handwriting on the diploma produced he knew was the handwriting of Dr. Buchanan. They could be examined by a board of examiners in this country without going over to Pennsylvania. Had been himself examined by the board in this country. The result of the examination was transmitted to Pennsylvania. (Cross-examined:) There must be a personal examination. The preliminary branch of education he went through was *general English*. He went through his preliminary education at Bedford. The board of examiners sent to them questions by post, and *they filled them up at home*, and transmitted them to Dr. Payne, of Leeds. They were examined at Leeds in surgery, anatomy, and obstetrics. Witness was under the tuition of a competent preceptor for over three years. *Did not personally know any preceptor.* Never saw the doctors before whom he passed his examination in his life. It was not necessary to be three years under the tuition of a medical preceptor, nor was it necessary for them to go before the medical examiners. He was before the board in Leeds in 1867, but did not know who they were. *Could not tell the justices one question they asked him, either in surgery or botany.* Could not tell them what he paid for his diploma, but it was a considerable sum. Was sure it was more than £10. It was something between £10 and £100.

The magistrates reserved their decision until Friday week.

Chemical Treatment of Disease.

A brief article in our issue of Sept. 12, seems to have given offence to the gentleman whose views we reported. Dr. C. B. Hall, of Toronto, had published a paper on "Consumption" in the *Canada Lancet* which formed the subject of one of our "Notes on Current Topics." Dr. Hall replies to that note in the new number of our contemporary as follows:—

Sir,—I would not call your attention to the flippant remarks of the 13th September number of the Medical Press and Circular on my paper on "Consumption" published in the *Canada Lancet* a short time ago, if this were not the particular season when medical students are mostly undecided as to the relative importance of different schools in granting degrees in their profession, and to show, from this circumstance, how much are our own country schools in advance of their forefathers. For the former would have given "happy Dr. Hall" credit for a medical practice taught by the first men of Europe for twenty years or more, nor would they have applied the term "faith" as illustrative of that which has been the subject of perfect demonstration. The chemical theory of consumption attempted to be ridiculed is taken from Professor J. Hughes Bennett's work on "Tuberculosis," published in 1853; the use of chemical agents in the treatment of disease generally, and particularly of pneumonia, from Liebig of a little earlier date; the application of fats, as used in the prescription referred to, from the discovery of M. Pelonge, who states that animal oils at an elevated temperature are resolved into their respective acids, and can in this state be brought into the general circulation. My reasons for giving the preference to butter over other fats is fully shown in the October number of your journal. For the further chemical changes in the animal economy, such as starch into sugar, and of its being checked in diabetes, as well as the change of lithic acid by this same chemical process into hippuric acid, I appeal to the distinguised names at the close of my paper,—viz., Lehman, Jones, Garrod, Ure and others. One most important mistake as to the use of fats I wish to correct. "He expects the *good derived* from cod-liver oil will be equalled by any fat properly given." This is not my meaning as I would have it understood. What I do mean to say is, the reason *no good* of any consequence has been derived from cod-liver oil, or any other fat, is owing to its not having been *properly given*, but in such unprepared form as to allow of its combining with the alkalies of the system, and conversion into soap.

C. B. Hall, M.D.

We regret to have annoyed Dr. Hall, and do not think our remarks deserve his anger. They were founded upon a very careful perusal of his paper, which we found very interesting, and did not wish to "ridicule." We did,

however, intend in the fewest words to imply that we had not the faith he appears to have in the power of chemical treatment to cure consumption, diabetes, pneumonia, &c. We are happy to accept his explanation respecting cod-liver oil, and agree with him that one of the elements of success with it is to see that it is properly given.

We were quite familiar with the writings of all the authors cited, but we do not think any one of them would look upon the cure of disease as a matter of "certainty" which seemed to us the gist of Dr. Hall's paper. All we can say is that if he always has that certainty we were justified in calling him "happy." We should ourselves be happy indeed in such a case.

An Indian Lunatic Asylum.

THE following startling statements from the *Pall Mall Gazette* demand immediate investigation :—

"An Indian paper which has been forwarded to us contains an account in great detail of the treatment of the inmates in the Bhowanipore Lunatic Asylum of the Government, near Calcutta, so shocking that it cannot be passed over in silence. It must be earnestly desired that some part of it, at least, may be disproved. Condensing the narrative, it appears that the asylum consists of a fine hall, standing in well-kept grounds; the hall formerly used for patients being now devoted to the occupation of officers and their families. Around the compound are huts or cells, in which are placed European lunatics. 'These abodes resemble our stabling for horses, containing the usual space so allotted.' Each cell, it is said, has an iron grating before and behind it, and there are grated openings between the cells. The only furniture is an iron bed and bedding, and at night a black blanket is served out; sheets and pillow cases are thought too costly. An hour or so before daylight each patient is unlocked by the Mahommedan keepers, and the patients are marched off, one and all, stark naked, and placed under the heavy waterfall from a large tank. 'Thus refreshed or stunned as the case may be,' they are marched back to their cells, there to put on their clothes. This done, 'half a pint of liquid termed tea, with half an ounce of bread,' is given to each patient; they are then paraded and complete their toilette under the trees, and breakfast on tea and bread-and-butter at 8-30 A.M.; and at 10 A.M. a gong sounded at the front gate announces the approach of the Burrah Sahib, an elegant equipage dashes in, 'a few hasty words are spoken to the assistant-superintendent, and thus ends the daily labour of the highly paid superintendent.' Very many patients from month's end to month's end, it is stated, never hear the doctor's voice. Upon his departure the patients are immediately returned to their night quarters, to fight out as best they can the irksomely long days, without the slightest recreation or amusement. No such thing as a punkah is known there; during hot seasons the heat is described as truly intense, the air being shut out by the dense surrounding plantations and shrubberies and high walls enclosing the patients' cells. The tedious days are succeeded by nights which 'are simply horrible,' many having to battle with rats and vermin of all kinds; mosquitoes and sandflies abound in millions, and having no other seat but the bricked floor, and 'no other bed or bedding but a black rough blanket,' the situation of the European lunatic in his cell at Bhowanipore is described as 'distressing.' The midday meal consists invariably of a small plate of rice and curry and stew; which might suffice, it is said, if the patients were not habitually robbed by their Mahommedan keeper. The hardships especially complained of are, it seems, of comparatively recent growth. A few years ago the centre building was used as the place of daily meals; the hall was lighted up in the evening, and the patients admitted to amuse themselves; a well-furnished library was at the disposal of the inmates; convalescents were gathered at divine service on Sunday in the chapel in the general hospital compound, and the friends and relatives of the lunatics were allowed to correspond with them, and encouraged to furnish them with the means of alleviating their affliction. All this, it is alleged, has been changed since the removal of Dr. G. Butler some seven years ago. Not having the means of directly verifying these published statements, we can only give them for what they may be worth, in the hope that they may be thoroughly investigated."

Royal College of Physicians of London.

A CONCESSION has been made to the licentiates of the College who are henceforth to be allowed the use of the reading-room. This is what we were the first to mention as likely to be granted. There is, however, one more thing to which we invite the attention of the Presidents—the condition of members. On the one hand, the fellows who have a share in the Government seem to monopolise all the honours and they have a reading-room of their own. Now the *Licentiates* are to be admitted to the reading-room hitherto reserved for *Members*, but these last are not to have the privileges of Fellows. Now what is to become of members? who, after all, are pure physicians, while licentiates are general practitioners. We think the only course is, to promote a larger number of members to the Fellowship.

Evolution.

IT is not often that a sermon is devoted to the defence of science. The Rev. Geo. Henslow, M.A., Lecturer on Botany at St. Bartholomew's Hospital, has, however, preached on "Genesis and Geology," and in the course of his sermon, just published by Mr. Hardwicke, put forth "a plea for the doctrine of evolution," which we have great pleasure in commending to the attention of our readers. Mr. Henslow maintains with great power that the works of God cannot contradict his word, and that Revelation and Science are therefore as one, nay, more, while science brings to light the hidden treasures of 'physical truth,' her votaries, he tells us, rejoice that each new truth established has, in turn and time, met with a responsive echo from the word of God."

The Dublin Pathological Society.

THE adjourned meeting of the Pathological Society will assemble on Saturday next for election of Council. We hear that a very large meeting of the members was held last week in the rooms of the University Choral Society to consider the steps to be taken in reference to the constitution of the Council and other essential reforms. We refrain for obvious reasons from recording the proceedings at that meeting, but we are satisfied to know that a feeling has been aroused which can only be met by the complete and much needed rejuvenation of the society. There are many details to which the Society cannot apply itself, and which if they are omitted from the calculation will prejudice the effect of the revolution. We earnestly hope, therefore, that the members will take care that the reconstitution of the Council in whom the regulation of these details will be, shall be thorough, and that progressive, large minded and liberal men shall have a distinct majority in it, over the inevitable admixture of representatives of a narrow and obstructive policy. Nothing will serve the Society so much as freedom of expression and

opinion, and if it is to prosper in the future it must be thoroughly emancipated from the "huggur-muggur" which has hitherto involved its proceedings.

Chicago College of Pharmacy.

THIS college, which had become one of the most prosperous and important educational bodies in America, has lost its all in the great fire. They have lost their library, museum, apparatus, and the whole stock of their organ, *The Pharmacist*. The value of the above was estimated at £2,000. There was a partial insurance, but unfortunately it was in a Chicago office, and worth little or nothing. We believe there is already a committee appointed in London, which includes the President of the Pharmaceutical Society, the ex-Lord Mayor of London, the President of the Pharmaceutical Conference, and some influential scientific men with the object in view of helping this institution in its hour of need, and when we consider the important bearing such an institution would have upon the Great Western States of America, we have no doubt about the hearty response this appeal will receive in this country.

We have been requested to state that, any contributions from our subscribers in Ireland, such as specimens for the museum, of chemicals, drugs, apparatus and books, will be taken charge of by Mr. C. R. C. Tichborne, of Dublin, and forwarded to their destination in the name of the donors.

Lunacy in New South Wales.

ACCORDING to the latest lunacy statistics of New South Wales, there is one insane person to every 391 of the population. Of the 1,300 insane nearly two-thirds were males, and about one-fourteenth were of the convict or criminal class.

Phthisis in Melbourne.

BY the last mail we have further statistics in confirmation of our recent remarks as to the prevalence of consumption in some of the antipodal regions hitherto believed to be almost, if not entirely free from this scourge. The figures are as follows :—

"During the four weeks ending the 8th September, 30 deaths (exclusive of those of natives of the colony), took place in the Melbourne Hospital—14, or 47 per cent., of which were aoccsioned by phthisis—11 of the persons who died of consumption had respectively resided 5, 8, 11, 15, 3, 22, 10, 18, 19, 16, and 14 years in Victoria, or an average of nearly 11 years each ; and 3 had arrived in the course of the present year."

A new Remedy for Leprosy.

THE civil surgeon of Furreedpore, India, Mr. Bose, is reported by the *Homeward Mail* to have discovered a remedy by which he has saved many lives. It is the production of the Kurchi tree, whose seed named Indrajab, is said to possess the extraordinary virtue claimed for it by Mr. Bose.

DR. ALDIS, the district medical officer of the Board of Health, has paid a visit of inspection to the Royal Orthopædic Hospital, and has expressed his entire approval of the new system of ventilation, and other alterations for the improved sanitary condition of the building.

THE opening meeting of the Surgical Society of Ireland will be held at the Royal College of Surgeons on Friday next.

DR. MASSEY has addresed a letter to the *Derby Reporter*, exposing the condition of the tenements of the Derbyshire peasants, which should nerve the great proprietors to immediate action.

DR. THOROWGOOD has been appointed lecturer on Materia Medica, at the Middlesex hospital. We congratulate the authorities on having secured such a valuable addition to the staff.

THE Medico-Psychological Association of London will meet this (Wednesday) evening at 32 George street, when Dr. Maudsley will read a paper on the question—"Is Insanity on the Increase?"

IT is announced by the *Medical Times* that the Council of the London College of Surgeons is about to revise and improve their examination for Dental Diplomas. The new examination is to be partly written and partly *viva voce*, and more practical in its character than heretofore.

THE subject of essays for the gold medal of the Dublin Pathological Society next year has been declared by the Council to be "The Diagnosis and Pathology of Injuries of the Thorax, and its Contents." The adjudication will be made in April.

OUR advertising columns last week recorded the presentation of a well-deserved testimonial of regard and esteem to Dr. Morrison, of Newry. Dr. Morrison, for no less than forty years, held the Physiciancy of the Newry Fever Hospital, and his retirement from his official duties has evoked much kind sympathy from the gentry of the neighbourhood.

A CONTEMPORARY states that the Postmaster-General has decided to avail himself of his powers to exclude from circulation through the post-office the pamphlets and bills of the obscene quacks on the ground that they are vile and immoral. It is greatly to be regretted that the newspapers, which give currency to the filthy inuendos of the these swindlers, cannot be dealt with in the same way.

LAST week, an inquest was held at Doncaster upon a young woman who had died from the bite of a cat, which had become mad after a fight with a dog, which had subsequently been killed. The master of the poor girl is also ill, having been bitten in the thumb when removing the infuriated animal. It rarely happens that one hears of a verdict of "death from hydrophobia" from the bite of a cat.

THE next Actonian Prize of The Royal Institution will be awarded in the year 1872 to an essay illustrative of the wisdom and beneficence of the Almighty. The subject is "The Theory of the Evolution of Living Things." The prize fund is two hundred guineas, and it will be awarded as a single prize, or in sums of not less than one hundred guineas each. Competitors must send their essays to the Royal Institution before June 30, 1872. Adjudication will be made by the managers in December, 1872.

THE mortality in Paris has risen ten per cent. during the past week.

A SULPHUR spring has been discovered in the neighbourhood of St. Omer; the water is being submitted to chemical examination to decide its medicinal properties.

A TELEGRAM from India states that a fearful explosion has occured in the Laboratory at Agra, killing two of the officials and thirty-four natives.

WE are promised Dr. Morgan's new work upon the "Contagious Diseases Acts, Syphilis and Syphilitic Inoculation," free of the press in the course of the present week.

THE Middlesex magistrates have been engaged in considering the charges of Dr. Lankester, one of the county coroners, who, though he has held six inquests less than Mr. Humphreys, has charged £60 more. This fact is accounted for by the frequency with which Dr. Lankester orders a post-mortem examination, which the Clerk of the Peace holds to be an "improper application of public money."—*Observer.*

In the metropolis last week 1,863 deaths were registered, being 179 above the average. The deaths from bronchitis showed a further great increase, the figures for the last three weeks being 180, 287, and 380 respectively. Of the last high number 155 were children under five years of age, and 147 persons over 60.

THE meeting of the Medical Graduates of St. Andrews, took place on Friday and Saturday last. The volume of the *Transactions* was distributed a day before the meeting and contains some interesting contributions. The dinner was celebrated on Saturday evening. On December 1st, a discussion was opened by Dr. Swete, on "Habitual Drunkenness." The anniversary address was delivered by the President, Dr. Day, of Stafford, who also took the chair at the dinner in the evening. Deputy Inspector General Dr. Gordon, C.B., was elected President for the ensuing year.

A SAD story comes from Wakefield of an hospital tent on fire and the loss of three lives. The fire occurred in two tents. One of them was appropriated to the use of small-pox patients, and the other to that of the nurses. There were only three patients in the hospital. A pillow which had been thrown off the bed by a patient during delirium had fallen upon a gas stove, and on attempting to carry it out, the flames from it set fire to both tents. Mrs. Idle, while attempting to remove a little girl, was surrounded by the flames, and when rescued, the child was dead, Mrs. Idle surviving only a few minutes. A young man named Tyas was also so severely burnt that he expired almost immediately.

WE are requested to beg, on the part of the Editor of the "Irish Medical Directory," that gentlemen who have not returned their names, addresses, and qualifications for publication will at once do so. Two circulars have already been sent to the entire Profession in Ireland, and yet many practitioners have omitted to return their forms. These gentlemen must be informed that that omission will cause their names to appear without any appendage other than their registered qualifications, inasmuch as no details can be taken from other publications, except under the special authority of the persons to whom they refer.

SPECIAL CORRESPONDENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

ROME, Nov. 23, 1871.

To the London Editor of the MEDICAL PRESS.

THE past and the future of the Eternal City must, my dear *confrère*, interest your readers as well as yourself, and indeed everyone else, whether like you, they have spent some time here or not. More especially the intellectual future of our capital must interest your readers; for among the countries that wish us well we all believe that the sympathy of your powerful country is entirely with our desire to combine progress in science with liberty. But probably in a medical journal, I had better confine myself to matters concerning the profession. I propose to give you a few details respecting medical education, which is just now undergoing many improvements in our ancient university.

The government that entered the breach at the Porta Pia found our medical institutions in a deplorable condition, and has wisely taken them in hand at once, as it is easy to introduce improvements in medical and scientific education, without bringing parties into collision or infringing the domain of conscience.

Everyone agrees that medicine should be taught scientifically and practically. Accordingly, some important appointments have been made: Signor Corradi, the celebrated operator and inventor, who gained the Argenteuil prize for pathological anatomy, has been entrusted with the surgical clinique.

Professor Tommasi-Crudeli has been promoted from his chair at Palermo to the anatomical professorship here. He is a most distinguished man, and has gone through the anatomical courses at Berlin.

The government has also given a chair to Professor Todaro, of Messina, who discovered a tendon in the tricuspid valve, and has made important researches into the nervous system; and has received the rewards of several German academies for his discoveries.

A chair of Histology is erected to be entrusted to Moriggia, of Turin; another new chair is Diseases of Women and Children, to which Dr. Pasquali, of Rome, is appointed; another, Diseases of the Ears, to be held by Dr. de Rossi. Venereal Diseases also obtain a new position, and Sig. Laurenz, of Rome, is the first professor. Lastly, for Ophthalmology, they have appointed the celebrated oculist of Bologna, Sig. Magni.

This shows that if education was behind, an attempt is being made to place it on a broad foundation.

The University opened on the 16th November, and an Inaugural lecture was given by Professor Moriggia, who took for his subject "Physiology in Education."

I speak not of the other faculties at length, though I believe they were behind that of medicine. Nevertheless, in every one of the Faculties, there were some men whose merits were incontestible. The defect was, that more were wanted and this defect you observe, is being remedied.

There were always many foreigners here, and of course many foreign doctors. Germans, English, and Americans are always numerous. Italy, a free country, proud of her liberality allows all full scope for the exercise of their talent.

I wish you, my dear *confrère*, would once more come among us and renew our pleasant conferences,

MEETING OF THE "CHARITY ORGANISATION COMMITTEE."

DECEMBER 2ND, 1871.

MR. ALSAGER HILL in the Chair.

THE question of "Provident Dispensaries" was discussed at some length,

MR. FAIRLIE CLARKE said that the treatment of patients at dispensaries is only one part of larger questions—that of out-patients of hospitals, which would shortly be considered. It is not desirable that poor people who can pay 10s. 6d. a year for medical advice should get advice gratis. The Westbourne Dispensary was converted recently from a free to a provident dispensary, as was also the Notting-hill Dispensary. The Poor-law Board has recently constructed many free dispensaries, so that it was needless to keep up the free dispensaries system.

DR. HAWKESLEY said that the degrading and improper effect on the public of free medical relief is very noticeable. But there is also the other difficulty of improper people being seen and prescribed for by medical men. The medical officers of hospitals, &c., are overworked in these institutions for nothing, a most important point.

MR. C. TREVELYAN said there is a third evil—that "malades imaginaires" are not confined to the rich. London clergy say that many of the poor use no end of drugs, tonics, and cordials. A large proportion of hospital patients are of this character. Although now a hackneyed point, medical charity is doubtless one of the most pauperising parts of London charity. Ordinary charities do not touch many classes; medical charities degrade all. The middle-classes who can pay something should be dealt with on the provident principle. Dr. Llewellyn Davis had said that one of the difficulties lay in the funded properties possessed by some of the dispensaries.

DR. C. R. DRYSDALE said that he had for years been so convinced of the superiority of self-help for the poor, that he had in two annual reports to the committee of the Farringdon Dispensary, Holborn, recommended that the dispensary should be changed into a provident dispensary. Unfortunately, the committee had no experience or knowledge of such institutions, and objected, partly because there was some funded property belonging to the charity, but mainly because they doubtless did not understand the merits of the case. Propaganda was needed, and all committees of dispensaries should be educated by means of pamphlets. All dispensary and hospital medical officers ought to be paid for the work done. It made them more conscientious and more attentive, as well as happier. In Paris all were paid, and London was abominably ill managed in such matters, to the great injury of the poor and the medical profession.

DR. PARKER YOUNG said, with regard to funds, there is no abuse when they are carried over to a benevolent dispensary. The Western General Dispensary had some funds, and he (Dr. P. Young) with a clerical friend got it changed into a provident dispensary. Some of the governors withdrew their subscriptions, but not many, and now there are more patients than before. The class of patients is nearly the same, and about £250 a-year is received from them, or £20 a month. The simplest plan is to convert any present staff as it stands. Exactly the same duties as before are performed by the staff, and more people are attended by them than they please at home.

DR. FORD ANDERSON said the advantages of provident dispensaries are—1st, home visiting; 2nd, the patient becomes attached to his doctor. The advantages to the doctor is that he is paid, and the work paid the more he works. We are at present simply helping the employer to pay his men, and lowering wages to that extent. Difficulties—Many persons are "consultants," and don't visit people at home. This is provided for in the rules by a resident medical officer, and consultation days might take place.

MR. PARKER YOUNG said the resident officer attached to the dispensary would attend out-patients. Midwifery is attended by midwives.

MR. CURGENVEN said that all agree that free dispensaries are beneficial. The Farringdon Dispensary Committee might be well invited to attend a meeting. We should take up the free dispensaries separately.

Correspondence.

THE DISCOVERY OF THE CIRCULATION OF THE BLOOD.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The Profession is under considerable obligation to Dr. McKeogh for the trouble he has taken to show that Plato, who lived 395 B.C., was not unacquainted with the fact of there being a circulatory system. Evidently that ancient philosopher, speaking as he did of the *source of the rapidly circulating blood* (πηγὴν τοῦ περιφερομένου ὁφοδρῶς ἅιματος), and of a state of things in which *the rivulets of blood would be in continual movement* (τὰ τῶν φλεβῶν ρεοῖ νάματα), must have had some knowledge of the circulation. But even he is not the first whose writings reveal such knowledge. The wise man who averred that there was "nothing new under the sun," in his book of Ecclesiastes (xii., 6), speaks not only of the "silver cord," or spinal marrow, nor only of the "golden bowl," with its organ of thought; but he makes mention, also, of "the pitcher at the fountain," and of "the wheel at the cistern." Now, both these last mentioned are remarkable expressions, and deserve far more careful and scientific consideration than, I believe, they have ever yet received. In the Septuagint, the word for "fountain" (πηγή) is precisely that which Plato uses to describe the heart; and the additional idea conveyed by the term "pitcher," suffices to show that Solomon was aware of the *receptive*, as well as of the *spending* functions of this organ. And if we turn to the other expression, we seem to have the pulmonary circulation pretty clearly indicated also; for not only have we the word "wheel" (τροχός) used, but mention is made of a "cistern," or *reservoir* (λάκκον). Indeed, this latter term may draw our attention to a fact which is too much lost sight of now-a-days, namely, that the lungs form the safety-valve to the heart. The heart itself having unyielding walls, cannot hold more than a fixed quantity of blood. Consequently, unless it had some reservoir conveniently near to relieve it of occasional flood-tides, it would be liable to constant impairment, and the circulatory and nutritive systems would speedily become deranged. But in the lungs, whose membranes are (within limits) yielding and elastic, it has such a reservoir, which serves not only to aerate the blood, but, except in cases of extreme stress, to maintain also the proper balance of the circulation, under all the varying circumstances to which man and animals generally are exposed. I do not say that the lungs are the only safety-valve, but they are the chief. And if we would bear this in mind more often when we give such drugs as opium, which constricts the small vessels of the body, and causes a flood-tide to press upon the heart and lungs as above-mentioned, the distressed breathing which is so frequent an accompaniment would not be produced. We have but to administer the opium, or other such drug, in combination with small doses of some diaphoretic or expectorant. Thus, let those persons who are subject to sleepless nights, and yet have not been able to take opium, because of the constant starting out of sleep, and the unbearable choking sensation which follows, try the accompanying prescription, and I do not think they will regret having made the experiment:—

℞ Tr. opii, (say) ♏x.;
Sp. etheris nitrici., ♏xv.;
Etheris chlorici., ♏xx.;
Aquæ, ad. ℥iss.

Fiat haustus, nocte sumendus.

But this is departing from my subject. Let me, therefore conclude by saying that Solomon, upon whose words this treatment may almost be said to have been based, wrote nearly 1,000 years B.C.; and that, upon the whole, taking into consideration Dr. McKeogh's valuable contribution, as well as what is now brought forward, we cannot reasonably

doubt that to Harvey is due the honour, not of discovering the circulatory system, but only of being the first scientifically to describe it.

Trusting that these remarks may not be unacceptable,

I am, Sir,

Your obedient servant,

DANIEL BIDDLE, M.R.C.S.Eng., & L.S.A.

Kingston-on-Thames, Nov. 29th, 1871.

TWIN BIRTH.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I send some particulars of a case of twin birth somewhat similar to those related in your impression of the 15th inst., taken from a few cursory notes made by me at the time.

On the 30th March, 1869, I was called on to attend Mrs. B., æt. twenty-five, who had been delivered of a healthy, well-developed, female child about four p.m. the day before, stated to have been a foot presentation; primipari. No afterbirth coming, and slight labour pains continuing, I saw her for the first time at ten p.m., and on making an examination I found the vagina cool and moist, but was unable to diagnose the presentation on account of the very contracted state of the os uteri. The pulse being 80, tongue clean, and skin cool, I determined to leave matters as much as possible to nature. Weak pains continued to recur during the night, the patient obtaining some sleep in the intervals and next day till twelve o'clock, when the os being more dilated, I ruptured the membranes, and the patient was delivered of another healthy female child at half-past three p.m., by breech presentation, this being as near as possible an interval of two days.

Now, in this case two other modes of treatment might have been pursued, but with what advantage I will not venture to predict. Firstly, I might have given ergot, and from the previous dilatation of the parts we might not expect evil consequences to ensue; or, secondly, I might adopt the directly opposite, and give opium, but as the patient obtained some sleep, and was not in the least exhausted, I did not consider it a necessity.

From the favourable termination of these two cases, and there being—in mine, at least—not the slightest tendency to collapse or hæmorrhage, which, I believe, is not unusual in such cases, I should feel inclined to follow a similar treatment again, unless such circumstances as the presence of convulsions, hæmorrhage, prolapse of funis, &c., indicated the necessity for immediate interference, although one eminent authority lays it down as "circumstances which would negative any delay in the delivery of the second child—1st, when artificial aid has been required with the first child; 2nd, when the second child presents preternaturally."

Now, as to the first, is it merely because artificial aid, such as delivery by the forceps, has been necessary with the first, that we should seek the immediate delivery of the second; or that the same assistance will be necessary with the second? Will not the dilatation produced by the first prepare the way for the second? May it not be a smaller child; or may not its osseous structures be less developed, so as to mould better to the passages? Will not the contractions of the uterus have more power from their concentration on the one child, and may not the pains became more powerful by giving time for the patient to recover from the shock of the first delivery?

As to the second. Should such a preternatural presentation as the upper extremities or thorax present, of course it would demand immediate interference. But if it is the lower extremities or breech—as in my case, although I was unable to diagnose it at first for the reason stated, it is probable I could have done so had I been there to examine immediately after the delivery of the first—if ergot failed, I would be justified in performing the locally dangerous and troublesome task of searching for the feet and bringing them down, and run the double danger of inducing fatal collapse by the suddenness of the second delivery, when all might terminate so favourably if left to Nature.

Should I have formed any erroneous opinions on this subject, perhaps some of our venerable professors of midwifery will be good enough to refute them. I daresay there are some among your numerous readers, like myself, placed in a country district, devoid of many opportunities of improving our knowledge except through the medium of your valuable paper, and who are often obliged to act on their own responsibility in difficult and urgent cases—time being all-important, they feel the greater necessity to be prepared for every emergency—and who shall feel equally grateful for the boon conferred.

I am, Sir,

Your obedient servant,

GREGORY SALE.

Medical Officer, Kilmeague and Robertstown Dispensary.

Kilmeague, Nov. 18th, 1871.

THE ILLNESS OF THE PRINCE OF WALES.

THE anxiety of the country was greatly increased by the death of the Earl of Chesterfield, who was seized with the same form of fever as the Prince, and at so nearly the same time. Moreover, the illness of others who had lately accompanied the Prince increased the forebodings, for which there have been good reasons. Medical readers, however, do not require to be told that these circumstances are of little value as guides. Typhoid, although it runs a definite course enough, not unfrequently gives rise to a variety of secondary accidents, any one of which may proof fatal, as in the case of Lord Chesterfield. So long as the physicians in attendance certify that the course of the fever is regular, and that their royal patient's strength is not failing, we have a right to hope for a happy issue. This fact has been so pressed upon the public, however, that it is possible too many may lose sight of the dangers of relapse, or of any of the complications or sequelæ to which we last week alluded. Although up to the time of our going to press we are happy to observe that the bulletins denote favourable progress, we cannot shut our eyes to the dangers ahead, nor would we encourage the public to forget that these are both numerous and formidable.

It seems needless to enter at length upon the origin of the Prince's attack. Those who have seen most of fever are the least confident of their ability in any given case to put their finger on its cause, and in spite of all that has appeared we have grave doubts as to its origin in the Prince's case.

Medical News.

The Royal Society.—The anniversary meeting of the Fellows of this Society, for the election of Council and officers for the ensuing year, and for the presentation of the medals, was held on Thursday, at Burlington House. General Sir Edward Sabine, R.A., occupied the chair for the last time in his capacity of president, and delivered the annual address. The medals were presented to the gentlemen named in our last, as the probable recipients. The Copley medal to Mr. Julius Robert Mayer, of Heilbronn; one of the Royal Medals to Mr. George Busk, in recognition of his scientific researches in zoology, and the other to Dr. John Stenhouse, LL.D. for his valuable contributions to chemical science. The following gentlemen were then elected council and officers for 1871-72. President, George Biddell Airy, M.A., D.C.L., in the room of General Sir Edward Sabine, resigned; treasurer, William Spottiswoode, M.A.; secretaries, William Sharpey, M.D., LL.D., and Professor George Gabriel Stokes, M.A., D.C.L.; foreign secretary, Professor William Hallowes Miller, M.A., LL.D. Other members of the Council:—George James Allman, M.D., George Burrows, M.D. (President of the Royal College of Physicians, London), Prof. R. B. Clifton, M.A.; H. Debus, Ph.D., George Busk, (President R.C.S. England,) Professor Duncan, M.B., Professor George C. Foster, B.A., Mr. Francis Galton, M.A., Thomas A. Hirst, Ph.D., Sir John Lubbock, Bart., M.P. Sir James Paget, Bart., D.C.L., the Earl of Rosse, D.C.L., Sir Edward Sabine, K.C.B., Isaac Todhunter, M.A., and Sir Charles Wheatstone, D.C.L. and John Ball, M.A.

University of London.—The following are the gentlemen who passed the recent honours examinations, second M.B. examination:—*Medicine: First Class*—William Henry Allchin, Scholarship and Gold Medal, University College; Henry Edward Southee, Gold Medal, Guy's Hospital; *Second Class*—Robert Wishart Lyell, King's College; Ernest Alfred Elkington, General Hospital, Birmingham; *Third Class*—William Ward Carr, Alfred Henry Carter, University College; Richard Clement Lucas, equal, Guy's Hospital; *Obstetric Medicine: First Class*—Richard Clement Lucas, Gold Medal, Henry Edward Southee, Guy's Hospital; *Second Class*—John Henry Humphreys, Gen. Hos., Birm.; Robert Wishart Lyell, King's College; *Third Class*—Alfred Henry Carter, William Henry Allchin, University College; Ernest Alfred Elkington, Gen. Hos. Birmingham; *Forensic Medicine: First Class*—Ernest Alfred Elkington, Gold Medal, Gen. Hos. Birm.; *Third Class*—Robert Wishart Lyell, King's College; Henry Edward Southee, Guy's Hospital.

Election of Examiners in the Queen's University in Ireland.—On November 22nd, the following gentlemen were elected by the Senate as examiners for the year 1872-73:—*Medicine*—Professor Colahan, M.D., Professor of Practice of Medicine in Queen's College, Galway; *Surgery*—John K. Barton, M.D., Surgeon to the Adelaide Hospital, Dublin; *Midwifery*—T. More Madden, M.D., late Assistant-Physician Rotundo Hospital; *Materia Medica*—Thomas Wrigley Grimshaw, M.D., Physician to Stevens, and Cork street Fever Hospital; *Medical Jurisprudence*—Edmund W. Davy, M.D., Professor of Medical Jurisprudence in the Royal College of Surgeons. It is said that the senate was guided in its selection of these gentlemen from a large number of candidates, by the fact of their being without, exception, lecturers on the subjects of the examinership.

Edinburgh Obstetrical Society.—The following office bearers were elected on November 22nd:—Presidents, Dr. L. Ramsay Thompson, of Dalkeith; Vice-Presidents, Professor Simpson, Dr. J. Matthews Duncan; Treasurer, Dr. James Young; Secretaries, Dr. R. Peel Ritchie, Dr. J. Andrew; Council, Dr. A. Keiller, G. Stevenson Smith, Esq., Dr. T. H. Patteson.

A Public Medical Election.—A numerously attended meeting of the vestry of Lambeth was held on Thursday last for the purpose of electing a medical officer for the parish. The chair was occupied by Mr. Robert Taylor. At a commiteee meeting on Wednesday, the number of applicants for the situation had been reduced from seventeen to twelve. The candidates having each appeared before the vestry in order to answer any question that might be put to them, the reporters were called in, it having been decided that the public should be excluded until the taking of the division on the last two competitions. The result of the division, which was taken amid much excitement, was the election of Dr. M'Cormack by 58 votes, against 46 given to Dr. Cortis. The chairman having congratulated Dr. M'Cormack on his appointment, and Dr. M'Cormack having acknowledged thankfully the honour conferred upon him, the proceedings ended in the usual way.

Increase in the Consumption of Opium.—The *Manchester Guardian* says—Beer is not the only luxury of which it is found that the demand is to a large extent regulated by the supply, nor England the only country which is learning this lesson to its cost. The report of Consul Cain, of Hankow, published in the *Bombay Gazette*, points to a greatly increased and increasing consumption of opium in China as the direct result of its more extensive cultivation. Hitherto the Chinese have been content chiefly to import their opium, and its cultivation at home is even now strictly forbidden by law. So little, however, is the legal prohibition regarded that in one of the western provinces of the empire half the land is now taken up with crops of the poppy, and its cultivation is rapidly spreading. The mandarins appear to be utterly corrupt. They derive a considerable revenue from the native opium, and merely use the penalties which the law has enacted against the growers as a means of extortion. But though the home manufacture of opium has greatly increased, the importations, strange to say, have not fallen off, but have increased also. The cheap native drug, in fact, merely serves to introduce the more expensive imported article. The taste which the one creates the other alone can satisfy. This state of things may be highly agreeable to the Indian Government and to Indian taxpayers, but for China it is about as disastrous as can well be imagined.

Crowded Towns.—Comprehensive, yet cautious, measures are necessary for the improved house accommodation of the working classes of our great towns over large areas of habitation; that, as for the overcrowding of persons in a house, so also for the overcrowding of houses on a given area, there should be a limit to density of population fixed by law, at all events, in the building of dwelling houses on fresh ground, as well as in rebuilding them on ground previously occupied; and that, for the success of such measures, the establishment of superior administrative authorities, with adequate powers, is as essential as it is for the execution of measures intended to prevent the adulteration and to secure the good quality of food; or, again, for those which protect labour from abuses and unhealthy conditions known to sap the vigour of the race.—*Food Journal.*

The Murphy Annuity Fund.—We have been requested to publish the following statement:—The funds subscribed and promised by the profession towards the purchase of this annuity have already amounted to a sum sufficient to secure for Dr. Murphy a life annuity of fifty pounds. Some inevitable delay in obtaining the necessary age certificates, &c., has prevented the treasurer (Dr. Arthur Farre) from purchasing the annuity. The papers, however, will be ready, and the amount purchased, on January 5th, 1872. In the meantime, the amount subscribed being in excess of that which is necessary to purchase an annuity on the sole life of Dr. Murphy, and many of the friends of Dr. Murphy being desirious to include in the provision his wife, who would otherwise be left destitute at his death, it is intended that an effort shall be made to increase the existing surplus to a sum sufficient to extend the proposal over the two lives. For this purpose £130 will be wanted, and it must be collected before the close of the year. Mr. Campbell de Morgan, 51 Upper Seymour street, will act as treasurer of the supplementary fund, and Dr. Wiltshire, 57 Wimpole street, W., as honorary secretary. When the full amount is collected it will be handed over to Dr. Farre, the treasurer of the original fund, who will invest the whole sum in the names of the trustees originally announced.

Wrist-Joint Dislocation.

According to Francis L. Parker, M.D., Prof. of Anatomy in the Medical College there are 33 cases of so-called dislocations of the wrist-joint on record (omitting the cases of W. Parker and René), including his own, viz., case of dislocation of the wrist-joint backwards. Of these 23 are said to have been luxated backwards and 10 forwards, and of this entire number only 7, 5 backwards and 2 forwards, are free from all objection. Of the 26 cases of doubtful or unsatisfactory dislocations, 16 were complicated with fracture of one of the bones or processes connected with the joint; 3 were compound, 3 were incomplete, 2 were arthritic or pathological specimens, and 2 were objected to from other causes. Of the 33 so-called dislocations, the sex is recorded here in 14 instances; of these 11 were males and 3 were females. Of the 7 cases classed as genuine ones 1 post-mortem was made (case off M. Malle), which confirmed the diagnosis; in 6 remaining cases the patients regained the use of the limb in a very short time, without a tendency to displacement or deformity. Of these 7 cases accepted as genuine, 2 backward dislocations were produced, the force of the fall being received, in one instance, on the dorsum of the hand (Hamilton's); in the other upon the palmar surface (Parker's); in M. Malle's case, a forward displacement, the presumption is that the patient fell on the palm of his hand, but this is not definitely stated; and in the 4 remaining cases this point is not specified. He lays down the following practical conclusions which may be derived therefrom: 1st. The wrist-joint may be dislocated backwards or forwards without fracture or a rupture of the integuments; both are extremely rare; the backwards displacement is the most frequent. 2nd. Cases of so-called dislocation of the wrist may be associated with fracture of the radius and ulna, or with either of these bones separately, with both styloid processes, or either of them, or with fracture of the articulating surface of the radius; no instance has been recorded of a dislocation of this joint complicated with fracture of the carpal bones. 3rd. Dislocation of the wrist backwards or forwards may be complicated with rupture of the integuments anteriorly or posteriorly or laterally, with or without fracture of the styloid processes.—*Transactions of the South Carolina Medical Association.*

NOTICES TO CORRESPONDENTS.

A Subscriber.—It is necessary to use a proper inhaler for the administration of oxygen. There are two forms in use in America. In this country, Mr. George Barth, of Duke street, Oxford street, is the only maker of the apparatus. His inhaler is most convenient, and he, also, supplies the gas.

Mr. Pennefather.—The paper shall appear shortly.

Dr. Johnson.—It will be interesting.

E. R.—Your letter received, also the Journal. The package has been forwarded to the address indicated, and, we hope, will arrive safely. Your enclosure has been duly forwarded. We shall be pleased to hear from you again.

Dr. Hind.—We have received nothing.

R. E.—We shall feel obliged if you will kindly write legibly. Some words in the last M.S. we could not decipher.

Erratum.—Metropolitan Free Hospital. Dr. C. Drysdale writes to say that the second case reported in our last week's issue (Nov. 22.), was not under *his* care, but under that of Mr. Sheffield, was reported by Mr. Kipling, of the Metropolitan Free Hospital.

Dr. Powell, Newington.—Is thanked for his very kind note.

Leibchen.—In the *Allgemeine Wiener Medizinische Zeitung*, for November 28th.

Dr. Bence Jones, Mr. Bulmer, Mr. Carter, Dr. Ridge, Dr. Fox, Mr. Biddle: thanks.

Student.—There are considerable additions and alterations in the fifth edition. If, as you say you can buy the fourth edition at half-price, we would still advise you to wait until you can afford the last. See Sir Thomas Watson's preface.

Chloral.—Such symptoms are not uncommon.

Mr. H. F. L.—Bimeconate of morphia, as prepared by Mr. Squire, is the most reliable form we have seen.

Mr. Michael Duke, Liverpool.—Your case comes scarcely within our province as medical journalists, but as you appear to have been badly treated, forward us full particulars, and we will give you any assistance in our power.

The following communications are unavoidably held over:—

"Heated applications to Catheter and Bougies." By R. Hanslip Sers.

"On the Treatment of Eczema." By J. L. Milton.

"On Syphilitic Laryngeal Disease," by Mr. Morgan, F.R.C.S.I., &c.

VACANCIES.

Hospital for Sick Children, London. House-Surgeon. Salary £ 0.
Earlswood Asylum. Assistant Medical Officer. Salary £ 50.
Seaman's Hospital, Greenwich. House Physician.
Bradford Fever Hospital. Resident Medical Superintendent. Salary £120, with board.
Bything Union. Medical Officer. Salary £43, with extras.
Jersey Dispensary. Medical Officer. Salary £100.
North Stafford Infirmary. House Physician. Salary £80.
Amersham Union. Medical Officer. Salary £70.
University College Hospital, London. Assistant Obstetric Physician.
Great Northern Hospital, London. Honorary Surgeon.

MEETINGS OF THE LONDON SOCIETIES.

Wednesday, Dec. 6th.—Hunterian, 7½ p.m. Council.—8 p.m. Ordinary Meeting.

Obstetrical.—8 p.m. Mr. Eugene Goddard, "On a Successful Case of Ovariotomy during Pregnancy."—Dr. Brunton, "On Fibroid Enlargement of the Uterus."—Dr. Edis, "On the Systematic Examination of the Uterus, with the view of rectifying Malposition of the Fœtus."—Dr. Meadows, "On a Case of Extra-Uterine Fœtation."

Medico-Psychological Association (32A George street, Hanover square), 8 p.m. Clinical Reports, Morbid Specimens, &c.—Dr. Maudsley: "Is Insanity on the Increase?"

Royal Microscopical Society.—8 p.m. Mr. J. Bell, "On Fermentation and its Results."—Dr. L. Beale, "On the Nerves of the Capillary Vessels, and their probable Action in Health and Disease."

Society of Arts. 8 p.m. Mr. Bailey Denton, "On Sewage."

Thursday, Dec. 7th.—Harveian Society of London, 7½ p.m. Special Council Meeting, 8 p.m. Mr. Gascoyen, "On Spermatorrhœa and its Treatment."

Friday, Dec. 8th.—Clinical.—8½ p.m. Dr. Ogle, "On the Temperature in certain Affections of the Nervous System, and especially in Tetanus."—Dr. Habershon, "On Heart Disease."—Dr. Broadbent: "Tumour in left half of Floor of Fourth Ventricle, with small Tumour in Cerebellum."

Monday, Dec. 11th.—Medical Society, 8 p.m. Ordinary Meeting.

OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, Dec. 6.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1½ p.m.
London Hospital.—Operations, 2 p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, Dec. 7.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

Friday, Dec. 8.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Saturday, Dec. 9.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 2 p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 1 p.m.

Monday, Dec. 11.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Mark's Hospital.—Operations, 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.

Tuesday, Dec. 12.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Guy's Hospital.—Operations, 1½ p.m.
Westminster Hospital.—Operations, 2 p.m.
National Orthopædic Hospital.—Operations, 2 p.m.
Royal Free Hospital.—Operations, 2 p.m.

APPOINTMENTS.

Davies, J., M.D., M.R.C.S.E., Surgeon to the Abersychan Iron Works, has been appointed Surgeon to the Ebbw-vale Steel Works.

Eagar, Dr., Assistant House-Surgeon to the Sheffield Hospital.

Fergusson, A., F.R.C.S.E., L.R.C.P.Ed., Medical Officer for the Parishes of Peebles, Stobo, and Manor.

Griffiths, W. H., Ph.D., L.R.C.P.Ed., L.R.C.S.Ed., has been elected Assistant Librarian to the Royal College of Surgeons in Ireland.

Johnston, R., Assistant House-Surgeon to the Nottingham Hospital.

M'Swinney, G. H., M.D., M.C., House-Surgeon to the Liverpool Infirmary for Children.

Marriages.

Campbell—Rigby.—On the 28th ult., at St. Paul's, Westbourne grove, London, Peter Campbell, M.D., Bridge of Allan, N.B., to Phœbe, daughter of the late Peter Rainford Rigby, Liverpool.

Mills—Merryweather.—On the 23rd ult., at St Stephen's Church, Clapham, Samuel Mills, M.R.C.S., of Southampton street, London, to Mary Compton, eldest daughter of M. Merryweather, Esq., of Clapham.

Robinson—Maiden.—On the 28th ult., at East Kirby, Lincolnshire, Dr. Robinson, of 19 Guildford street, Russell square, London, to Mary Roberta, only daughter of the late Mr. Robert Maiden, of the Manor House, East Kirby.

Deaths.

Davis.—On the 26th ult., Creswell Davis, M.R.C.S.E., of Onslow gardens, South Kensington.

Dill.—At Western Cottages, Brighton, John Dill, M.R.C.S.E., aged 64.

Napper.—On the 24th ult., Thos. Napper, M.R.C.S.E., of Ockley, Surrey, aged 61.

COOKESTOWN HOUSE, INSTITUTED FOR THE MEDICAL TREATMENT OF THE INSANE OF BOTH SEXES.

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THE ESTABLISHMENT consists of separate and commodious residences for the reception of Ladies and Gentlemen. Each situated on extensive grounds, with large, well-enclosed gardens. They are handsome, well-furnished country residences, where the patients enjoy the comforts and indulgences of a private house. Restraint is not, under any circumstances practised, and the closest attention is paid to the medical treatment and general health of the patients.

APOTHECARIES' HALL, LONDON.—The next EXAMINATION in ARTS will be held at the HALL on FRIDAY and SATURDAY, JAN. 26 and 27, 1872. A Syllabus of the Subjects for Examination may be had on application.

An Examination in ARTS will again be held on 26th and 27th APRIL, 1872. R. H. ROBERTSON, Secretary to the Board.

SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS of MEDICAL MEN.—Founded 1788. Incorporated by Royal Charter, 1864. The Members are reminded that a Quarterly Court of Directors will be held on the 10th of January next, at which candidates for admission into the Society can be proposed. It is desirable that the forms of proposal be filled up and forwarded to the Secretary at least a week before the meeting. The forms of proposal may be obtained of the Secretary. The benefits of the Society are restricted to the families of deceased members of not less than two years standing. The Secretary attends at the office every Wednesday and Friday, from 4 to 5 o'clock.

J. B. Blackett, Secretary.

53 Berners street, W., Dec. 3rd, 1871.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 13, 1871.

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CLINICAL LECTURES

ON

DISEASES OF THE EYE,

DELIVERED AT THE ADELAIDE HOSPITAL.

By H. R. Swanzy, M.B., L.R.C.S.I.,

Ophthalmic Surgeon to the Hospital, and Surgeon to the National Eye and Ear Infirmary; late Assistant to the late Professor Von Graefe, Berlin.

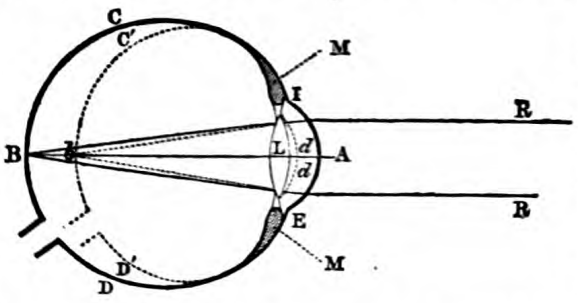
LECTURE III.

Common, or Concomitant Strabismus.

Gentlemen,—The form of squint which you see exemplified in these two children (a boy, æt. 8, and a girl, æt. 10,) is the most frequent one. We call it strabismus convergens concomitans. In the boy the amount of the deviation of the squinting eye towards the nose is three lines, measured from the centre of the under lid—which we may regard as the normal position of the cornea when the gaze is directed straight forward—to the position which it now occupies. If you observe him, you will find that this child does not always squint with the same eye, but that he changes or 'alternates,' squinting sometimes with the right and sometimes with the left eye. He sees equally well with each eye, and, according to his mother's account, which I am very ready to believe, the deformity made its appearance for the first time about two months ago. In the little girl the deviation is somewhat greater, and the left eye squints constantly, the right eye alone being used to fix objects. As well as I can make out, for the child is shy, the vision of the squinting eye is not so good as that of the straight one. She has been squinting for the last year. In the boy, then, we have an alternating, and in the girl a monolateral strabismus. In each case the strabismus is 'concomitant,' that is to say, with whichever eye the boy squints, the degree of the squint is the same—it is not greater when he squints with the right eye than when he squints with the left, or *vice versâ*. And in the girl too, if you cover the healthy eye with one of your hands, and holding up a finger of your other hand in the middle line a little distance in front of her, cause her to look at it with the left or squinting eye, in order to bring the yellow spot to bear on the object, she will be obliged to roll the eye outwards to the extent of three and a half lines (the degree of the squint). If now you manage to get a look at the right eye, under your hand, you will find that it has become deviated inwards for three and a half lines, and this is called the secondary deviation, and, as here, is always *equal* to the primary one in concomitant strabismus. In paralytic strabismus, on the other hand, the secondary deviation, for reasons which I shall explain to you some other time, is *greater* than the primary, and therefore this is a point which you must always investigate. It is very common for strabismus to make its appearance in children from the fourth to the ninth or tenth year of age, when they commence to use their eyes more continuously for near objects, in learning to read, write, &c. The parents then puzzle themselves with all kinds of theories to account for the squint, seeking its cause in worms, in a habit the child is supposed to have of looking at a lock of its own hair which falls somewhat low over the forehead, in the imitation of other squinting children, and so on. You will also find, if you should practise in this country, that the public are on the whole rather indifferent to the presence of squint in themselves or their children, regarding it at worst as a deformity which is of no consequence for the integrity of the organs themselves; or, you will find that strabismus is regarded as a "nolli me tangeri"—a mysterious disease, any interference with which is calculated to produce a worse deformity. Indeed, one requires merely to walk through our streets to see how deeply rooted these popular errors are.

Let us now inquire into the cause of concomitant convergent strabismus. Donders found that, almost without exception, that condition of refraction of the eye termed hypermetropia existed, when strabismus was developed, and it then soon became apparent that hypermetropia was in fact the cause of squint.

In hypermetropia, the antero posterior axis (AB) of the eyeball is too short, so that instead of the retina being



situated at C B D, as in the normal eye (emetropia), it is situated at c' *b* D'. We know that rays of light (R R) from objects at fifteen feet distance and more, falling into the eye, do so with so very slight a divergence, that for all purposes they may be regarded as parallel, and we know that in the normal eye these parallel rays are brought to a focus on the retina at B by the power of refraction of the cornea (I A E) and lens (L) alone, without any exertion on the part of the muscle of accommodation, and that thus exact images of distant objects are formed on the retina. In hypermetropia, however, the power of refraction of the eye is insufficient to bring parallel rays to a focus on the retina (c' *b* D'); and, in order to accomplish this, it is necessary that the crystalline lens should be made more convex —as indicated by the dotted line D. This occurs through means of the ciliary muscle (M)—muscle of accommodation—which is thrown into action. In the normal eye it is only required of this muscle to come into play when near objects are looked at, because the rays from these fall into the eye so divergent that they could not meet in a focus on the retina, unless the lens were accommodated for them. If, however, the hypermetopia eye finds it necessary to use its power of accommodation for distant objects, which the normal eye sees without any exertion, the strain upon its ciliary muscle for near objects must greatly exceed that demanded by the normal eye for the same purpose.

Now, it has been found by physiological experiment, that, even in the normal eye, the greater the angle of convergence of the axis of vision is (i.e., the angle formed by two right lines drawn from each yellow spot to the object looked at), so much the more actively can the ciliary muscle exert itself; they are in fact associated actions. The hypermetrope unconsciously avails himself of this physiological fact, and, in order to aid his muscle of accommodation, he increases the angle of convergence of his visual axis, by looking at the object with one eye, while he directs the axis of vision of the other more towards his nose. You might very fairly ask: How is it then that these children do not see double, for the image of the object which is formed in the straight eye on the macula lutea, must be formed on an eccentric part of the retina in the squinting eye, and we know that for single vision it is necessary that the image should fall on identical spots in the retina? The answer is: These individuals do not see double, because, as we believe, the image in the squinting eye is suppressed by a mental act. In other words, to prevent the confusion which double images would produce, the centre of perception in the brain, which receives impressions from the eye, disregards the image belonging to the squinting eye. This voluntary exclusion of a double image is quite analogous to the power we possess, and often exercise, of listening to a conversation in which we are interested, while another carried on close at hand passes unperceived. If we attempt to listen to both conversations at the same time, the result is that we hear neither perfectly.

In this boy, as I have already remarked, the squint alternates, sometimes it is in one eye, sometimes in the other. You may see that this is the case if you observe him for a few minutes while he looks round the room. But a more and quicker way to decide the question is by making him look at a finger, which you hold up, while you cover one of his eyes (e. g., *the left*) with your other hand. Then, upon removing the latter, he will continue to fix with the same eye (*the right*) as before. If you now cover the fixing eye (*the right*), the squinting eye (*the left*) turns out to look at your finger, while, under your hand, its fellow (*the right*) becomes the squinter, and when you again remove the covering hand you will find that the patient continues the fixation with *the left eye*. This is the form with which squint generally begins, and it is very desirable that it should come under treatment at this period; because, so long as it continues to alternate, each retina in its turn is put into use, and the vision of each eye remains good. If, therefore, for some reason it should be desirable to postpone the operation for some months, you should direct the parents to bind each eye in turn for a quarter or half an hour daily, while the child is at play, in order to keep the strabismus alternating. At last (it may be in weeks or in months) the squint, if left to itself, becomes 'monolateral,' one eye or the other becoming permanently the squinting eye. Very soon then the vision of the squinting eye becomes affected, because it is constantly excluded from the act of vision, and, like any other organ of the body, in order to its health, the retina requires to be in use. At first this amblyopia ex anopsiâ, as it is termed, is slight, and attacks each part of the retina in a proportional degree. Gradually the yellow spot is attacked more actively than the rest, so that its acuteness of vision sinks to a level with that of the surrounding retina. If, in the latter stage, the squinting eye be made to fix an object—by covering the opposite eye, as I have just shown you —you may perceive little oscillating movements in it, as though it were seeking for the spot in the retina it could see best with. In the course of time, the yellow spot and the outer half of the retina become so deteriorated in their functions, that the inner half gains the supremacy, and then when such an eye is made to fix, instead of turning outwards—as it otherwise would do—it turns still more towards the nose, in order to bring the inner part of the retina to bear on the object. The determination of these three stages of the amblyopia consequent on squint is of importance in the prognosis, for the first may be perfectly cured by restoring the eye to a straight position, the second can usually be much improved, but the last is incurable. Moreover, although even if the squinting eye be quite blind, the tenotomy is capable of producing an admirable cosmetic effect, still this will be all the more perfect the better the vision of the squinting eye is. As a general rule then, for the reasons I have just stated to you, the cure of strabismus should not be postponed.

It has been proposed, and very rationally too, to cure strabismus concomitans, in its early stages at least, by the use of convex glasses, to correct the existing hypermetropia. There are however in practice few cases to which this treatment is applicable; for, in the first place, you dare not give spectacles to be constantly worn, as they should then be, by these small people, who get such frequent falls on their faces, and are exposed to knocks from their playfellows, &c. Then, in the second place, it is remarkable that convex spectacles do not always correct the strabismus, even when worn soon after its appearance, the patient continuing to squint with the spectacles on. This is a fact which I cannot explain, unless, as Von Graefe used to think, it depend on a psychical habit, by which the act of squinting has been united with the desire to see an object sharply. Indeed, you will sometimes find patients who persist in squinting, even when they wear glasses which are so much stronger than is necessary to correct their hypermetropia that the strabismus is actually disturbing to vision. No doubt if proper convex spectacles could be worn before there was any squint, then the latter would not be developed.

The old method (Dieffenbach's) of performing tenotomy for squint was founded on a principle of cure similar to that which holds good for division of the Achilles tendon in cases of talipes æquinus. It was thought, namely, that when the tendon of the rectus internus was divided

at a little distance from its insertion into the sclerotic, the eye then fell into its normal position, and that a new piece of tendon was formed to fill up the gap at the place of division. This process however very frequently did not take place, and the result was then, at best, "a stiff eye," the rectus internus being powerless to roll the eye inwards. But matters often became worse, for, the balance of power being lost between the rectus internus and the rectus externus, the latter muscle had no opposition in its tendency to roll the eye outwards, and thus a permanent outward strabismus was often developed. Still more certain was a result of this kind, when, as frequently happened, the belly of the muscle itself was divided posterior to its passage through the capsule of Tenon, and the capsule extensively lacerated. No wonder that the operation fell into disrepute with the profession and the public.

Von Graefe introduced the squint operation as it is now practised. His method has been 'modified' by different surgeons, but I have not yet had any reason to depart in any way from the proceeding as he taught it. It is as follows:—Let us suppose that the left internal rectus is to be operated on. Chloroform having been administered, the lids are held open with a spring speculum, and an assistant everts the eyeball with a forceps, and holds it thus during the whole operation. With a forceps a narrow fold, containing conjunctiva and subconjunctival tissue, is then seized, just over the insertion of the tendon of the rectus internus into the sclerotic, and is snipped with a pair of fine scissors made for the purpose. These are then passed on into the opening, and a passage burrowed obliquely to the upper edge of the tendon; then, withdrawing the scissors, the surgeon passes one of these blunt pointed strabismus hooks along the passage until it gets just beyond the upper edge of the tendon, and then pressing the point somewhat firmly against the sclerotic, he turns the hook, and slips it between the tendon and the sclerotic. Having thus secured the tendon on the hook, he separates it from its attachment to the sclerotic, very close to the latter, with the scissors. Then, with a smaller hook, he searches below and above for any remains of the expansion of the tendon which may not have been divided from their attachments, for if any of these be left they might diminish the effect of the operation seriously. The result of this proceeding is that the muscle recedes, and becomes attached at a point of the globe further back, and so loses, what we may consider to have been, its excessive power to rotate the eye inwards, *i.e.*, to produce a squint.

Squints, however, are of different sizes, and we must therefore dose our operation according to the case. Such an operation as I have just described would correct a strabismus of about two lines, or two and a half lines; but if the displacement amounts to four lines, you will require to perform a supplementary operation on the internal rectus of the other eye, and if it amounts only to one and a half lines, you must draw the edges of the conjunctival wound together by means of a suture, so that the effect of the operation may be diminished to the desired extent. By these means you will be enabled to correct this deformity with great precision. Some of you have already seen strabismus operations here, and I hope in a few days to operate before you on this boy, at the National Eye Infirmary.

After the operation, the eye is kept bandaged for some days. The edges of the conjunctival wound are never drawn together with sutures for the purpose of furthering a good healing process, for the latter proceeds with an *invariably* favourable result. Nor, indeed, could sutures be of any avail for this purpose, inasmuch as, the conjunctiva being such a delicate tissue, an exact approximation of the edges of a wound in it would be a difficult feat to accomplish. When sutures are applied to the conjunctival wound after a squint operation, it is always in order to diminish the effect of the tenotomy, as I have just explained to you.

The after treatment of a squint operation is of the greatest importance. You will usually have to prescribe the convex spectacles which correct the hypermetropia, and direct them to be worn when the patient is engaged at near work (reading, writing, sewing, &c.,) and, if his age admits of it, they should also be worn for distant objects, particularly when, as is often desirable, you have still left a slight convergence over. The tendency is for the effect of the tenotomy to increase within the first few months, so that if a slight convergence be left immediately after the operation, it will gradually disappear, and if the eye be made quite straight, by limiting or doing away altogether with the use of the convex spectacles, you will be able to retain this position permanently. In some cases the use of convex spectacles must be continued for a year. Indeed, the after treatment is of as great importance as the proper doing of the operation itself, and neglect of it is one of the most frequent sources of disappointment in these cases.

Original Communications.

THE QUESTION OF OPERATIVE INTERFERENCE IN SYPHILITIC LARYNGEAL DISEASE.

By J. Morgan, M.D., F.R.C.S.I.,

Surgeon to Mercer's and to the Westmoreland Lock Hospitals, Professor of Surgical and Descriptive Anatomy R.C.S.I.

The distressing effects of the formation of the later syphilitic deposits in the larynx are generally the cause of the greatest anxiety to the surgeon, and the question of how far operative aid can be relied on, to give permanent benefit, is one of such difficulty, that the following practical illustration will be of advantage.

In the earlier stages of syphilitic infection, laryngeal inflammation may run so high and evidence itself with such acuteness, that the happiest results have followed from the opening of the air passage; and as later observations have shown that this acute inflammation does not extend itself below the region of the vocal cords, the operation is reduced to the simpler proceeding of laryngotomy proper, and is accompanied by so little danger that for the acuter and earlier inflammations of the larynx there may be but little question of the utility of the operation in cases of urgency.

It is however unfortunately during the later stages of the march of the constitutional infection, that laryngeal disease evolves itself, and being associated with signs of declining health, appeals to the careful consideration of the surgeon. When the first outburst of the syphilitic infection has passed away, and where the subtle and uncertain developments of the gummy or tertiary deposits manifest themselves, it is then that the subject becomes important and debateable.

The larynx may be secondarily affected from the extension of gummatous ulcerations which may occur so low down in the throat as to affect the organ itself in the subsequent ulceration which ensues; such gummatous ulcers may affect the pharynx, the base of the tongue, the half arches of the palate or tonsils, and lead to much pain and copious purulent expectoration with loss of voice, threatening rapid suffocation. The extent of the lesion may hardly be appreciated during life, but may be of extraordinary extent, and should render any forecast of the result of late laryngeal disease in syphilitic patients, to be given with great caution and reserve. I have seen cases where the gummatous and sloughy ulceration had extended to the larynx, involving the left cornu of the os hyoides, the upper part of the thyroid cartilage, both of which were necrosed, as also the left arytenoid cartilage, the mucous membrane of the larynx was ulcerated and swollen, yet not to a degree sufficient to cause death by suffocation. The larynx may be alone affected by the disease, indicating the usual evidences of such affection, by hoarseness, attacks of difficult breathing, with pro-

fuse semi-purulent expectoration, so essentially different from the nummular sputæ of advanced phthisis. On *post-mortem* examination the epiglottis, false vocal cords, and all the upper part of the laryngeal membrane are frequently found deeply ulcerated.

The ubiquity of these gummatous deposits so characteristic and difficult of definition or limitation, renders the diagnosis or prognosis of much difficulty. Thus were we certain that the disease was confined to the upper part of the laryngeal apparatus, operative interference might be of use in allaying the cough, and the irritation consequent on disease about the vocal cords ; but, as there is much difculty in arriving at such conclusion, and as the fact of the occurrence of diseased action on the upper part, oftentimes indicates its existence also in the lower part, operative aid offers but slender hopes, and should, I think, be undertaken only after careful consideration, and in circumstances of great gravity. I have had the opportunity of examining several specimens of diseased laryngeal apparatus, and I have invariably found the diseased condition so very extensive, that very faint hopes only could be entertained of any permanent relief. On the other hand, where laryngitis of an acute character has lighted up, associated with ulcerations, in the earlier stages of the syphilitic taint, I have seen the best results from operation ; and a patient all but asphyxiated, may almost be brought to life. Where acute laryngitis ensues, the laryngoscope gives great information, the vocal cords may be seen much swollen, and the upper part of the laryngeal and epiglottic membrane intensely congested and œdematous.

It is evident, however, from the nature of the change that takes place, and the effects of the disintegration of the gummatous deposit, that no favourable augury can be given ; that even should the ulcerations heal, they will leave a cicatrisation and narrowing, which will probably cause permanent inconvenience, or become so urgent as to necessitate the opening of the wind-pipe. The loss or change of voice is all but irrecoverable, and the liability to spasmodic suffocation is the cause of constant solicitude.

The larynx may not only suffer from such ulcerations, but the trachea itself, down to, and into the bronchial tubes, may be affected, and in this consists one of the great difficulties in the use of operative interference. The ulceration on the one hand, may have extended deeply and extensively into the respiratory channels ; and on the other, the same condition of cachexia which induces the deposit in the laryngeal or tracheal region, developes them, in great probability, in the other internal organs.

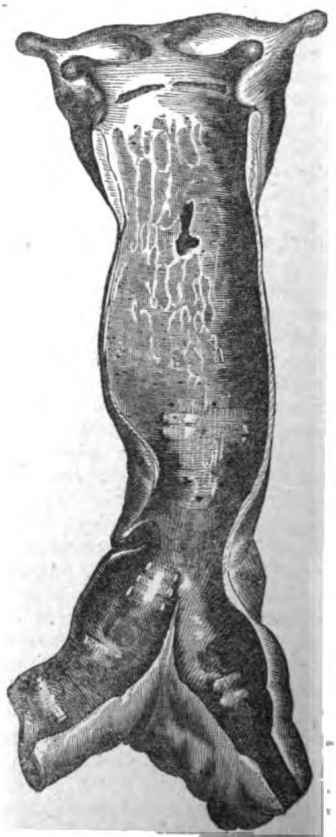
While, therefore, in the earlier stages of syphilitic infection, operative interference—save for œdema of the glottis, or an acute inflammation, will seldom be necessitated, its utility in laryngeal disease, the result of gummatous ulceration, is to be questioned as of any permanent benefit, if even we were satisfied with the great aid derived from the laryngoscope, that the disease was confined to the upper part only of the wind-pipe, we might hope something from operation, in allowing the parts rest, in the more free application of topical remedies, and in the relief given to the patient.

The following practical illustration shows the difficulties that are met with in arriving at such a conclusion as would justify our opening the trachea, previous to the occurrence of urgent laryngeal symptoms ; as the period in which the greatest benefit might be anticipated :—

A gentleman, æt. forty-three, always of energetic, robust, and active habits, contracted disease eighteen years previously. He had been a resident abroad, and had suffered from suppurating bubos, rash, alopecia, and the earlier evidences of a syphilitic taint. He had been now married six years, his wife having had miscarriages, but never a living child. He suffered for the last two years from various late phenomena of syphilis, nodes, nocturnal pains, and paralytic affection : from these he recovered under treatment. His laryngeal symptoms first appeared when in the south of England, ten months previously ; he suffered from slight hoarseness, spasmodic cough, hurried breathing and profuse expectoration, which became after a time mixed with purulent matter ; the chest sounds were clear, and the heart's action without vigour. The symptoms gradually increased in urgency, in spite of treatment ; the larynx became painful on pressure ; there was considerable inconvenience in procuring sleep, the semi-erect attitude being one time most endurable, and lying very level at another time gave remarkable relief. He now lost flesh, became most debilitated, and the difficulty of breathing became very urgent at times. Examination by the laryngoscope was all but intolerable; the epiglottis seemed healthy, and some ulceration was seen only in its immediate neighbourhood. The symptoms now increased in urgency ; the constant cough, and the profuse expectoration, which increased very much at the later stage of the disease, were wearing the patient, and there was evident danger of rapid exhaustion from the urgency of the difficult respiration. On consultation, it was determined, notwithstanding the supposition that the ulceration had extended deeply, to open the larynx ; which was done with temporary relief to the patient, but death supervened from exhaustion on the succeeding day.

A *post-mortem* examination showed the extent of the disease, and that it had extended, as it is too apt to do, from above downwards, commencing in the larynx and finally reaching the trachea, and, in this case, into the very bronchial tubes. The lungs were slightly emphysematous, the heart enlarged and soft, and the liver remarkably and characteristically diseased, having numerous gummata, both on the surface and in the interior.

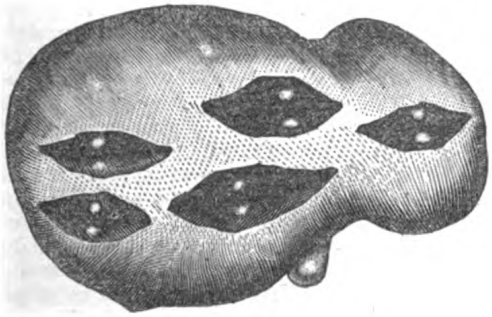
As shown in the illustration, the entire larynx, trachea, and even a great portion of the bronchial tubes, were the seat of ulcerations, while a remarkable constriction and narrowing of the trachea had taken place from the continued glandular pressure caused by the deposition of gummatous material. This narrowing took place the more easily as the cartilaginous rings of the trachea were softened and diseased, and in some places, as seen at the extremities of the diseased cartilages, protruded into the tube itself.



This example of the late and permanent effects of the syphilitic taint, as verified by a *post-mortem* examination, is instructive, and shows the difficulty in foretelling how far the same vitiated action which diseases the upper larynx may not have extended to the deeper portion of the respiratory apparatus, or may, by its simultaneous deposit in other organs, cause death, quite irrespective of laryngeal mischief.

On examining the liver, it presented a remarkable appearance, but was natural in size and weight. The right lobe was enlarged, and on the surface there could be seen here and there small elevations, each about the size of a boiled pea or bean. On cutting into the organ, over a spot indicated by a firmish feel, these deposits were easily exposed. They were yellow, about the consistence of cheese, and had every appearance of the gummatous matter. The drawing taken the day after examination shows the relative size and appearance of the gummatous materials.

In this case, beyond the uneasiness in the region of the liver complained of at times, there was no jaundice or indication of any deposit. The right lobe was enlarged.



EXPERIENCES OF A REGIMENTAL SURGEON IN INDIA.

By C. A. Gordon, M.D., C.B.,
Deputy Inspector-General of Hospitals.

Cholera.—(*Continued.*)

There has of late years existed a manifest desire on the part of non-professional writers on cholera to rob medical men, and more especially Army-Surgeons in India, of the credit justly due to them of having been the first to recommend measures for the prevention of the disease, which, although perhaps only partially acted upon when first recommended, have since been brought forward by so-called *Sanitary Reformers*, as if they were recent discoveries of their own. In the following remarks I desire to indicate some of the most important of the labours of medical officers in reference to the sanitation of the disease, for which purpose I consider the subject in the following order—namely :

(*a*) The origin and course of epidemics ; (*b*) As to the probable dependence of the disease upon certain meteorological conditions ; (*c*) Its probable connection or alliance with malarious diseases ; (*d*) Its effects upon the prevalence of the ordinary endemic diseases ; (*e*) Its connection with *epizootics ;* (*f*) How affected by drunkenness ; (*g*) Its favourite localities ; (*h*) As to the correctness of nomenclature regarding it ; (*i*) Means of prevention ; and (*j*) Regarding isolation and removal of the infected.

a. Official records in the Army Medical Office, Calcutta, contain numerous observations which indicate that many years ago it was known that cholera usually, but not always, occurred first in Lower Bengal, and thence progressed to the more inland districts. In 1831, the Inspector-General in his "Annual Report"* records the circumstance that a case of this disease happened on the 6th of April among some men of the *Buffs* who were proceeding by the *Bhauguruttee* River from Chinsurah to Berhampore ; that on the 16th of the same month it appeared among the troops at Chinsurah, at Dinapore on the 5th of May, Benares on the 8th, and Ghazepore on the 12th, so that although its progress seems to have been by a series of leaps rather than uninterruptedly onwards, its general course was upwards along the course of the Ganges. Two years afterwards, namely in 1833, Dr. Burke wrote that the disease "usually travels with the last windward rains, and is apparently arrested along with them." He moreover mentioned that "it seems to make its progress along the banks of the Ganges, spreading itself inland from these." Indeed, so well understood had the fact become in 1838 of the progress of the disease from East to West, and of its occurrence at particular stations at definite periods of the year, that any deviation from the rule became subject of remark. Thus it is said that since the beginning of that year "it had prevailed more extensively at Calcutta than is usual so early in the year."*

b. The fact that an outbreak of cholera is often checked by the occurrence of a thunder storm is generally recognised in India. It is alluded to in various official reports. It is stated to have had this effect when an epidemic of the disease, prevailed at Berhampore in 1829, and the circumstance is again alluded to in the Inspector-General's "Report" for 1835.† Unfortunately, however, this rule is not invariable. In 1845, cholera of a very fatal character occurred at Meerut among the 10th Regiment ; and similar outbreaks after an unusual continuance of easterly winds, and after unusually heavy falls of rain, were not only commented upon before and shortly after that date, but formed the subject of investigation by the late Cholera Commission of 1861.

c. When in 1831 this disease prevailed in epidemic form at Ghazepore, the circumstance was mentioned by the Inspector-General in his "Report" for that year‡, that an increase in the severity of intermittent fever at the same station was observed ; and with reference to the occurrence of a very fatal epidemic, which raged in 1833, Dr. Burke expressed his belief that it appeared to have been caused by malaria.

Dr. McLeod observed in his report for 1835, that "on the disappearance of cholera, fever of the continued form began to prevail to a considerable extent among the young and robust, attended by severe headache and high arterial action. The tissues of the eye and the skin were usually of a yellow colour, but there were no other symptoms present to lead us to the conclusion of the liver being deeply affected." "Gastric derangement," he adds, "was a very common symptom." In the "General Report for India," for 1844, we find the following remarks relative to an epidemic of fever which had during that year prevailed in the 29th Foot at Ghazepore—"The pulse, almost always weak and frequent, about 100. In some cases the prostration was extreme from the commencement, *closely resembling the collapsed stage of cholera.* There was certainly a curious affinity between these two diseases—a livid colour of the skin, a turgidity of the lips and fingers in the severe cases of the epidemic."

The Surgeon of the *Buffs* thus wrote of the fever which severely affected the men of that regiment in 1841 :—"In several cases of remittent fever of the worst type pain was complained of, chiefly affecting the muscles, usually of the lower extremities. In several other instances when the patient was considered as going on favourably, the train of symptoms suddenly, and generally without any evident cause, underwent a most unfavourable change, assuming many of the features of cholera ; the extremities and body being icy cold, with feeble or no pulsation at the wrist, and scarcely any at the heart ; great prostration ; urgent

* Page 451.

* "Report." 1836 to 1838.
† Page 324.
‡ Page 451.

calls for drink, frequently accompanied by muttering delirium." "These symptoms," Dr. Macqueen observed, "were more often observed in young men who had shortly before been in robust health; and, it may be added, no recovery took place in such instances."

I would also observe that in and prior to 1831, Drs. Searle and Stevens suspected that an analogy existed between cholera in the East Indies and yellow fever in the West; and that more recently, medical officers, who have served and witnessed those diseases in both countries, have in their reports alluded to the same circumstance in their phenomena.

d. A perusal of the reports on the state of regiments in Bengal for the years from 1826 to 1829, will suffice to indicate that army medical officers of that time were fully aware of the tendency which, during epidemics of cholera, the ordinary diseases of the country manifested to merge into that affection. Lest, however, I may be accused of simply dealing in generalities in this statement, I will give a definite instance: it occurs in the "Report" for 1829,* and there Dr. Burke expresses himself in this way. "Cholera," he wrote, "like many epidemics whose history has been handed down to us, either modifies, changes, or, for a time, banishes the endemics of the season or country." And here I would allude to one lesson that is to be obtained from this brief paragraph. It is, that the medical officers who wrote in 1829, were careful before expressing their own views to study the literature of the diseases regarding which it became their duty to write—an example I would strongly recommend for the adoption of some of their successors of the present time.

e. "It has often been observed," so wrote Dr. McLeod, "that during the prevalence of an endemial disease among the human species, the lower animals, and even fish generally participate more or less. This happened in a very remarkable degree in the month of March, 1829, when cholera morbus prevailed so extremely in the 49th Regiment, at the station of Berhampore in Bengal." He then goes on to advert to that epidemic, and thus continues: "It is a curious fact, and one worthy of record, that during the rage of cholera, a considerable number of fish of every sort and size to be met with in the large tank close to the barracks, sickened and died, or became perfectly powerless, floating on the surface of the water, so as to be easily caught by the natives." He further records the fact that "about the same time a distemper appeared among the dogs at the station, and prevailed to a great extent in a kennel of foxhounds," where it "carried off in a very short time the greater number attacked."†

f. I have already had occasion to allude to the evils which in India attend the distribution of money and bounty to soldiers, and especially to the drunkenness and riot which prevail at such times. Official reports inform us that under such circumstances cholera, in 1829,‡ broke out among the men of the 47th Regiment, then quartered at Berhampore, they having shortly before received their prize money for Ava, and that a similar occurrence took place at the same place among soldiers of the 14th Regiment after they had been paid their prize money for Bhurtpore. In the same year cholera, in epidemic form, attacked the men of the *Buffs*, stationed at Bhaugulpore, immediately on those who had volunteered from the 59th Regiment had received their prize money for Bhurtpore. We learn that much drunkenness prevailed there from the time those men joined the *Buffs*, and that the soldiers exposed themselves recklessly to the sun, roved about in search of liquor, and often bathed in the adjoining river, regardless of the dangers they thus incurred.

g. The great degree of liability of detachments of troops proceeding up by the river Ganges to be attacked by cholera, was noted so long ago as 1829.‖ Dr. Burke, in describing this occurrence, observes that "during an epidemic of the disease from which the *Buffs* suffered while travelling up by river route," and to which allusion has already been made, "the attacks were most severe when the boats remained during a night upon a low-lying muddy bank; and less so when under high and abrupt banks. Another circumstance recorded on the same occasion is not without its value now, namely, that the guard of natives attending the regiment suffered less from the prevailing disease than the soldiers.

The circumstance was also early noted that troops occupying ground floors of barracks were more susceptible of the disease than those upon upper storeys. Thus, on the occasion alluded to, when cholera occurred in the 49th Regiment at Berhampore, we are informed that "the soldiers and married families lodged in the lower floors were nearer to, and more intimately connected with the poison producing the disease" than those more elevated, "presuming," as the report goes on to observe, "that the poison emanates from the ground."* Another point connected with this formidable disease, which we find alluded to in the older reports, is the liability of soldiers, while undergoing treatment in hospital, to become its subjects. This liability was specially alluded to in the report on the 49th Regiment, when, while quartered at Hazarabagh in 1838, the men of the corps became subjected to it, "a larger proportion of the men in hospital" being on that occasion seized with the disease, "than of those in barracks."

h. Some recent circumstances have induced writers to express an opinion that many cases which, in former days, were recorded as cholera, were not of such a degree of severity as to constitute what would now be only described as of that disease. It is argued, on the one hand, that the medical officers of the times to which in these notes I principally refer, were less cautious in the phraseology they employed in describing the disease than those of more recent days have become; and also that some, in order to demonstrate the success of particular modes of treatment advocated by themselves, were induced to include among their cases those that would not now be described as cholera.

That such imputations should be made without the most ample evidence that grounds exist for them, speaks little in favour of the medical officers who gave expression to them. Perhaps, however, it will be well if I, on this occasion, simply give a few references to what is recorded on these two points. With reference, then, to the question of nomenclature, we find Dr. Burke, in 1828, quoting from the report† of Dr. Sandham, of the 11th Light Dragoons, expressing himself to this effect:—"Every case attended with vomiting and purging should not be termed cholera, or, at all events, might sometimes have *modified* added to it." Again, the surgeon of the 44th Regiment, in his report for the same year,‡ makes the remark that "it is not his intention to insinuate aught against those who have boasted of their success in cholera, but he knows that none which were not indisputable cases of spasmodic cholera are entered under that head in his return."

These remarks, I submit, indisputably show us, that if in some instances there may have been a certain degree of want of precision in the application of the term "cholera," our superior medical officers, whether in departmental position or professional attainments, observed an amount of precision in the manner of applying the term not exceeded by their most advanced brethren of the present day.

And so also was it with the second class of cases to which I refer, namely, those where some medical officers, in order to magnify the success of particular modes of treatment, did not at all times observe strict care in designating as cases of cholera those to which the desig-

* Page 23.

† Report, 1835, page 317.

‡ Report, 1829, page 158.

‖ Report, page 258.

* Report for 1829, page 156.

† Report, 1828, page 195.

‡ General Report, 1828, page 226.

nation was really applicable. It may be assumed from the nature of the comments which I am about to quote, that then, as in more recent times, the medical officers who wrote and spoke with the greatest amount of confidence of the success of their particular methods of treatment, were often those whose sphere of observation, and of action, was the most limited. It was of such that Dr. Sandham thus wrote, in 1828*:—"It is somewhat vexing," he remarked, "to see some speak so confidently, and who have seen but little of the disease, except among natives, in whom," he adds, "I have generally found it tractable enough." Dr. Sandham well knew what was wanting, in some cases, at least, in order to rectify the views of such medical officers. "The care of a very few Europeans would soon put them right." And, doubtless, so it would.

It is, in fact, tolerably clear that so long ago as the time to which I here refer, the impression had begun to be proved that the rates of mortality in outbreaks of cholera, were really much alike, whatever may have been the plan of treatment followed, while the recorded success of some methods was probably more apparent than real. That this impression gained strength the longer the attention of superior medical officers was directed to it is apparent in the writings to which we have access; thus, for example, Dr. Clarke, when writing on the subject of cholera fifteen years afterwards, namely, in 1843, found himself driven to remark that "the ratio of deaths to recoveries from this terrible scourge cannot be estimated short of fifty per cent;" and, he adds—"I fear we must be compelled to acknowledge that little advance has been made in our treatment of this disease, from its first appearance in India to the present hour; certain forms of practice have been lauded as almost specific in their effects, which have been found, when employed afterwards during the period of the epidemic, totally unavailing."

i. Were we to believe what has of late years been said and written, we should be inclined to look with horror and contempt on the culpable ignorance displayed by our older army medical officers in regard to the precautions that were most likely to be successful against the onslaught of cholera. If, indeed, my readers have not already made up their minds on this subject—adverse, of course, to the claims of my departmental brethren—let me be permitted to solicit their attention to the following brief extracts from official reports which bear upon this question:—It is reported that so long ago as 1830,† "during the prevalence of cholera, health inspections of the troops were made twice daily, and no men were discharged from hospital until perfectly recovered." In 1833, again, it is stated that among the measures adopted to check the spread of the disease was this, that "the stuffing of the bedding of the patients in cholera was destroyed, the bedcases washed and fumigated, as likewise the store in which they were kept;" and we moreover find it stated that "after the first thirty cases, no bedding was served out to those admitted, except such as could be washed"—an arrangement, let us add, which, dictated in a parsimonious and unworthy spirit, inflicted much discomfort and personal injury upon the men who were subjected to it.

In this year also, Dr. Daunt, Surgeon of the 44th Foot, "did not fail to adopt every measure that might contribute to the prevention and extermination of the disease, as well as to the best mode of cure, and to the comfort of the sick." Among others adopted on this occasion, we learn that the barracks in which the disease appeared were successively vacated—"the walls thoroughly scraped, and the whole barracks thoroughly cleaned and whitewashed." It is moreover added that "if the season of the year had been favourable, an encampment at a distance from cantonments would have been recommended; but as it was, the weight of argument was considered to be against the arrangement."

* General Report, 1828, page 195.
† Report for 1830, page 316.

NOTES OF MIDWIFERY CASES.

By J. M. Hyslop, M.D.,
Late Professor of Midwifery, Grant Medical College, Bombay.

(Continued.)

Nov. 28th, 1863.—Called to hospital at 1 p.m. to see a woman in her first labour, which commenced two days ago; pains strong; liquor amnii escaped yesterday. On making a vaginal examination, a thick and strong band was felt stretching across the vagina transversely. Presentation could not be made out; rectum cleaned out by an enema.

As there was no probability of the obstruction going away, my colleagues agreed with me that it should be divided. This was done; the left foot was then found presenting; this was brought down and delivery effected, but a large opening was found between the vagina and rectum; placenta thrown off immediately; child was premature and dead; the woman left the hospital in a few days, and her after history was not known.

January 26th, 1864.—A middle aged woman in her third labour for two days. Left hand and cord protruding from vulva; patient's condition bad; os soft and well dilated; a foot was brought down and child turned, but craniotomy had to be performed to effect delivery; did well.

March 27th, 1864.—Hindoo woman, æt. thirty, first pregnancy. In labour some days. Considerable constitutional disturbance; pains ineffectual; head impacted at brim; craniotomy performed; the bones constantly gave way, and the head was not extracted till the hook had been fixed in the right orbit (internally). In extracting the head the neck gave way; the hook was then with difficulty fixed in the right axilla, and traction made until the body was torn. The child, a male, had been dead for some days; the abdomen and scrotum distended with gas: much very offensive discharge from uterus; placenta not expelled for thirty-seven minutes after the fœtus; perineum much torn.

April 1st.—Has had fever and offensive discharge, but to day is well, and at her own request is discharged.

March 31st, 1864.—Half-past eight a.m. A young woman in the sixth month of her first pregnancy. Has been in labour for some days. Arm was presented and had been torn off; parts swollen; os puffy; abdomen tender; pulse very quick; urine drawn off, and twenty-five minims of tincture of opium given, and in an hour the fœtus was expelled.

April 4th.—Doing well; recovered rapidly.

April 4th, 1864.—Called at 8 a.m. to a woman just admitted, in her first labour for four days, child's arm protruding from vagina since yesterday; pulse 100, quiet. Evisceration was performed and version effected with difficulty. Head would not pass the brim, it was perforated, and delivery completed. Child a male. Brim of pelvis small. Did well.

August 21st, 1864.—7 a.m. A young Jewess, first pregnancy, in labour since yesterday morning. Head in pelvis, forehead to pubes; is said to have had four convulsive fits, one of an epileptic character; has never had fits before; feet anasarcus; patient quite sensible; fœtal sounds not heard; craniotomy performed, and child extracted with difficulty, owing to smallness of pelvis; placenta extracted after half an hour; after delivery the fits continued with stertorous breathing till 3 p.m. Cold was applied to the head, a blister to the neck, and sinapisms to the legs, and a diuretic mixture ordered.

September 8th.—Had had fever, but is now better, and wishes to go home. Discharged.

August 31st, 1864.—9 p.m. A middle aged woman, mother of several children, in labour since 3 a.m. The first of twin children born two hours ago. Arm protruding from vulva; uterine action smart; and uterus embracing the fœtus tightly; with great difficulty a knee was laid hold of, and even then version was difficult;

child dead; placenta expelled immediately after the child, along with a portion of the other placenta; the remaining portion was extricated with the hand. Recovered.

October 10th, 1864.—A Parsee admitted at half past seven, a.m.; has had several children; said to have been in labour for three days; pains strong, and bearing down; skin cool; pulse good; both hands and umbilical cord of fœtus protruding from vagina. After consultation with my colleague, Dr. Peet, it was determined to eviscerate the fœtus, and then extract. The chest was perforated, and the blunt hook introduced to break up the contents of the thorax and abdomen. On withdrawing the finger, a loop of intestine escaped from the vagina; there was, no doubt, in the minds of two colleagues who were present, and myself, that this was the intestine of the mother as it was the usual size of the small intestine of an adult. Delivery was effected by turning after evisceration, and then it was found that the prolapsed intestines was that of the fœtus. The uterus contracted well, and placenta was soon ejected, and all was completed by half-past eight o'clock. At ten, the Matron, who had never left her, observed that her countenance was anxious, and pulse very feeble; she called the apothecary, who gave her stimulants, but she died with a slight convulsion, at twenty minutes past ten a.m.

The Matron states that the woman never spoke after the operation, but pointed to her chest as the seat of pain. She says that the uterus was *not very large* at the time of death, but I fear this must be set down as a case of death from internal hæmorrhage.

HEATED APPLICATIONS TO CATHETERS AND BOUGIES.

By R. Hanslip Sers., M.R.C.S.

In the lubrication of catheters, &c., castor oil, from its viscid nature, continues to hold its vantage ground. Authors have affirmed concerning it that it loses its viscidity just at the proper time as it becomes warmed by the instrument and the urethra. The removal of all preventible sources of irritation to the urethra is imperative. Hence it may be inferred that it is advisable to reverse the order above mentioned, and consequently to warm the instrument and the urethra by the oil. It is my custom to use thickened oil, heated to an agreeable warmth (the bottle containing the oil, &c., is placed, during a minute or two, in close proximity to the fire), whereby the operating fingers and the catheter, even in the coldest season, may be instantly brought to any desirable temperature. To roughen a catheter by holding it before the fire, then to apply half frozen oil, and subsequently trust to a little friction through a cold hand in order to warm oil, catheter and fingers is scarcely likely to achieve the object in view.

Finally, it is a mere waste of time to thoroughly warm a catheter either by friction or by contact with the skin and then well oil it with a frigid application. It is a physical law that the instrument must exceed in temperature the canal which it is about to traverse, otherwise it cannot be called warm with respect to that canal.

Hospital Reports.

KING'S COLLEGE HOSPITAL.

Removal of Tumour from Lower Jaw.

(By Sir Wm. Fergusson, Bart.)

Sir William stated that the tumour had commenced to grow from the gum about two years since; he thought that probably it was originally of a fibrous-cellular character, but that latterly it had degenerated a good deal. Had much increased in size, and as they now saw, occupied the mental space of the lower jaw. It was about the size of a hen's egg, and the skin covering had a red and unhealthy appearance. As soon as the patient was anæsthetised, Sir William commenced the operation by making a semi-lunar incision, which encircled the lower convex margin of the tumour, and the skin was then carefully dissected off the tumour from below and upwards. As soon as this stage was completed, Sir William, by a series of *dexterous surgical manœuvres*, enucleated the tumour, and then by means of a saw and bone forceps removed a large portion of the lower jaw. The edges of the wound were then brought together, and dressed in the usual way.

Sir William was assisted by Mr. Henry Smith and the house-surgeon.

Sir William then stated that it was his practice, in cases of this kind, to endeavour to save some portion of the bone, the inner plate if possible, in fact, any part, and as a rule he was enabled to do so, as patients applied early, and there was not a great deal of disease of the bone. Here, however, a contrary state of things existed, which rendered it imperative on his part, though he was unwilling, to remove all the diseased bone, instead of making the operation, to a certain extent, a conservative one. Again, the class might have noticed that he had removed a portion of the skin; this was on account of the diseased tissue being so adherent to the healthy; nor did he consider much unsightliness would result on account of the elasticity of the parts. Now, as regarded the operation itself, the class might have noticed that the facial artery, just at the point it divides, had been cut through, and bled very profusely. Many surgeons would tie this artery at once, or after the operation had been completed. He had done neither the one nor the other, as from long experience he was aware that in a very short time after the artery had been cut it would retract and give no further trouble. Now, as regarded this and other kindred operations for the removal of a *portion of the lower jaw*, the older school of surgery had, with much obstinacy and perversity, opposed such operations as being unsuccessful, by reason of the *whole jaw* not being removed. An experience of thirty-five years in operation for the removal of portions of the jaw, together with the success he had met, was, he was glad to say, recognised by a large number of surgeons of the modern school, who now practised the principles he had so long and earnestly practised, and strenuously advocated.

Delegation of the Femoral Artery.

(By Prof. Wood, F.R.S.)

The case of popliteal aneurism, under Professor Wood, had been in the hospital about three weeks, and had been treated by *Corfe's* tourniquet, and the double-pad one of Signorini. It was somewhat unusual, Professor Wood said, to find popliteal aneurism in a man so young. At first the patient positively objected to pressure at all; however, by dint of talking to he submitted, and no doubt he was to a certain extent benefited, inasmuch as the pulsations in the aneurismal tumour were not so strong, and a change in the form of the tumour had taken place, which the Professor regarded as indicative of improvement, viz., there was *increase of length in the long axis*, and *diminution in the transverse*. The patient continued to improve till the 22nd of July, twelve days after admission, when Mr. Rocke, the house-surgeon, noticed that there was slight effusion of blood under the skin of the aneurism, and that the pulsation had increased. The Professor's attention having been drawn to this circumstance, he determined at once to operate.

The Operation.—The first incision made through the skin and superficial fascia was much smaller than that usually adopted by most surgeons, being scarcely two inches long. In the subsequent stages of the operation, the incisions were gradually lessened, though made in the same direction as the first, and were all made with light touches

of the knife only, no director being employed. On reaching the sheath, Professor Wood raised a very small piece of it, and by a series of little cuts or "touches" in a *transverse* direction, passed the director, and opened the sheath. He next passed a small probe under the artery, to disconnect it with the surrounding tissues; passed the aneurism needle under it armed with stout thread, and tied the artery. The time occupied in delegating the artery was *three minutes and thirty seconds.*

Dressing of the Wound.—The wound was then dressed in the following manner:—The edges were first brought together with three carbolized sutures, then two pads of lint were placed on either side of the wound, and kept in their position by straps of plaster passing from the outer to the inner side of the thigh. A putty poultice was then applied, the whole of the lower extremity wrapped up in cotton-wool and blankets, and the patient carefully removed to bed.

Clinical Remarks after the Operation.—Professor Wood observed that although the treatment by pressure has failed, still it had not been without its advantages in this case. He believed that while the treatment by pressure had been going on, the collateral circulation had been well set up, so that there was less fear of sloughing of the toes, &c., than if this preliminary treatment had not been adopted. Moreover, as such accidents as those he had just referred to were commoner in the lower than in the upper extremity, such preparatory treatment in cases such as these might prove of much benefit. As regarded the operation, although his first incision had perhaps not the conventional length, still there was sufficient room to work. Then, as he proceeded deeper, the incisions were decreased in size and more caution exercised, and the incisions were so arranged as to produce triangular or funnel shaped wounds, the apex being the opening of the sheath, the base the surface of the skin. If all the incisions had been the same length, you would have a square wound, and the matter would "bag." Dangerous, if not fatal results follow therefrom. Again, he was very careful not to open the sheath much, and to disturb the parts as little as possible as well; because, if the vara vasorum or nutritious arteries of the vessel are disturbed, sloughing of the artery may follow.

Now the class had observed that he dipped all the instruments employed in the operation in carbolic oil, as well as the ligature. He did this, as he believed, to a certain extent, in the antiseptic system, and moreover he thought the employment of the putty poultice would at least have this benefit, viz., that all air getting to the wound, would by the interposition of the putty poultice be purified. Germs he did not believe in. Again, the class had noticed that he had been careful to wrap up the leg immediately the operation was completed. He did this, as he believed that many patients in going from the operating theatre to the ward had the temperature of the limb so reduced by not being carefully covered up as to lead to serious complications hereafter.

"July 29th.—The patient has continued to do very well. There is a slight flush on the anterior surface of the thigh just above the wound. The wound itself has almost healed by the first intention. The pulsation in the tumour returned yesterday, but is slight in character. The limb and toes are comfortably warm, and the collateral circulation the Professor believes to be fully established."

"August 3rd.—A small abscess formed in the groin, and the matter made its exit by the original wound made for tying the artery. The man is now doing very well. The ligature came away on the twelfth day, and the patient ultimately left the hospital perfectly well."

METROPOLITAN FREE HOSPITAL.

Cases of Epilepsy.

(Under the care of Dr. C. R. DRYSDALE.)

CASE I.—Hannah Evans, æt. seventeen, has had about twelve fits—the first one commencing about a year ago. Does not know the fits are coming on, except that she has "a nasty feeling come over her right eye, and when she looks at anything it looks red just before the fit." Loses consciousness sometimes for an hour, struggles and clenches her hands and jaws; when she wakes up has a bad headache, and feels sick and giddy, and goes to sleep. The first fit came on after being nearly run over in the street. She has fits of vertigo sometimes. Seen first, 10th October, 1871, when five grains of bromide of potassium were prescribed. Notes taken on several occasions in October showed that the patient was benefited by the medicine, and, on the 30th October she had not had a fit for six weeks.

CASE II.—Mrs. Taplin, æt. forty-five, has had fits for nineteen years past. Married 1843; in about two years after marriage, when pregnant, she was frightened by a woman saying that she had been nearly murdered by her husband. Next morning she had a fit, and had a dead child. No children born dead since that date. Has had several hundred fits. "Is taken all of a sudden, without warning; falls down like anyone dead; remains from twenty minutes to an hour or two without knowing where she is; struggles violently; goes to sleep after she gets better; no headache. Was sure to have a fit at monthly periods. Was treated since July with bromide first, and then iodide of potass. Has had a dozen slight fits."

CASE III.—M. Anne Nelms, æt. thirty-eight, married twice. Had her first fit seven years ago. Has had five children—one miscarriage. Her sister has been in a lunatic asylum. She came over very light-headed, and lost her senses for some time. Her second husband struck her on the head just before the first fit; has had about thirty fits altogether; loses her consciousness; foams at the mouth, struggles, and "bites her tongue dreadful;" has a headache when she recovers. Has felt greatly better (Nov. 10th, 1871) since taking ten grain doses of bromide of potassium three times a day since October 6th, 1871.

Note.—In these three cases, the patients all assigned fright as the cause of the first attack of epilepsy. In all three the bromide has been of service, which is much more than can be said in other cases, to be recorded at a future opportunity.

I.—OXYGEN IN DISEASES OF THE LUNGS.

BY HENRY N. READ, M.D., House-Surgeon, Long Island College Hospital.*

(*Continued.*)

CASE XIII.—John Maurice, æt. twenty-two; United States; carman; admitted January 28, 1871. Has always been a strong, healthy man; no family history of tuberculosis. Three months ago was attacked with slight hæmoptysis, followed by cough, expectoration, loss of flesh and appetite. Has night-sweats and hectic; temperature 100°. Pulse nearly normal. Weight 138 pounds. Right lung gives usual signs of tubercular deposit at apex. Ordered four gallons gas, daily, with ol. morrh.; usual diet.

February 12th.—Commenced improving immediately after taking the gas; has gained two pounds. Coughs considerably. Lung much clearer; local subcrepitant *râles* detected; feels quite strong, and has good appetite.

February 26th.—Discharged to-day, and returns to his occupation. Lung quite sound on examination; is free from cough. Weight 147 pounds.

Result in Cases XII. and XIII. favourable. The absence of all *hereditary* taint and marks of "the hereditary consumptive"—the flat chest, incurvated nails, &c.—together with the general condition and appearance of the patients, renders it probable that the disease commenced in both cases as a pneumonic inflammation, the products of which, not being resolved, underwent caseous degeneration, and furnished the starting-point of the subsequent phthisis. The rapid recovery also strengthens this conclusion, the powers of the gas being especially marked in these cases,

Case XIV.—Fritz Hanson, æt. thirty-three; Sweden; sailor; admitted January 28, 1871. Three years ago had an attack of bronchitis, which was not attended to, and, going to sea before getting well, the affection has become chronic. Dry and moist *râles* of all kinds heard over both lungs, and the peculiar wheeze of chronic bronchitis. Cough very troublesome, especially at night; is much worn by his complaint, and has no appetite. Blood is badly ærated, and there is slight emphysema of both lungs. Ordered two gallons gas, morning and night, ol. morrh. ʒss, twice daily, and *mist tussis* of Case II. Weight 133 pounds.

February 16th.—Improving; circulation much better, and has a good appetite. Cod-liver oil creates great nausea, and was stopped to-day. Cough still very bad. Gas continued.

March 9th.—Improving very fast; lungs are in a much better state. Cough much better. Weight 145 pounds. Gas continued. Spends most of his time out-of-doors.

April 8th.—Discharged to-day, and went to sea again. Weight 145 pounds, same as at last record. Lungs healthy, except the slight emphysematous condition mentioned; no cough.

Case XV.—James Green, æt. twenty-three; United States; sailor; admitted February 4, 1871. Has lost two of his family "from some disease of the lungs." Was taken with cough a year ago, since which time he has had several hæmoptyses; the cough was not severe till a month ago, nor was he compelled to quit work till the present time. Within the last month, however, he has rapidly declined, is extremely emaciated, very weak, has exhausting night-sweats, and almost complete aphonia. Right lung gives all the physical signs of advanced tubercular deposit. Pulse 100 to 105; temperature 101°. Weight 116 pounds. Ordered three gallons gas, daily, ol. morrh., and the usual diet.

February 25th.—Has lost two pound in weight; no appetite; temperature 101° to 101½°; pulse 100. Coughs less, and sleeps better. Ordered one more gallon gas, making four gallons in all.

March 9th.—Slight general improvement, but no gain in weight; has a little better appetite, and sleeps well. Pulse and temperature as at last record. Night-sweats continue. Ordered quinine and acid; oil and gas continued.

March 22nd.—Is getting worse. On further examination, the *left* lung is found more or less consolidated at apex; no normal respiratory sounds heard in the right lung at all. Has lost five pounds in weight; hectic and cough very bad.

April 2nd.—Sinking fast; both lungs extensively involved; is unable to leave his bed. Treatment did him no good.

April 5th.—Died to-day.

Case XVI.—Bernard Clark, æt. twenty-three; Ireland; porter; admitted February 13, 1871. Was attacked four days ago with pneumonia of right lung; has cough, rusty sputa, &c. Nearly the whole lung solidified, and respiration very laboured; face anxious; pulse 128; temperature 103°. States that he is of a consumptive family, and has spit blood on one occasion, but has enjoyed good health previous to this sickness; has been a very temperate man in his habits. The physician who had attended him previous to this sickness states that he has a slight tubercular deposit in apex of right lung, and the inflammation commenced in this case at the apex, and not at the base. Patient very weak, pulse feeble, &c. Ordered supporting treatment, with two gallons gas morning and evening, to sustain and relieve the dyspnœa. Warm fomentations to chest. Weight not taken.

February 15th.—Breathing better, and is not so restless; expectorates freely; temperature 100°. Has some appetite. Treatment continued.

February 20th.—Is improving rapidly; is able to walk about the wards. Lung is clearing up, though he continues to expectorate a good deal. Has an excellent appetite. Pulse and temperature nearly normal.

February 28th.—Discharged to-day, entirely well. Lung clear, except at apex, where breathing is slightly exaggerated.

May 20th.—Saw patient to-day; says he "never was in better health;" looks well, and is at his work. This case was remarkable for the rapid recovery from the pneumonic condition.

Case XVII.—Lawrence Dolan, æt. twenty-four; Ireland; mechanic; admitted February 24, 1871. Had lost a father and brother from consumption. Was in good health till last June, when he was taken with a slight cough; and, being examined at the time, says his physician told him he was "threatened with consumption." His health, however, did not suffer materially, although he had two hæmoptyses; and his cough left him after a short time. He has been dissipated in his habits, and in November last got on a spree, and continued on his debauch till Christmas, when, after getting wet, he was attacked with cough, fever, pain in side, spitting of blood, etc., which has continued to the present time. On admission to the hospital, he is extremely emaciated, very weak, has hectic, anorexia, etc. Both lungs are involved, and a large cavity is detected in right apex; the whole of this lung is badly damaged. Ordered four gallons gas, with ol. morrh., daily; usual diet; pulse 106; temperature 101° to 101½°. Weight 111 pounds.

March 1st.—No better; is very nervous from the effects of his drinking; no appetite. Disease seems progressing in left lung. Ordered anodyne at bed-time. Original treatment continued.

March 12th.—Is failing rapidly; the whole of the left lung is involved, and no normal respiratory sounds are heard in any part of the chest.

March 17th.—Died to-day, deriving no benefit from treatment.

Case XVIII.—Thomas Frawley, æt. thirty; Ireland; labourer; admitted February 21, 1871. Attacked with cough, pain in side, &c., last August, but was not confined to bed; spat blood at that time. Cough has continued to the present, but has not quit work till now; has lost some flesh, but has no hectic. Left lung dull at base, dulness extending as high as sixth rib; left side somewhat contracted, and has pains through it. Expectorates freely; sometimes spits clear blood, at others the blood is mixed with the yellow mucus. Has no hereditary taint, and is in fair condition. Weight 126 pounds; pulse nearly normal; temperature 99°. Ordered three gallons gas, with ol. morrh., daily.

March 16th.—Improving slowly; eats and sleeps well, but continues, occasionally, to have hæmoptyses. Treatment continued.

April 25th.—Much improved; examination shows the lung almost clear.

May 28th.—Lung-sounds normal. Weight 134 pounds. Is in good health, and in fit condition to be discharged.

Case XIX.—John Johnson, æt. sixty-one; Sweden; sailor; admitted February 22, 1871. Has had a chronic bronchitis for some years; is much worn down by the disease, and very weak; coughs incessantly, and rests very badly at night; poor appetite. Both lungs affected; *râles*, dry and moist, heard; some slight emphysema detected. Pulse and temperature normal. Weight 136 pounds. Ordered four gallons gas, daily; *mist. tussis* of Case II.; ferri et quin. citrat. gr. v. *ter die*. Good diet; counter-irritation to chest.

March 20th.—Improving; cough much less troublesome, and sleeps well.

May 1st.—Continues to improve; lungs in better condition; only dry *râles* heard.

May 26th.—Lung-sounds nearly normal; weight 152 pounds. Sleeps well, and is in good general condition. Is ready to go to sea again.

Case XX.—Gustave Hatton, æt. twenty-two; Sweden; sailor; admitted February 20, 1871. Was attacked with pneumonia three weeks ago at sea; has cough: rusty sputa, &c. Base of left lung involved; inflammation in resolving stage; dulness on percussion, extending as far as fourth rib; moist *râles* heard. Is weak and exhausted; laboured respiration; temperature 102°; skin hot; pulse 118. Has been a healthy man, and has no hereditary taint. Ordered four gallons gas, daily; as a general stimulant, quinine and good diet.

March 21st.—Improving; lung much clearer; has some pain in side, and night-sweats. Ordered acid. sulph. arom. gtt. xx. *ter die*. Treatment continued.

April 21st.—Discharged to-day; lung clear; general condition good. Regards himself as well.

Case XXI.—Francis Smith, æt. thirty-three; United States; sailor; admitted January 16, 1871. Has never been a strong man, and inherits tuberculosis. Two months ago, at sea, had a pneumonic inflammation of right lung; cough, pneumonic expectoration, &c. He had no treatment, and was much exposed. Present condition very poor; right lung dull over most of its surface; respiration tubal; mucous *rales* heard, except at base. Is very weak and anæmic. Pulse 90; temperature 99°; weight 126 pounds. Ordered three gallons gas, daily; ol. morrh. with ferri hydrophosphites. Usual diet.

February 16th.—Slight improvement. Weight 130 pounds. Cough and expectoration still troublesome. Ordered *mist. tussis* of Case II. Treatment continued.

April 10th.—Not improving; has lost the flesh he had gained, and five or six pounds besides. Left lung has become involved; dulness with bronchial respiration, and mucous *rales* heard at apex. Ordered one gallon additional of gas, making four in all.

May 12th.—Patient declining. Both lungs have become hopelessly diseased. Diarrhœa has set in, and he cannot leave his bed.

June 1st.—Died to-day.

I have briefly recorded the foregoing cases, and now submit them to the profession, for the purpose, mainly, of showing the action of oxygen gas, *in conjunction with cod-liver oil*, in diseases of the lungs. In some cases, it will be seen, no good results were obtained; in others, the improvement was very marked. It will be for the profession to judge of the adaptation of the treatment to the particular cases reported. It will be observed that, while no specific effect is claimed for oxygen, yet it has been found a most admirable *adjuvant* to the cod-liver oil, and the usual routine treatment in phthisis pulmonalis. Especially has it been found useful, *in conjunction with the oil*, in those cases of phthisis where the patients, either from inability or from the state of the weather, are unable to go out-of-doors. In the cases of acute pneumonia in which it was given, it invariably had the effect of easing the laboured respiration in the early stages, and of promoting the resolution and absorption of the inflammatory products in the latter.

Case XVI. is an instructive and illustrative one of this class. This patient had an acute pneumonia in a lung evidently already tuberculous. This will be recognised as a very grave and uncompromising condition of affairs—a condition which often terminates in what is popularly known as "galloping consumption"—properly termed by Condie, of Philadelphia, "*tubercular pneumonia*." The temperate habits of the man, and the early commencement of the treatment, must, of course, be taken into consideration in the case. The result was complete and rapid recovery.

Case XVII. was analogous to this; *i.e*, the patient had pneumonia in a lung in which tubercles existed previously. But the dissipated habits of the man, and the neglect of treatment, had allowed the disease to make such progress, that the treatment, when administered, had no effect in checking its rapid advance. The man sank soon after his admission to the hospital. The beneficial action of the gas was marked in the troublesome affection, *chronic bronchitis;* increase of appetite, weight, and diminution of the paroxysms of the cough, usually following its exhibition.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 13, 1871.

ORIGIN OF THE ILLNESS OF THE PRINCE OF WALES.

It is by no means surprising that the deepest interest should have been excited when the Heir to the Crown was struck down with typhoid fever; and, therefore, the flood of articles on the subject that has flowed for the last few weeks was to be expected. It is to be hoped they may do much good by directing urgent attention to the sanitary defects that prevail throughout the country. We do not mean to assert that sanitary improvements will ever eradicate whole classes of disease, as not a few expect—at any rate, in the near future. But it cannot be too frequently repeated that thousands of lives are constantly lost through inattention to these matters. Nevertheless, it is going too far to assume that in any case it is an easy matter to assign the cause of the disease.

We are told, indeed, by some of our friends who have visited the places, and their views are confirmed by correspondents, as well as by writers in other journals, that at Scarborough and at Sandringham too, there were serious defects—in the one case, the air being poisoned by sewer gas; in the other, the water contaminated. Those who believe that typhoid is usually propagated through the air, have fixed upon the Prince of Wales's bedroom at Scarborough as the origin of the disease, because it communicated with the water-closet. But a similar arrangement exists in thousands of the best houses in London without giving rise to typhoid. Of course, it will be said that there was defect; but it ought not to be forgotten that there was no offensive smell; and to assert that sewer gas penetrated a certain room, and poisoned the Prince and the Earl of Chesterfield, who occupied it after the Prince left, but gave no indication whatever of its presence by its odour, is to say more than most people will readily believe.

We shall no doubt be told that a certain specific contagium is the exciting cause of the fever—that this might have passed into the Prince's room, without warning by its smell; but we submit, if it be granted that typhoid

can only be propagated by a specific contagium, the advocates of this hypothesis are not justified in expecting us to believe that this contagium would pass into the house when sewer gas would not. In spite of all that has been said and written, we are entitled to say the evidence is not sufficient to justify the conclusion that too many have drawn. Besides all this, we know that men exposed to emanations from sewers and cesspools do not fall victims to typhoid in greater proportion than others.

Moreover, there are not a few who deny altogether that the disease can be spread through the atmosphere. The water theory is equally consistent, but it is equally difficult to prove or disprove. At Scarborough all the Royal party, we are told, drank the purest water. As to the Bristol water, on which some desperate adherent of the water hypothesis would cast blame, it is not to be forgotten that it has been in use for years in the Lodge itself, and in many other places, and was never before suspected.

We turn to Sandringham, then, and there we are repeatedly told the water of the Hall itself is of very doubtful purity, and some of the property of the Prince is supplied from a well that certainly contains organic matter—although it is of high repute in the neighbourhood for its excellent quality. Besides this, one of the Royal grooms, who never went to Scarborough, has been down with the fever. There is apparently, so far, just as much probability that the Prince contracted the fever at Sandringham as at Scarborough.

We might leave the question here, and let the advocates of the two hypotheses fight it out; but there are other issues equally important.

It is quite conceivable that other entrances for fever are as common as, or even more common than either, air or water. The great difficulty is the impossibility of showing that none of those attacked by typhoid breathed a certain air alone, or partook of a certain water supply alone. Thus, reference has been made to the offensive receptacle of the middens and dust-carts by which the Royal party often passed, and which smelt so badly as to make the Duke of Beaufort feel sick. But we do not hear that the carters who take the filth-carts to the place, and empty them six or seven times a day, have been seized with the same form of disease.

Again, we are told by a correspondent, that the Royal party were shooting for days over a most pestilential district; but if the air of this was the cause of the fever, why did it only affect the Prince and the Earl of Chesterfield?

The water theorists would probably venture a guess that the two sufferers on some occasion or other drank a glasss of water, out of the usual course, and thought no more about it. It is obviously impossible to assert that so simple an act might be quickly forgotten; but surely water so poisonous as that is acting on everyone who takes it. One would hardly suppose the Prince, or anyone else, would take water from any stream on the "pestilential swamp" where they were shooting, though this might have possibly occurred. It would be more likely to occur on the visit to Sandringham or to London.

So far as argument goes, we might just as well say the disease was produced by food as by water or air. Many distinguished authorities think that food, in a certain condition of decomposition, is capable of producing typhoid. Fish is, if not fresh, particularly unwholesome—and what do we know about game? It is often taken as a delicacy in a condition which is certainly one stage of decomposition.

It would be easy to go through a number of other supposed causes of typhoid, and show how very inadequate are all theories to account for all the facts daily met with in practice. How difficult then must it be to arrive at certainty as to the origin of the Prince's disease.

Without any wish to depreciate the work of those who have set themselves to solve the question, we confess that the evidence at present adduced does not justify the conclusions that have been so positively put forward.

We do not deny that foul air and contaminated water are both dangerous to health. We have, over and over again, urged the necessity of attending to these things, and it is to be hoped that the nation may become henceforth more alive to all sanitary questions, and more determined to carry out sanitary reforms.

FRAGMENTATION OF BULLETS IN GUNSHOT WOUNDS.

The principle of the transformation of forces has found, according to a note communicated to the Paris Academy by M. Larrez, an application in surgery which is considered to explain certain effects of projectiles. The author of the communication states, that when one of these bodies, driven with great speed, strikes an obstacle which is capable of arresting its progress, the motion with which it is animated is converted into heat, and the missile increases in temperature. The degree of temperature which it may thus acquire may be sufficient, in the opinion of M. Coze, the Strasburg Professor, to produce fusion. Two results would accrue from this—firstly, the fragmentation of the ball, and secondly, a burn more or less considerable in extent, and in the effects on the tissues. It would seem under these circumstances as if the wound had been produced by an explosive ball, and it is maintained that this fact, being insufficiently known or appreciated, gave rise in the late war to the reciprocal accusations made by the belligerents, as to the employment of means which had been prohibited by the laws of international convention.

In the *Gazette Médicale de Paris*, of 18th of March, 1871, this question was discussed, and M. Nicaisne then arrived at conclusions almost similar to those of M. Coze; yet, while he admits that the ball may be heated by its impact against a bone so much as to lose its cohesion, he does not think that it is possible that the metal might be fused, and thus a true burn might be added to the lesions caused by the contusion.

However incredible all this may appear, so far as it affords any explanation of surgical phenomena, it may be assumed that the results detailed by M. Coze and M. Nicaisne are not put forward without strong probability on scientific grounds. Perhaps the results arrived at by these authors may afford something in the way of explanation of the difficulty of finding the ball in the Kelly case, a difficulty which is supposed to have induced the jury to arrive at the extraordinary conclusion embodied in their verdict.

SCOTLAND.

Edinburgh.—The first meeting of the Royal Society for the present session was held on the 4th inst., the opening address was delivered by the President, Sir Robert Christison, Bart.

THE SYME SURGICAL FELLOWSHIP.—The sum obtained for the endowment of this Fellowship amounts to £2,500, which will yield about £100 per annum.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.—The following gentlemen have been elected office-bearers of the Medico-Chirurgical Society of Edinburgh :—President—Dr. P. D. Handyside ; Vice-Presidents—Dr. Matthews Duncan, Professor Lister, and Dr. Robert Paterson ; Councillors—Dr. James Frazer, Dr. John Chiene, Dr. C. H. Groves, Dr. Wyllie, Dr. Gordon, Dr. John Sibbald, Dr. J. R. B. Cunynghame, and Dr. William Craig ; Treasurer —Dr. George W. Balfour ; Secretaries—Dr. Argyll Robertson, 40 Queen street, and Dr. Claud Muirhead, 7 Heriot row.

FROM the increase of small-pox in the city, and the inadequate accommodation in the small-pox hospital, it has been found necessary to open a portion of Watson's Hospital for the reception of new cases. This arrangement will not interfere with the operations of the workmen who are now busily engaged upon the foundations of the new Infirmary.

DUNDEE.—Miss Baxter, of Balgavies, desirous of being associated with her brother, Sir David Baxter, Bart., in the erection of the Convalescent Hospital, has contributed £5,000 towards the building and its endowment.

ABERDEEN.—Dr. Harvey has resigned his appointment of senior-surgeon to the Royal Infirmary.

Notes on Current Topics.

The Elberfeld plan of dealing with Pauperism.

THE Local Government Board has issued its report of the inquiry held by Mr. Doyle, one of the Poor-law Inspectors, and the British Consul in Saxony, into the system of poor-law relief in Elberfeld. This system in a few years succeeded in reducing the rate of pauperism from 8 to 2 per cent upon the population and has naturally attracted the notice of poor-law reformers. The Elberfeld system is no doubt thorough and a town of 50,000 inhabitants taking upon itself the solution of the pauperism problem is an attempt that will please many. But Elberfeld differs very much from any English town. Here the Poor-law administration throughout the country is regulated by one central authority. In Elberfeld there exists an independent local administration. The enquiries tolerated at Elberfeld would alone conflict with all our notions and cause a terrible outcry. Not only must the pauper seeking relief show that he has resided at Elberfeld twelve months and state where he resided before, but whether he reported himself to the police. His entire family has, moreover, to be placed under the penalty of degradation because of the misconduct, or misfortune of a single person. To effect this every applicant for relief is bound to give not only his own name, but also the name of every member of his family, his religious profession, his birthplace ; "the state of health of each member of his family, his occupation, the name of his employer, his average weekly earnings, proved if, possible, by a voucher ;" he must declare "whether the family leads a moral and honest life," specify "which of the members does not, whether or not the children are sent to school, and where ; the name, dwelling, business, and circumstances of surviving parents, parents-in-law, and grandparents, as well as of the children not living with the head of the family." In addition to this information, the visitor is to ascertain, as far as he can, and report "the causes of the pauperism of the applicant." It is obvious that this effort to crush pauperism in Elberfeld would find favour in this country where it would be thought sure to crush utterly the paupers as individuals. The Elberfeld method as set forth in Mr. Doyle's lucid and interesting report of his recent visit to Prussia is, however, worthy of study.

Nothing New under the Sun.

IT appears now that the pre-Adamite man—at least the American branch of him—knew all about what we have been deluding ourselves was the *modern* art of war, for according to the *Halifax* (Nova Scotia) *Express* of the 20th ult., a four-pound cannon ball was found in a lump of coal taken from a depth of 150 feet below the surface of the earth, at the Acadia Coal Mine, Maccan, Nova Scotia.

The late Dr. Miles.

WE regret to announce the decease of Dr. Miles, of Heavitree, at the age of seventy-one He was formerly surgeon to the Exeter Dispensary. He was honorary officer to the Royal Humane Society for Devonshire, and very highly esteemed in the large circle in which he moved for his charity and philanthropy.

The Queen's Hospital, Birmingham.

THE *Birmingham Gazette* states that the foundation-stone of the new building in extension of the Queen's Hospital was laid last week by Lord Leigh, with Masonic honours. The Freemasons of the town assembled to support the Provincial Grand Master, Lord Leigh. The Masons formed one procession to the site, which adjoins the Queen's Hospital ; and the working men, Foresters, Odd Fellows, Good Templars, &c., another. In the afternoon a luncheon took place at the Great Western Hotel, and a *soirée*, at which Mr. G. Dawson gave an address was held at the Town Hall in the evening.

Modern Therapeutics.

IN the course of his able address at the meeting of St. Andrew's Association already mentioned in the MEDICAL PRESS, the President, Dr. Day, of Stafford, adverted to the progress of medicine, which he regarded with hope and confidence. The recent advances in medicine and surgery were spoken of as illustrations of what had been done, and might be expected. On therapeutics Dr. Day said :

"Three remarkable progressions seem to my mind to distinguish modern therapeutics. The first consists in the study of the action of medicines by the investigation of the physical characteristics of each medicinal substance ; the second consists in distinguishing the special action of different remedial substances on particular parts of the living organism ; and the third consists in bringing the art of prescribing to the utmost simplicity, so that when we prescribe we know precisely on what we wish to rely for the good we would secure. All these methods of improvement hang closely together, and yet they are often

distinctly pursued, not only by different men, but by men of diverse modes of thought. They are all good and productive of the best influences. It would be incredible to our forefathers to hear that we have men now, who—if you give them a chemical substance and tell them, this substance is composed of the following elements, it is of this specific weight, it is of this reaction, it is of this solubility, and it has certain other physical qualities therewith named—will tell you, in return, with an absolutely near approximation to the truth, what will be the physiological action of the said substance. Yet this is an accomplished fact, and, in the matter of those agents we employ to relieve pain, it has been one of the most fruitful means of the development of the triumph of human art over human suffering; a development belonging truly to the whole Christian era, but most to this latter-day section of that marvellous testimony of 'the ways of God to man.'

"Equally strange would it be to our forefathers to hear that we can now predict where a medicine shall, to speak plainly, go into the organism, and on what it shall act. Yet, in the case of some of our most potent agents, such as arsenic, nitrite of amyl, woorali, we know, when we give them, what will be the seat in which their influence or force will be expended, as well as the nature or quality of that influence.

"Finally, to the most distinguished of the older prescribers how strange it would be to tell them, we give up that long list of agents that constituted your favourite formulæ; we are content to try one agent at one time; and as to your method of putting your medicines into the body by the stomach only, we, in our day, wise as serpents and gentle as doves, put them in by the skin if we like, with a sharp tooth, or instil them in the vapour by the lungs so subtly, that the administration is all but unperceived. Yet this, too, is daily done, and with a successful result undreamed of by the earlier pilgrims of medical progress, and certain amongst the historical steps of our time to remain."

Treatment of Carbuncle by means of the Hypodermic Syringe.

Carbuncles according to the "Georgia Medical Companion," are most safely, humanely, and more regularly treated, as follows:—Introduce the canula of a hypodermic syringe into the centre of the tumour, draw out the piston, and with it will come pus, if any. The syringe is to be removed from the canula, and emptied, the canula left in, and the syringe replaced to the canula again, and the piston withdrawn, as before, as long as pus follows. When all the pus is out, withdraw the canula and apply on the tumour, externally, with a brush, the following:—

℞ Collodion..... ʒj.;
Castor oil..... gtts. xx.;
Carbolic acid..... grs. v.;
Tannin..... ℈i.—Mix.

Several applications are to he made, one after the other, so that a good outer covering is obtained at once.—

Habitual Drunkards.

The discussion introduced by Dr. Swete, at the St. Andrew's Medical Graduates Association, may be mentioned if only for the sake of expressing surprise that he should fully endorse the sensation statements of the *Saturday Review* as if they had been a record of sober facts. Difficult as it is to deal with drunkards, there is a strong wish to do something, and the feeling of the meeting appeared to us to be in favour of Dr. Dalrymple's proposals.

The Dublin Pathological Society.

We understand that the reform movement in the Dublin Pathological Society, which was to have effected a rejuvenation of the Society has, for this year at least, come to a miserable end. As we stated last week, a meeting of the members, with all the appearances of enthusiasm about it, was held, to decide what the extent of the reform programme was to be. The aspirations of the meeting were nothing very lofty, and they decided to ask only that the Society should elect its Council, and that the meetings of the Society should be held under such circumstances as to allow the communications to be listened to in comfort, and discussed, if necessary. This gentle revolution was to have been completed on Saturday last, but, although the meeting was very largely attended, and seemed ready to approve some little amendment of the existing system, the reform representative abandoned all his positions almost without a blow in their defence, and the limits of the resolution, never too wide, were narrowed to a laughable *anti-climax*, which had better not be mentioned as a concession to the Reform party. It was decided, *nem. dis.*, that the Society should continue to meet between day and night in the afternoon; that the communications, when read, should be put under the table without question or discussion; and that the proceedings of the Society should continue to serve for a course of lectures for the student. The only point achieved by the "Tennis Court" party, was that three councillors should be rotated out of the governing body each year. It is right to be thankful for small blessings, homœopathic though they be. Let us hope that the members of the Society who long for the free air of open discussion and unfettered election will not be expected to subsist long on so microscopic an amount of relief.

Dogberry on Post-mortems.

The Clerk of the Peace for Middlesex thinks that a *post-mortem* examination for a coroner's inquest is "a very improper application of the public money," and a Mr. Turner, a Middlesex magistrate, said, "if such a state of things continued the magistrates must communicate with the Home Secretary, with a view to putting a stop to it." Bumble always was an advocate for the ready method of finding verdicts on the vile bodies of dead paupers. It would be a cheap process, and no doubt quite good enough for such purposes, if the coroner would tell the twelve wiseacres whom the law selects to decide on abstruse pathology, what the person died of, and if they would not give trouble by (like the engineer at the Circumlocution Office) "wanting to know" anything about the matter. Perhaps the Home Secretary may think that the public wants to know the reason of suspicious deaths, and may not agree with the Middlesex magistrate that the cheap and pleasant system is not always the best.

The Visiting List.

The twenty-sixth annual issue of the "Physicians', Surgeons,' and General Practitioners' Visiting List," being that for the ensuing year, is already published.

The publishers have once more been able to add an improvement. Not only are the new postage rates given as we might have expected, but they have extracted from Squire's "Companion to the Pharmacopœia," a table of doses, which can, therefore, always be found in the pocket of those who are wise enough to carry the "Visiting List."

Inebriates.

THE cure of Habitual Drunkenness by the aid of legislative restraint, an object with which this journal warmly identified itself long before its attainment came to be regarded as a possibility, was exhaustively discussed last week by the leading speakers of the St. Andrew's Graduates Association. The opinions expressed, and the action contemplated by the association speak loudly of a growth of feeling in favour of Inebriate Asylums within the last year or two which, if its development proceed at the same rate, will no doubt raise up for us a system of control which will constitute one of the greatest philanthropic attainments of the day. If one may judge by the utterances of the speakers in the association, the medical profession has passed the *rubicon;* has got over their natural hesitation to regard an insatiable drunkard as a lunatic, and deal with him accordingly. Most of the speakers refused to attach any pathological character to dipsomania, to regard it as a disease at all, but we do not consider that the question is at all affected by this fact. Whether a man is a lunatic or is afflicted with an unconquerable habit which makes him act as a lunatic, the results to himself and the public are about the same, and as it is abundantly proved that the habit cannot be controlled or influenced by punishment or remonstrance any more than lunacy itself can be, it seems to us unnecessary to discuss whether there are pathological lesions or not. Mr. Hepworth Dixon, as the exponent of extra-professional views on the subject, spoke warmly in favour of controlling legislation, and the association finally evinced its interest in the subject, and its belief in the future of the movement by appointing a committee to watch and assist legislation in the matter. We can hardly hope that a year or two will bring forth any useful measure on so serious a subject, but we prophecy that before long we shall be wondering how it was that a miserable, self-condemned madman, should have been so long permitted to subject himself to slow suicide and his family to disgrace and misery.

The Sanitary condition of Londesborough Lodge.

IN another article we had already expressed grave doubts as to the statements put forward by our contemparies, and we think it right to give publicity to the following statement that appeared in the daily papers on Monday last:—

"Sir,—We, the undersigned, have this day instituted a careful and searching investigation into the drainage of Londesborough Lodge, and beg to say that all the drains inside that part of the house receiving water-closet soil-pipes are glazed sanitary tubes. These tubes are from four to nine inches in diameter, and have a fall of one and a half inches in ten feet.

"We found no deposit or smell in the drains; there is no cesspool of the kind described by the *British Medical Journal* commissioner inside the house or anywhere about the premises. In the basement under the scullery there is a brick effluvium trap, cemented inside and in perfect order. This trap is eighteen inches wide, thirty-six inches in length, and has a depth of fourteen inches of water in it; dip of trapstone into water three inches. No deposit found. This trap was cleaned out before the arrival of Lord Londesborough's family for the autumn, and is capped with a flag laid in cement. The soil-pipe from the water-closet used by the Prince opens directly into the main drain, and, as we have already stated, there is no cesspool as alleged. The upper end of this soil pipe, after passing through the open cistern on the roof, opens freely to the air, forming a ventilating shaft to the drains, and to the Prince's water-closet in particular. The *Lancet* commissioner was misinformed by the plumber's man on this point. A four-inch iron rain-water-pipe runs into the main drain, outside the house, near to the junction of the soil-pipe from the Prince's closet; it runs directly upwards to the eaves of the roof, where it ends, and serves as a second ventilating shaft to the drainage of Londesborough Lodge. We are of opinion this contrivance would allow any pent-up sewage gases in the main drain to escape above the roof of the house, and not press unduly on the water-closet traps. This contrivance was not pointed out to the sanitary commissioners who have reported upon the condition of Londesborough Lodge, as it undoubtedly should have been.

(Signed) "GEORGE P. DALE, F.R.C.S.
"JOHN WM. TAYLOR, M.D., Medical Officer to the Local Board.
"STEWART and BURY, Architects, Scarborough.
"WILLIAM P. A. COCK, Contractor, Scarborough.
"J. H. CARROLL, Clerk of the Works.
"SEPTIMUS BLAND, Plumber.

"Scarborough, Dec. 9, 1871.

"I was present at, and took part in, the examination of Londesborough Lodge, now made, and certify that the facts above stated are correct.

"J. H. STALLARD, M.D., one of the Sanitary Commissioners of the *Lancet*."

The Bengal Medical Service.

THE *Pioneer* says that the officers of the Bengal Medical Service will be shortly called upon to elect either for military service or civil employ. The Madras Medical Department has already ascertained the wishes of its officers in this matter. It is to be hoped, however, that the Bengal officers, before being called on to make a decision, will be furnished with more information than seems to have have been given to their brethren of Madras. They should clearly understand whether if, on electing for military service, they will be allowed to serve in European regiments and to exchange with officers of the sister service; whether the medical charge of hill stations will still remain in the gift of the Commander-in-Chief; whether Foreign Department appointments (such as medical charge of political agencies) will be considered as civil or military in their character. The disruption of this service seems inevitable, as it has become out of harmony with the times, having withstood longer than any other of the Company's institutions the storms which have swept away an army and a navy and many another system. We trust that Government will, by wise and liberal treatment, render the death of this fine old service as easy as possible.

WE understand that out of a total strength of 700 men in the 105th regiment now stationed in India, one-seventh are in hospital.

THE next Competitive Examination for appointments as assistant-surgeons in the Royal Navy, will be held in London in February next.

WE have pleasure in announcing that an Italian translation of Dr. Tilt's "Change of Life" from the able pen of Dr. Eugenie Rey will shortly appear at Rome.

ASSISTANT-SURGEON FRANCIS H. WELCH, 1st Battalion, 22nd Regiment, has been appointed Assistant-Professor of Pathology at the Army Medical School, vice Staff Assistant-Surgeon Vivian Wearne, who has resigned on account of ill-health.

SPECIAL CORRESPONDENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

VIENNA, November 24, 1871.

ON THE ABSORPTION OF BLUE OINTMENT AND OF SUBLIMATE BY THE UNWOUNDED SKIN.

A MICROSCOPICO-CHEMICAL study has appeared by Professor Dr. Neumann, which is very interesting. He says there are five questions to answer to :—

1. Does mercury, rubbed into the unwounded skin, penetrate through it into the organism?
2. What are the ways by which mercury enters the body?
3. Can the *hypothesis* (that mercury enters the body in the form of metal, and that it circulates in that form in the blood) be proved by the microscope?
4. Can the mercury rubbed into the skin be found in the interior organs chemically or microscopically?
5. Is corrosive sublimate dissolved in a bath, received by the unwounded skin?

Dr. Neumann asserts that the known physical properties of the globules of mercury in blue ointment are only appreciated under a certain limit, beyond which limit even the best microscopist can no longer make a difference between globules of mercury and bubbles of air, molecular grease, molecular detritus, microconus, carbonate of lime.

That question can only be resolved by combined method :—

a. First the entering of the globules must be proved.

b. Then their presence in the blood and in the organs must be searched for chemically.

The best method for that is Professor Schneider's, who makes an amalgam by small leaves of gold, and by the mercury excreted from the body—then a metallic mirror is created by combination with vapours of iodine ; then the iodide of mercury appears by its characteristic colour and crystals.

Experiments have been made on dogs, rabbits, frogs, on the skin of new-born children, and on living men, and on those parts of the body which were destined for amputation ; then on bladders and pericardium.

In order to *prevent* on living animals the *licking* off of the rubbed parts, bandages were applied, also the injection with curare was made after long rubbing, or with a solution of chloral, after which experiment the animal lives still some hours (27 hours—4 hours). But the skin should not be excoriated by rubbing. Gold coins were also interpolated in the subcutaneous tissue, and in the cavity of the chest and abdomen to detect the amalgamation.

The *opinion* that the mercury enters into the apparatus of breathing during the rubbing is refuted by the proof that mercury changes into vapour only by high temperature. Other *physiologists* object that very thin molecules of mercury which are suspended in the air may enter in the body by the mouth. Dr. Neumann refutes this opinion by the following experiments. He separates the head and the anterior part of the body by a correspondent aperture in the window, from the atmosphere in which the inunction takes place, so that no particle of mercury could be breathed. Of those experiments the results were the following:—By rubbing the blue ointment in the unwounded skin globules of mercury enter by the air follicles as far as the bulb in the sebaceous glands, which have an open aperture, and then they enter in the superior part of the sudoriferous glands. But Dr. Neumann could not find what direction the globules take from there till the apparatus of circulation, and in what form ; probably they are changed into sublimate, and are resolved by the superficial lymphatic system.

On the contrary, the rubbed mercury as blue ointment can in the blood, and in the interior organs only be found by chemical methods, also the sublimate when it is received by the unwounded skin.

Globules of mercury could never be found in the subcutaneous tissue and in the cutis vera.

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

NOVEMBER 27TH, 1871.

DR. ANDREW CLARKE, President, in the Chair.

UNIQUE CASE OF IMPALEMENT.

MR. ALFRED FREER, of Stourbridge, communicated the following case of *impalement*. On the evening of the 9th of August, 1870, I was sent for to see an Irishwoman, æt. thirty-three, the mother of two children, who was said to be dying. It appeared that having finished her work at the top of a corn rick, she chose to slide off instead of getting down by the ladder ; some one had left a hay fork with the handle uppermost against the stack. She slid down and lighted on the ground upright, impaled on the fork. The farmer ran to her, and with much difficulty succeeded in pulling the fork out of her body, she assured me that it was bloody fully two feet up the stick, the woman fainted and was sick, some brandy was given to her, she was placed in a carriage and brought home. I found her lying on a brick floor, and having lost much blood she was cold and almost pulseless, but sensible and complaining of great pain in the region of the heart. Breathing very hurried and irregular ; a little blood flowing from the vagina. Upon examination, I found this organ uninjured, but on the left side of the unimpregnated uterus about two inches or less from the os cervicis, my index finger passed to its root into a large irregularly cut wound apparently formed at the junction of the uterus with the left ligament. I withdrew my finger, and as there was a great gush of blood, I proceeded to plug, filling the wound bit by bit with strips of lint, and could have pushed in any amount of this evidently into the peritoneal cavity. The hæmorrhage ceased, and I proceeded to examine the side, and found the sixth rib broken midway between the spine and the sternum. Considerable emphysematous crackling reaching up the axilla (punctured pleura). I applied a large plaster and a body bandage, and gave an ether mixture, the woman was too ill to be moved, and lay all night on the floor. August 10.—Has rallied from the collapse ; vomits frequently ; quick respiration ; pulse 120 ; urine clear. Aug. 11.—Very thirsty ; constant cough ; great pain in left side ; the vomiting has ceased. August 12.—Better, but suffering from pleurisy ; abdomen free from pain and swelling ; "soreness ;" complained from the pubic region towards the left axilla ; no further vagina bleeding, so tried to day to withdraw the plug, but after pulling away the first strip, some bleeding began, so desisted. Aug. 14.—Withdrew the remaining plug. From this date the woman steadily improved, on the 21st, I found all emphysematous swelling gone, and she had become bright and cheerful. Beyond a dose of castor oil repeated two or three times, and a full dose of calomel and opium on the 12th to allay pain and produce sleep, the medical treatment was *nil*. September 3.—She was downstairs washing a table as cheerful as possible, but a bit "wake." December 4.—She seems perfectly well ; has been poorly at two periods since the accident ; says she sometimes feels a pain after hard work, just where the fork struck her. So speedy and complete a recovery after such an impalement is very remarkable. "I felt it go up to my side" said the poor woman, and beyond all doubt, the pike penetrated by the side of the body of the uterus, traversed the abdominal cavity, and

impinging on the diaphragm, pushed with such force against the rib as to break it. I attribute her recovery to one circumstance alone, that the rounded smooth big end of the pike entered her body, and not one of the forks, and that therefore the intestines were *pushed* before it, and thus escaped injury.

DR. WILTSHIRE then read a paper on "Adhesion of the Lungs after Small-Pox."

MR. CARTER afterwards gave a series of interesting ophthalmoscopic demonstrations.

ŒDEMA OF THE LUNG AFTER SMALL-POX.

DR. WILTSHIRE communicated the following case,

Miss P., had small-pox somewhat severely in July last, and six months afterwards there was a considerable amount of anasarca of the lower extremities. There was also a slight cough. One day the dropsy of the legs suddenly disappeared almost completely, and about twelve hours after severe dyspnœa, violent cough and expectoration of enormous quantities of glairy phlegm came on; the attack was so severe, that the patient's life was in great jeopardy. In addition to all the signs of œdema of the lungs, the heart was feeble, and there was a little, but by no means a marked amount of albumen in the urine, which latter was not scanty. The exhibition of repeated doses of compound jalap powder, ammonia, ether, and digitalis, swathing in hot blankets, and the administration of brandy gave the patient great relief, and under this treatment she rallied and made a good recovery.

WEBBED FINGERS.

MR. WILLIAM ADAMS showed a boy who had a webbed hand, which was being healed by Mr. Tamplin's instrument. The deformity is not uncommon, but the great difficulty is to prevent the fingers rejoining after the operation. The case was in the first stage of the treatment; a hole with its circumference cicatrised, had been made at the base of the webbed fingers, a pencil case could be passed through it, simple division gives only a slight improvement; a plastic operation gives a better result. Silver rings to make an opening have been used, but Mr. Tamplin's operation by which a piece of skin is screwed out by means of two plates of metal is the best. The tissues compressed soon slough out, and the hole is well stuffed with oiled lint, the inflammation and general swelling soon pass off. The operation has been done a month, and the edges of the opening are well cicatrised, and the hole permanent. The remainder of the web will be treated in the usual way, by division with the knife.

MR. BRUDENELL CARTER demonstrated the following interesting ophthalmic cases. I. A boy had received a blow on the eye, the lids being closed, with a cricket bat, the ciliary nerves were either ruptured or damaged, there was also irritation of the sympathetic filaments, as the pupil was enormously dilated. The chiroid pigment was started through the tissues around the optic disc; the chiroid tissues are *wasted* below the optic disc. There was a white line at one spot, some would say it was a rupture of the chiroid, but he did not think so himself. II. A man suffering from double optic retinitis, from the presence of a cerebral tumour. At present there were no cerebral symptoms. The outline of the disc was veiled by effusion and œdema, the veins tortuous and congested, bending in and out. III. A case of albuminoid retinitis. Bright white spots were present in the retina with splashes of hæmorrhage. IV. A boy who had sustained an injury to the head and spinal columns. Hæmorrhage took place into the orbit, and protruded the ball of the eye, there was absolute loss of vision, the optic nerve being atrophied. After exposure to the full light of the instrument, he saw a little at the outer and the inner quadrant of the field. V. A case of syphilitic retinitis nearly well. There was at the centre of the disc a little cloud over the vessels, the sight was but slightly impaired. The fibrous element of the nerve tissue is affected. In a few words the author explained the mode of managing the ophthalmoscope, which required no special skill to use, and pointed out the extreme value the instrument possessed in many interesting cases of general medicine.

Milk as an Article of Diet.

A WRITER in the *Journal of Applied Chemistry* states that in order to render milk digestible its particles should be divided, which can be effected by bread or some other farinacious article. When cooked with rice and eggs (rice pudding) it forms the type of a proper food; containing nitrogens, phosphates, and starch. Milk, when used as a drink, should be boiled, then diluted with water. The solid matter of milk constitutes a little more than 12½ per cent. of the whole, of which more than one-third is caseine, or the cheese principle, about one quarter is butter, and the balance sugar and salts. Of these substances the butter and sugar supply heat to the body, while the caseine contains tissue-making material in a most concentrated form—*Med. Record.*

Literature.

FISTULA, HÆMORRHOIDS, PAINFUL ULCER, STRICTURE, PROLAPSE, AND OTHER DISEASES OF THE RECTUM.*

THIS is certainly the most complete work on diseases of the rectum, that it has been our lot for some time to criticise, and should be read by all practical men. Mr. Allingham divides his book into seventeen chapters. Some forms of rectal disease are more common than others, notably, fistula and piles. Out of 4,000 cases seen at St. Mark's Hospital, there were 1,208 of fistula, and 965 of external and internal piles. No examination of the rectum can be considered complete, which is not preceded by an injection of warm water. After this, the educated finger gives all the information as to the state of the rectum needed, if any speculum is used, the ordinary plated metal speculum open at one side, and at the side with a wooden plug is the best. The patient should be placed in the prone position, with the hips well elevated on hard pillows, so that the intestines may gravitate towards the diaphragm.

Fistula in ano is the most common disease of the rectum in adults. Infants may suffer from it, and aged people also. Constipation, foreign bodies swallowed, and exposure to wet and cold may cause it. Sitting on damp seats, or scrofula, may be antecedents. It usually commences by an abscess just beneath the skin at the margin of the anus; but may commence by ulceration of the mucous membrane of the rectum in consumptive patients. For the most part, such abscesses form rapidly, and as soon as pus forms, there is but one way of treating, namely, incision, and this operation often prevents the formation of a fistula. Very few fistulas exist for more than three months without the formation of an internal opening in the rectum; but there are occasionally blind external and blind internal fistulæ. The latter are usually found in consumptive patients. The internal opening in fistula is usually situated just within the anus, or the depression between the internal and external sphincters; but when the abscess commences on the ischio-rectal fossa, it opens usually far up in the rectum. The sinus sometimes runs right round the bowel. Fistulæ may sometimes exist for years without much damage to the patient's health. In most cases they require the use of the knife. Setons may be used in some timid people, or in consumptives; but this is more painful than the knife.

The bowels should be cleared out by a purge, before operating on a case of fistula. A Brodie's probe-director, made of steel, is oiled and passed through the external and internal openings, and the point is turned out of the anus, after which a bistoury divides the bridge of tissues. The sinus above the internal opening, must be then opened, if one exists; and lateral fistulæ opened, and with a pair of scissors, the overlapping pieces of skin may be removed. After the operation, some finely-carded cotton wool is placed well into the bottom of the wound, and packed in. If the rectal sinus be so high that the point of the probe cannot be brought out of the anus, the spring scissors and special director of Fergusson, is used by our author. Mr. Luke, in 1845, recommended in such

* "Fistula, Hæmorrhoids, Painful Ulcer, Stricture, Prolapse, and other Diseases of the Rectum, their Diagnosis and Treatment." By William Allingham, F.R.C.S.E., Surgeon to St. Mark's Hospital, &c. London: Churchill, 1871. Pp. 239.

cases, cutting through the tissues with strong twine and a screw tourniquet. Blind internal fistulæ must be made into complete fistulæ, and cured in the same manner. After the operation, the bowels should be kept confined for three days, when a purge may be given; very little dressing is required, and *nimia diligentia* avoided. Patient should lie still for some time, however.

Most writers have said that fistulæ in phthisical persons should not be interfered with. In a large number of persons with fistulæ, Mr. Allingham has found phthisis to exist, probably as much as fourteen per cent. Mr. Allingham is in favour of operating in picked cases, on fistulæ occurring in persons with tubercles in the lung; because in some cases the patient lives a long life, even after the occurrence of this disease. The wound frequently heals kindly, and the patient's health is often improved by the operation. The sphincter should, if possible, not be divided in such cases; because if this is done, it is very apt to lead to incontinence of fæces.

Piles are divided into external and internal, although external piles do encroach on the mucous membrane, and are, therefore, partially internal. External piles are either true hypertrophies of the skin, or rounded venous-looking tumours. Internal piles are tumours originating within the anus, although they may have been forced down outside. External piles are very common. Obstructions of the liver, fæcal accumulations, constipation, diarrhœa, smoking, alcohol, pregnancy, and violent and prolonged exertion, with exposure, are among the causes assigned by our author, for the appearance of hæmorrhoids. Some consider that external piles are often coagulations of blood in varicose veins, others that they are extravasations of blood in the connective tissue.

In such cases, Mr. Allingham recommends abstinence from beer, spirits, and tobacco; smoking often causes a sympathetic irritation of the throat and rectum. The etheriser is used by our author, whilst removing the redundant skin, in cases of external piles, or opening the venous tumours and pressing out the clots; or the swollen parts may be smeared over with equal parts of extract of belladonna, and extract of opium. Gall ointment and purgatives should be avoided when such piles are inflamed. The patient should live sparingly, avoid coffee and tobacco and alcohol, and use equal parts of confection of pepper, senna, and sulphur, as a laxative.

Internal piles often come on after parturition; they may be very small, or as large as an ordinary hen's egg. Some remain up, others in long-standing cases are always down. Usually patients do not suffer much from such piles, unless they are often coming down, and getting inflamed. Internal piles are either venous, capillary, or arterial. Much blood may be lost from little capillary piles, which are often seated far up in the bowel. These piles resemble nævi. The arterial internal pile often is of great size, and supplied by large arterial branches. It consists of a number of arteries, and veins anastomosing. The venous internal pile is often very large, and of a livid hue, and this is the form which spirit drinkers get. These last may always be operated on. It is the capillary pile which is benefited by the application of fuming nitric acid. Mr. Allingham prefers the persulphate of iron, one scruple in half an ounce of glycerine, as an application, when operation is refused. Ten years ago, the nitric acid was much praised, and was then used recklessly.

In arterial hæmorrhoids, the parts discharge a gummy acrid mucus, which stains the linen, and the disease is always present to the mind of the sufferer from the unpleasant sensations experienced. The piles are constantly liable to come down, and be nipped by the sphincter When strangulated, a bladder of ice may be placed over the parts for an hour, and then they may be returned or operated on at once. The piles may be smeared over with persulphate of iron, and cold water frequently injected. In venous piles, exercise with careful diet will often effect a cure; and when women suffering from piles have displacement of the womb, such cases do not do well for operation; but the disease of the womb may be treated.

As to operations on piles, we have to choose between ligature, clamp, and cautery, the écraseur and galvano-cautery; the last, Mr. Allingham cannot as yet recommend. The écraseur is barbarous and unscientific when applied to piles. Mr. H. Smith's plan of clamp and cautery has some merits. It is thus used, the patient having protruded the piles, one of the piles is seized by a vulsellum and drawn down, and the clamp applied; the pile is cut off with a pair of scissors not too close to the clamp, and then the stump cauterised by a hot iron, at a dull red heat. Other piles are treated similarly.

Ligature is by far the best operation when thus performed. The piles are seized one after the other, and drawn down; a sharp pair of strong spring scissors separates the pile from its connection with the muscular and sub-mucous tissues on which it rests; the cut is made in the white mark, where the skin meets the mucous membrane, and carried up the bowel, and parallel to it to such a distance that the pile is left, connected by an isthmus of vessels and mucous membrane only. The vessels enter the upper part of the pile. The ligature of silk, well waxed, is tied deep in the furrow; an opiate injection used, and the bowels confined for some days. Some pain is felt on first action of bowels. The ligatures separate in about a week, and the patient may lie down all that time. Hypodermic injection of morphia is useful to lull the pain after operation Warm hip-baths, if there is retention of urine. In 1,763 cases of operations on piles, at St. Mark's Hospital, there were five cases of tetanus, four of which occurred in 1858. Fissure is often associated with piles, and may always be suspected when the patient says that pain is suffered on defæcation or long after. An incision should be made through the fissure to set the sphincter at rest. Bleeding after the operation is rare, when Mr. Allingham's plan of ligature is made use of. The bowel must be drawn down and the bleeding vessel tied, or the rectum may be plugged. To do the latter, a full sized bell-shaped sponge should be used, with plenty of cotton-wadding, and persulphate of iron, or powdered alum. The sponge should be carried up the bowel, at least five inches. Cotton wool may then be packed in; the plug should remain a week.

The origin of many fissures of the rectum is syphilis. The agony in fissure is often acute. In children it is always curable without operation. Unguentum zinci, and extract of belladonna may be used. When the patient strains down, we see just within the orifice, an elongated club-shaped ulcer. Fissures of recent origin may usually be cured without operation, by recommending rest on the sofa, with mild laxatives, equal parts of the confection of senna and confection of sulphur, whilst for local applications, an ointment composed of four grains of calomel, two of extract of belladonna, and two pulv. opii., in a drachm of lard. Occasional touching with nitrate of silver is useful. If the ulcer is grey and hard at its base, the knife may be used. Fuming nitric, or acid nitrate of mercury should be used. In some cases, a very superficial incision is all that is required; but Mr. Allingham is in favour of a rather free incision. A speculum may be introduced, and the incision should commence a little above the upper end of the fissure, and terminate a little beyond its outer end, its depth being not less than a quarter of an inch. In all but the slightest cases, the sphincter must be divided. Forcible dilatation is not a good plan.

Polypus of the rectum is not so uncommon as has been supposed. Mr. Allingham has met with fifteen in children, and fourteen in adults. They are almost always soft or follicular. As a rule, these growths should be ligatured.

Ulceration of the rectum is not uncommon. The earliest symptom is morning diarrhœa, attended with griping pain across the lower part of the abdomen; burning pain after stool; pus and blood. Patient becomes dyspeptic, and has pains in back, hips, and down the

legs. An ulcer may, in such cases, be felt seated dorsally about one and a half inches above the anus, and this can be seen by the speculum. The ulceration may be confined to a part of the circumference of the bowel, or may extend all round, and frightful lesions may ensue. It is frequently very difficult to assign any cause for such ulcerations. Ulcers are frequently syphilitic in character, and struma causes ulceration in some cases. In early stages the best treatment of ulceration is a diet composed solely of milk, or curds and whey. Two and a half quarts may be taken in the twenty-four hours. Mr. Allingham has kept patients on this diet for three or four weeks. This effects a cure in many cases. In the most advanced stages of ulceration and stricture, nothing short of lumbar colotomy is available. This operation is often curative, and if the fistula could only be made to close, it would be a most great and real triumph in operative surgery.

Stricture of the rectum, without ulceration, is somewhat uncommon. In some cases, there is much spasm in these strictures. Pressure of the child's head in labour may cause stricture, or constipation. The stools are usually in small pieces. The discharge is like the white of an egg, or jelly-fish, when the bowels first act. Pain is referred to perineum, thighs, &c. In treating this disease, gentle dilatation is the only means advisable. Todd's dilator should never be used. Bougies should be conical, passed gently, and remain in only a miuute thrice a week. Barnes's bags may, also, sometimes be useful.

There is tendency to relapse, and when cured, a bougie should be passed once a month. Elastic bougies should be used, and a tape tied to the end. A little oil should be first injected : Prolapse of the rectum is a descent of the lower part of the rectum and sub-mucous tissue, both occasionally thickened, being turned out of the anus. The appearance and touch of prolapse, differs from piles in its not being smooth, hard, and shiny, but soft and velvety. In procidentia recti, the upper part of the rectum descends through the anus. Sometimes the upper part descends through the lower. When prolapse is caused by piles, these should be cured. When prolapse occurs in children, they should never be allowed to strain at stool ; when the bowels have acted, the parts should be sluiced with cold water, and then a solution of alum, applied with a sponge, before they are returned. In bad cases, nitric acid is advised locally, chloroform being given, and the gut well dried first. The acid is to be applied all over it. When the parts are returned, the rectum is to be stuffed with wool, and a pad applied ; and the bowels confined three or four days. In the adult, procidentia is often incurable, strong nitric does temporary good, and our author likes strong carbolic acid daily. The gut may be narrowed by cutting out elliptical pieces, and bringing the edges together with carbolised catgut. An india-rubber pad as an anal support, with a T bandage, is sometimes all that can be used. The powder of baked acorns is recommended in such cases, and when diarrhœa exists, one drachm for a dose.

Pruritus ani is a distressing complaint. It requires careful diet to cure it. The irritation is usually worse at night. Liver affections, internal piles, constipation, and parasites may cause it. Sometimes there is seen an eczematous rash ; at others, there is a dry wrinkled condition. Excesses at table, or smoking, excite the disorder. Beer and spirits should be left off. Exercise should be taken, and slight purges, with an ointment consisting of ten grains of calomel, in a drachm of ungt. sambuci. A lotion composed of borax, two drachms, sixteen grains of hydroch of morphia, with half an ounce of dilute hydrocyanic acid, two ounces of glycerine, in an eight ounce lotion may be used. Chloroform pommade, of two drachms of chloroform, in half an ounce of glycerine, and an ounce and a half of ungt. sam., is recommended.

Impaction of fæces takes place occasionally in the pouch of the rectum, immediately above the internal sphincter muscle ; is caused by a loss of muscular power in the rectum. A tumour is seen on the region of the sigmoid flexure, and may be taken for cancer. Patient has often diarrhœa without relief. The anus is seen to be nipple shaped, and the finger on being introduced into the bowel, distinguishes a mass of impacted fæces. This must be removed with a scoop, and then great care in diet observed. When substances pass into the alimentary canal, we should make the patient eat freely of solid food, such as bread, suet-dumpling, &c.

Cancer of the rectum is the most painful of all diseases ; is commonly met with in middle age. It seems not to have any particular cause. It is found as a circumscribed deposit in the sub-mucous tissue, forming a tumour, generally about three inches from the anus. There is a sloughy dark coloured ulcer seen, with great fœtor. The rectal glands become involved, and secondary deposits take place. Patients may succumb in a few months. Colotomy may prolong life for years. Excision is only to be thought of in epithelioma.

Rodent ulcer is nearly allied to cancer. It has no indurated margin, as rodent ulcer of the face has. It is as deadly as cancer ; but not so rapid in its course. The shape of the ulcer is irregular, its edges sharply cut and not hard ; its surface red and dry. It usually spreads superficially. It seems to exist in scrofulous persons, and causes terrible agony, which kills the patient in many cases.

In chapter seventeen, our author treats of neuralgia of the rectum, and of inflammation of the rectum, in which latter the symptoms are heat, tenesmus, and perhaps discharge of blood and mucus. Injections of starch and opium are recommended. The author has rarely seen primary syphilitic disease of the rectum. Gonorrhœa of the rectum he has seen in three cases in prostitutes. There was great heat and burning pain with a copious discharge of pus ; the mucous membrane was intensely inflamed. Lead lotion cured them easily.

If we have conveyed to the reader any idea of the contents of Mr. Allingham's admirable work, we are sure that he will agree with us that none which has issued from the press on this special subject, can at all approach it in precision, clearness, and practical good sense. We predict for it an immense success, and for the author a very high place among the surgeons of London, as a reward for his labour.

Correspondence.

THE DISCOVERY OF THE CIRCULATION OF THE BLOOD.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Even previous to my perusal of the very interesting letters of Dr. McKeogh and Mr. Biddle, published respectively in the last and previous issues of your journal, I was not under the impression that Harvey first originated the idea that the blood was in a continual movement, or as Dr. McKeogh more aptly expresses it, was "the real discoverer of the circulation." I remember as a student in the University of Dublin being thoroughly imbued with the idea that, although Harvey by bringing the observations of his predecessors to culminate in this direction, and adding many of his own, first showed that the blood *circulated through the whole system* and explained the *modus operandi* to the world ; yet the fact of the blood being in a state of motion was well known to many before his time ; as for instance, to Fabricius d'Aquapendente who, if my memory serves me, first observed the presence of valves in the veins. There is a great difference in being aware of the blood constantly moving and of there being a great circulatory system ; that the ancients were aware of the former is certain as Dr. McKeogh has shown in his translation of a quotation from Plato used by Longinus, and as also Mr. Biddle endeavours to demonstrate by reference to that beautiful yet obscure passage in Ecclesiastes and its construction in the Septuagint version to which he alludes. Cicero again may be

found expressing himself "sanguis per venas in omne corpus difiunditur et spiritus per arterias." But although that same author again expresses himself with regard to pulsation "venæ et arteriæ micare non desinunt." I cannot agree with Dr. McKeogh that a philosopher of antiquity could have used any one word as synonymous for either a vein or an artery, as the arteries from the empty condition in which they were found after death and supposed by Erasistratus (who flourished B.C. 300 to 260) to contain air, were so named (ἀρτηρια, arteria, or arterium as it has been written, properly signifying a wind-pipe), and Cicero in the first quotation I have used appears to labour under the same impression. Certainly if Erasistratus was the first to promulgate the opinion it is possible that Plato, who lived before him, may have believed them like the veins to contain blood, but such is highly improbable, as it remained for Galen subsequently to demonstrate that very fact. And as it was when at Rome that that great anatomist and physician is believed to have written his celebrated treatises it could not have been until after A.D., 170, at which date he attended the Emperor Aurelius at Rome. In a little work I read some months ago wherein this philosophical discovery of Galen's was just cursorily alluded to there was a brief statement also to the effect that Servetus Columbo and Cesalpinus ascertained that the blood passed from the right side of the heart and returned through the lungs by the left side. Should this be the case, as I have no cause to doubt, there was a great way made towards the explanation of the real "wheel at the cistern" as at present understood.

Whilst thanking Messrs. McKeogh and Biddle for their truly interesting allusion to medico-literary history, and coinciding with both in the opinion that not only had moderns who lived before the days of Harvey, "but even the ancients, a belief in the "continual movement of the blood," we may still regard the illustrious Harvey as the discoverer of the circulation and one of those whose noble names never fail, in that celebrity of which we are so justly proud, to heap honour and dignity upon their fellow countrymen.

I am, Sir, your obedient Servant,

FRANCIS E. CLARKE, B.A., M.B.

Oughterard, Galway,
Dec. 8th, 1871.

Foreign Medical Literature.

DR. ULLERSBERGER ON ELECTRICITY IN DISEASES OF CHILDREN.

(*Continued from Page*)

In the first place, we shall ask, which are the diseases that can be treated by electrization?

1. Hyperæsthesiæ. — Neuralgia and the various neuralgic diseases.
2. Anæsthesiæ.
   - *a.* Cutaneous.
   - *b.* Muscular.
   - *c.* Their mutual complications.
3. Spasms.
   - *a.* Peripheral.
   - *b.* Central.
   - *c.* Vertigos, oscillations, convulsive movements, tremblings, contractions, spasms, characterised by tonic or clonic contractions.
4. Paralysis
5. Diseases of secretion or excretion.
6. Tumours, swellings, and tumefactions.

Electro-therapeutics offer anodyne, antispastic, antiparalytic, and catalytic effects in the diseases of children, and the general physiological effects are evidenced:

(*a.*) By the increased determination of the blood, accompanied by elevation of the temperature and increased size of the parts stimulated by electrization.

(*b.*) By an increased energetic contraction of the blood-vessels.

(*c.*) In overcoming and preventing all subsequent alterations arising from innervation and inaction of the muscles.

(*d.*) In restoring sensation which has been suspended or entirely destroyed; in restoring the nervous energy, consequently in stimulating innervation.

(*e.*) In fine, electricity is able to develop even a supplementary activity.

The electric current is applicable as an exciter of muscular force in a state of paralysis as well as of paralysed sensibility, that is to say, anæsthesia.

In overcoming neuralgia, spasms, paralysis, and anæsthesia by means of electricity, the complication of causes is concerned in the indication for the different electric methods.

Enfeebled energy of the nervous system, nervous torpor, pathological irritability, excess of sensibility, inequality in the transformation of organic substances and of the process of nutrititon, are most frequently met with in new-born babes, nursing infants, and young children.

In childhood, also, electricity is the best means of exciting the motor nerves and the muscles. There are notably few medicines capable of increasing the activity of the nerves, while galvanism and electricity are infallible.

On the other hand, this remedy in no way excludes the simultaneous use of other remedies. On the contrary, the proper adjuvants may aid and powerfully assist the therapeutical object.

In treating a sick child by means of electricity, the following must be observed:

(*a.*) We must find the cause of the pathological disturbance; this is indispensable, in order to determine the rational indication.

(*b.*) It is absolutely necessary to ascertain whether there is *a possibility* of curing or ameliorating the disease by means of electro-medication.

(*c.*) To decide upon the mode of electrization so that the electro-therapeutical method is suitable to the symptoms.

The diseases amenable to treatment by electro-therapeutics are:

1. Neuralgia.
2. Anæsthesia.
3. Spasms, with different degree of convulsive movements.
4. Paralysis.
5. Certain irregularities of secretion and excretion.
6. Phrenopathics.

In specialising the large class of *nervous diseases treatable by electric medication*, experience and clinical observation present us with the following nervous and muscular diseases:

1. Diseases of the senses, impairment of vision, scotoma, myodesopsia, amblyopia, amaurosis, dulness of hearing, and the different degrees of or complete deafness, aphonia and aphasia. The pathological conditions of these affections vary from simple functional weakness to complete paralysis.
2. Spasms and convulsions.
3. Paralysis, with its modifications of degrees.
4. Anæsthesia.

Pathological numbness and weakness have a certain affinity to the different grades of paralysis, and under local paralysis we cannot exclusively comprise hemiplegia, paralysis of motion, partial muscular paralysis, and paralysis of either extremity. Duchenne applied *mediate* electrization in such affections to the muscles, that is, to their nervous trunks, and an *immediate* stimulation of special muscles and their fasciæ—direct muscular Faradisation. Both have their electro-therapeutical applications, that is to say, extra-muscular and intra-muscular stimulating influence over the aforesaid diseases. We include, in these local paralyses, weak vision, amaurotic affections of various degrees, the loss of smell and taste, the different degrees of deafness, aphonia, and rancedorocis, whether congenital or idiopathic.

Medical News.

H.R.H the Prince of Wales.—The following is the latest bulletin as we are going to press :—"Sandringham, Tuesday morning : His Royal Highness has passed a very restless night. The general state continues unchanged."

Quacks Pestering the Queen.—We understand that the telegraph wire from Lynn to Sandringham is closed against the public. One reason for this appears to be that persons have pestered the Queen by using the wire in forwarding infallible recipes, or offering their own services.

Death of Sir James Murray, Bart., M.D.—The death is announced of this veteran of our profession at the ripe old age of eighty-three. He has been for many years Inspector of Anatomy for Ireland, and physician to the Lord-Lieutenant. He was born in 1788, was educated at Edinburgh and at Trinity College, Dublin, and received the honour of knighthood in 1863. Sir James has contributed several valuable papers to this Journal, all of a scientific nature, for the practical value of which his name was a guarantee.

Death in an Asylum.—An inquiry was held at Hanwell Lunatic Asylum last week into the death of a patient named Latuge, who died from violence whilst in the refractory ward. After death the surgeon found a scar on the left knee, one higher up, a bruise on the chest, and a large one on the chin. There was a comminuted fracture of the jaw, a fracture of the tenth and eleventh ribs, an old fracture of the fifth rib, and the right kidney was torn across. The cause of death was laceration of the kidney and hæmorrhage, caused by violence of some kind or other. The jury returned a verdict "That the deceased died from the effects of the injuries he received, but how those injuries were caused there is no evidence to show."

Metropolitan Asylums Board.—The Prince of Wales.—At the fortnightly meeting of the Metropolitan Asylums Board on Saturday, at Spring gardens, Dr. Brewer, M.P., in the chair ; after the ordinary business, Mr. Furness, of St. Pancras, amidst the most profound silence, said he had the permission of the chairman to ask the managers to give expression to their feeling upon the subject, which he believed was that day occupying the mind of almost every true Englishman. He alluded to the illness of the Prince of Wales (hear, hear). The duties of that board brought them into contact with the humbler classes of society in their sore afflictions of sickness and disease ; and, as an important representative body, he felt sure they could not be considered as stepping out of their way to express the deep sorrow they felt with the Queen and Royal family in their present deep and alarming trouble (hear, hear). He moved, "That the managers beg to express their deep sorrow at the dangerous illness of his Royal Highness the Prince of Wales, and record their earnest hope that by the interposition of Divine Providence his recovery will be vouchsafed to the national" (hear, hear). Mr. W. H. Wyatt, J.P., seconded the resolution. He believed there was scarcely any class of society in this kingdom that did not feel depressed at the deep affliction which had befallen the Royal family in this sad and serious illness of the Prince of Wales, and more especially the amiable consort of his Royal Highness, the Princess of Wales (hear, hear). The motion was at once put, and unanimously carried.

At the present time, when the origin and treatment of fevers are matters of painful interest, it may be well to call attention to a passage in a book written by one Andrew Borde, who, according to Haller, was born at Pevensey, in Sussex, in the early part of the sixteenth century, took the degree of doctor in medicine at Montpelier in 1542, was afterwards a Fellow of the Royal College of Physicians, and one of the physicians of Henry VIII., practising at Winchester. The book is entitled, "The Breviary of Health for all manner of Sycknesses and Diseases, the which may be in man or woman, doth followe, expressynge the obscure termes of Greke, Araby, Latin, and Barbary in English, concerning Physicke and Chirurgerie. Compyled by Andrew Borde, of Physicke Douctour, an Englishman." In this book are accounts of various fevers to which the human body is liable, but chapter 151 is as follows :—"The 151 chapitre doth shew of euyll fever, the which doth comber younge persons, named the fever burden. . . . . Among all the fevers I had almoste forgotten the fever burden, with the whiche manye yonge men, yonge women, maidens, and other yonge persons bee sore infected nowe a dayes. 'The canse of this infirmitie :' This fever doth come naturally, or else by euyll and slouthful bringing up. If it do come by nature, then this fever is uncurable, for it can never out of the flesh that is bred in the bone ; if it come by slouthful brynging up it may be holpen by diligent labour. 'A remedy :' There is nothing so good for the fever burden as is *unguentum baculinum*—that is to say, take a sticke or wan of a yard of length and more, and let be as great as a man's finger, and with it anoynt the back and the shoulders well morning and evening, and do this twenty-one days ; and if this fever wyl not be holpen in that tyme, let them beware of waggynge in the galowes, and whyles they do take theyr medicine, put no lubberwore into theyr potage and feare of knavering about theyr here, and if this wyl not helpe, send them to Nevegate, for yf you wyl not, they wyl bringe themselfe thyther at length." As some persons may be ignorant of the meaning of the word burden, it should be explained that it means lazy, and is derived by Heylin from the French word *lourd*. It has, however, been used as a synonym for blockhead and sot ; and in a book called *Thesus ; or, The Floure of the Commandments*, printed by Wynkyn de Worde in 1521, burdens are classed with evil-doers, such as chylдren unnatural, inobedyentes, murdrers, thevys, and false wytnesses.—*The Observer.*

Inventions.

MAUGHAM'S SOLUTION OF IRON.

Some of our preparations of iron are nauseous, and to others there are equal objections. Mr. Maugham has produced a solution which, in numerous cases, will be found agreeable as well as effectual. It appears to be an acid per-acetate. We have already prescribed it in a case in which the sesquichloride was disliked, and shall make further trials of it.

NOTICES TO CORRESPONDENTS.

Dr. Locke Johnson's "Notes on Phthisis" will be continued in our next.

G. P.—We congratulate you, and shall be glad to hear further.

Mr. M. D., Liverpool.—Pamphlet, letters, &c., received. We shall probably revert to the subject in our next.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

To the Editor of "The Medical Press and Circular."

Sir,—Permit me to offer a suggestion to the governing body of the College. "That all members of ten years standing should be elected fellow ; or the fellowship offered to those who would accept it in this class."

Yours truly,

M.D.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Transactions of the St. Andrew's Medical Graduates' Association.

A Pamphlet by Miss Rye, "On Emigration."

Emphysema of the Lungs. By J. B. Berkart, M.D. London: J and A. Churchill.

On the Treatment of Fractures of the Limbs. By Sampson Gamgee, F.R.S.E.London.

Smith's Visiting List for 1872.

Reports of the Medical Officers of Health for the Borough of Salford, and the District of St. George-in-the-West, London.

The Food Journal ; Le Mouvement Médical ; Hardwicke's Science Gossip ; The Monthly Microscopic Journal ; British Journal of Dental Science.

VACANCIES.

Royal Infirmary, Manchester. Senior House-Surgeon. Salary 80 guineas. Junior House-Surgeon. Salary 60 guineas each, with board.

Earlswood Asylum. Assistant Medical Officer. Salary £150 per annum, with board and residence. (See advt.)

Hastings Infirmary. Physician and Assistant Physician. Honorary.

Liverpool Southern Hospital. Senior House-Surgeon. Salary 100 guineas.

Parish of St. George-in-the-East, London. Medical Officer. Salary £230 per annum.

St. Pancras Dispensary. Medical Officer. Salary £100.

Stockwell Fever Hospital. Resident Medical Superintendent. Salary £400 per annum, with residence. (See advt.)

MEETINGS OF THE LONDON SOCIETIES.

Wednesday, Dec. 13th.—Epidemiological Society at 8 p.m.

Saturday, Dec. 16th.—Association of Medical Officers of Health, 7½ p.m.

Monday, Dec. 18th.—Society of Arts, 8 p.m. Mr. Johnston "On the Esparto Plant."

Medical Society, 8 p.m. Ordinary Meeting.

Tuesday, Dec. 19th.—Pathological Society at 8 p.m. Ordinary.

OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, Dec. 13.

Middlesex Hospital.—Operations, 1 p.m.

Royal Westminster Ophthalmic Hospital.—Operations 1½ p.m.

St. Bartholomew's Hospital.—Operations, 1½ p.m.

St. Thomas's Hospital.—Operations, 2 p.m.

St. Mary's Hospital.—Operations, 1¼ p.m.

King's College Hospital.—Operations, 2 p.m.

Great Northern Hospital.—Operations, 2 p.m.

UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

THURSDAY, Dec. 14.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.

FRIDAY, Dec. 15.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

SATURDAY, Dec. 16.

HOSPITAL FOR WOMEN, Soho square.—Operations, 9½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

MONDAY, Dec. 18.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

TUESDAY, Dec. 19.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.

APPOINTMENTS.

MATTERSON, W., M.D., Consulting Physician to the York Asylum.
MORGAN, L. W., M.D., Medical Officer and Public Vaccinator for the Penderyn and Rhigos District of the Merthyr Tydfil Union.
MULLIGAN, J. W., M.D., Surgeon to the Aberdychan Iron Works.
RUCKLEY, Henry R., L.R.C.S.I., &c., Medical Officer to the Walton District, Woodbridge Union, Royal Oak, and Walton Clubs, Ipswich.
THOROWGOOD, J. C., M.D., M.R.C.P.L., M.R.C.S.E., Lecturer on Materia Medica at the Middlesex Hospital Medical College
WACHER, F., M.R.C.S., House-Surgeon to the Canterbury Hospital.

Marriages.

BUCHANAN—KENWAY.—On the 23rd ult., at St. Saviour's, Paddington, Walter Buchanan, M.R.C.S.E., to Jessie Wilmshurst Kenway, daughter of the late John Seymour Kenway, Esq.
LEE—BLIZARD.—On the 4th inst., at the Parish Church, Killcooly, Wm. E. Lee, M.R.C.S.E., of Fulham, to Fannie Jane, eldest daughter of Mr. George Blizard, of Kilcooly, Tipperary.

Deaths.

COLLINGS.—On the 1st inst., at Grange-hill, Guernsey, Adolphus Collings, M.D., formerly Surgeon 40th Regiment, aged 56.
JACKSON.—On the 30th ult., M. Jackson, M.R.C.S.E., of Market-Weighton, Yorkshire, aged 67.
MACLEAN.—On the 11th of September, at Timaru, New Zealand, Dr. Duncan MacLean, formerly of Springburn, near Glasgow.
MILES.—On the 1st inst., E. M. Miles, L.R.C.P., of Heavitree, aged 71.
SCARD.—On the 2nd of Oct., at Balman, near Sydney, New South Wales, Thomas Scard, M.R.C.S.E., aged 35.
SPENCER.—On the 7th inst., at Brompton, J. F. Spencer, M.R.C.S., aged 90.

SHERRY.—Considerable interest at the present time attaches to a large importation of Spanish Sherries, consisting of light delicate wines of Amontillado and Manzanilla character, so much appreciated in Spain, the taste for which is largely increasing in this country. This purchase, which amounts to a hundred thousand gallons, has been made by the firm of W & A Gilbey, and on a recent visit to their stores (which may fairly rank as one of the sights of London) we gleaned some statistics which are of interest at this season of the year. It appears that during last December they sent out no less than 1,164,252 bottles of Wines and Spirits. Permissive Bill agitators will, no doubt, be disposed to use these figures for their own purposes, but it should be borne in mind that this apparently large quantity was distributed throughout the United Kingdom, from Land'send to the Orkney Isles. We find from a recent treatise, that the consumption per head per annum in England is 4 pints of Wine, 8 pints of Spirits, and 170 pints of Beer, a not unreasonable quantity, and we are disposed to think that were our licensing reformers to follow the plan advised by some of the leading medical journals, viz., to discourage public drinking and increase facilities for obtaining what is required for home consumption, much of the present intemperance would disappear from the lower, as it has already done from the middle and upper classes, under the moral effect of home influence and example.—*Morning Post*, Dec. 5

Established 1848.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 20, 1871.

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CLINICAL LECTURES

ON

DISEASES OF THE EYE,

DELIVERED AT THE ADELAIDE HOSPITAL.

BY H. R. SWANZY, M.B., L.R.C.S.I.,

Ophthalmic Surgeon to the Hospital, and Surgeon to the National Eye and Ear Infirmary; late Assistant to the late Professor Von Graefe, Berlin.

LECTURE IV.—*Albuminuric Retinitis.*

GENTLEMEN,—This man (J. L., æt. twenty-five, compositor), presented himself at the National Eye and Ear Infirmary a few days ago, complaining of dimness of vision of both eyes. The sight of the right eye was but 2-5ths, and that of the left eye but 1-10th of the normal degree. He said he first perceived his sight to fail ten days or a fortnight previously, while he was reading, and it had been getting worse ever since. He complained only of his eyes, and was obliged to leave off work on this account alone. I examined with the ophthalmoscope, and found those appearances in the retina of each eye which are now known to be characteristic of Bright's disease, and are consequently termed Retinitis Brightii, or Retinitis Albuminurica. (Liebreich's "Atlas of Ophthalmoscopy," pl. xi., figs. 1 and 2.) The diagnosis was placed beyond doubt by an examination of the urine, which we found loaded with albumen. Sp. gr. 1,010. The urine was very pale, and upon inquiry the patient informed us that he had lately passed it in large quantities and frequently. A very careful prognosis was given, and he was advised to place himself under medical treatment in this hospital. He has done so under Dr. Head's care.

It had long been well known that the sight was liable to become affected in Bright's disease, but, until a few years ago, this was believed to depend in every case upon uræmic poisoning. The ophthalmoscope, however, demonstrated that, in a majority of cases, material changes in the retina itself were the cause of the failure of vision. Although the term *retinitis* is applied to these changes, they are less an inflammation than a degeneration of the retina. You will find in this patient's left eye some swelling of the optic disc (neuritis), and cloudiness of its immediate neighbourhood, the result of serous infiltration and of increase of the normal cellular tissue contained in the retina. The white plaques of different sizes, which you will observe somewhat removed from the papilla, are due partly to fatty degeneration of the cellular tissue, and partly to sclerosis of the nerve fibres. Around the macula lutea there is a very characteristic arrangement of small white spots which appear as rays diverging from the macula in their centre. The appearance depends upon the peculiar arrangement of the cellular tissue at this place, in which fatty degeneration has come on. In the right eye the appearances are very similar, except that the optic disc is less affected. Small retinal ecchymoses are almost constantly found in Retinitis Brightii, but in this instance they are nearly quite absent. In the left eye I have been able, with difficulty, to discover one or two very minute ones.

Although the older writers were wrong in referring all cases of defective sight in Bright's disease to uræmia as their cause, still, it does sometimes occur. We there find no changes in the retina. The form of blindness is generally temporary only, lasting a few hours or a few days at most, attended with other uræmic symptoms, and passing off with them. In Retinitis Brightii the blindness is generally permanent and need not be attended with any uræmic symptoms.

You might imagine, from the patient's description of the way in which his sight became attacked, that the retinal affection was a very acute one, and that the renal disease upon which it depends was also very acute; but I believe this not to be so. I think it is likely that, if we had had an opportunity of examining his retina three weeks or a month ago we would have found them diseased, and, if the disease has but lately produced functional disturbance, it is probably because, until then, it was limited to the non-nervous structure of the retina. As regards the kidneys, I believe them to be very chronically diseased. Although there is nothing in the

patient's appearance, which would suggest to us, as strangers, the diagnosis of Morbus Brightii, still, when we are once on the track, on looking at his face we find its complexion sallow, and a slight puffiness of the under lids, and he tells us that his friends have remarked these changes for some time. Moreover, although he considers himself perfectly healthy, and has been attending steadily to his trade until a week ago, yet he admits that, for the last eight or nine months he has suffered a great deal from indigestion, and not unfrequently has vomited his meals soon after having taken them. Experience also teaches us that it is a chronic form of kidney disease, upon which Ret. Brightii most commonly attends. It seems to be usually the large granular kidney, but often, also, the amyloid, and other chronic forms of Bright's disease. In this case, Dr. Head inclines to the opinion that it is an amyloid kidney. We have been unable to find any tube casts in the urine.

It is remarkable that the eye should have here been the first organ, which, by its functional disturbance in a primary disease of the kidney of so serious a nature, caused the patient to seek for medical advice. And yet this is not a very uncommon circumstance. Everyone who has busied themselves specially with disease of the eye, must have frequently had occasion to diagnose Bright's disease by the ophthalmoscopic appearances, while, as yet, there were no other prominent symptoms. I think, gentlemen, you would be well repaid for the trouble you may have in acquiring a knowledge of the ophthalmoscope, if in after life you should have an opportunity of diagnosing one such case. The use of the ophthalmoscope has been hitherto regarded rather as an accomplishment than as a necessary part of every medical man's education; but, I am happy to say, this view is daily losing ground. I am sure it is to the physicians we have, in future, to look for the most valuable observations yet to be made with this instrument, and those of you who profit by the opportunities you now have, will anything but regret it in five years to come.

The prognosis in this case is of the very worst. As a general rule, in those cases *where the eye gives the first indication* of the presence of Bright's disease, the progress of the latter is from that time very rapid. From three to six or eight weeks is commonly long enough to bring the case to a fatal termination, and it is rare for these patients to live for three or four months, after the sight has become affected.

It is not easy to comprehend why the retina, of all parts of the nervous system, should be liable to be attacked in this peculiar manner in albuminuria. So far, there has been but one case observed where similar changes were found coexistent in the encephalon. It was a case of Galezowski's*, where he found, by aid of the microscope, material changes in the chiasma and optic tracts, and in one of the corpora-quadrigemia. These observations have not as yet been corroborated. Some writers of eminence have referred the retinal affection directly to hypertrophy of the heart, which is so common with the granular kidney of Bright's disease, but our case would, in itself, be sufficient to disprove this theory, for the heart is normal†. The treatment is, of course, that suited to the renal disease. Heurteloup's artificial leech applied to the temple is sometimes of benefit. The retinal changes have occasionally been seen to disappear and restoration of good sight to take place; but this is, indeed, very rare‡.

* *Vide* Dr. Clifford Allbutt's work on "The Ophthalmoscope in Diseases of the Nervous System and of the Kidneys." P. 237. London: Macmillan and Co. 1871.

† Dr. Allbutt says: "It is scarcely necessary to add that retinitis has never been seen to accompany hypertrophied heart in cases other than renal. It would seem, then, that hypertrophy and the retinitis are concomitant effects of some other causes, and are not themselves, as Traube supposes, related directly." P. 234.

‡ After remaining in the hospital for some time, the patient was brought home by his friends, and died just six weeks after his sight was first attacked.

Original Communications.

ON THE TREATMENT OF ECZEMA.

By J. L. Milton,
Surgeon to St. John's Hospital for Skin Diseases.

(Continued.)

There is one form of eczema which is peculiarly refractory,—viz., eczema siccum of the hands. It is seated on the palms of the hands, tips of the fingers, and often over their joints. The skin often looks as if pieces had been chipped or torn out. Sometimes a small patch on the palm of the hand discharges for a time, or this action may be taken on by one or more cracks, especially in workmen where the palm is a good deal fretted by the continual pressure of the tools they use; more frequently the part affected is only red, tender, stiff, and covered only with unhealthy cuticle. It is often seen in those who have to handle a good deal of cloth, and is widely different from the grocer's itch which attacks the backs of the knuckles, hands, and wrists, often discharges serum, which is occasionally complicated with impetigo and is easily cured. The treatment of eczema siccum which has succeeded best in my hands is to give a course of steel and arsenic for some time; to steep the part by means of wet lint wrapped round it, and over this a sponge bag with a cloth tied over the mouth of the bag, and to rub in the ointment of the red iodide of mercury of the "British Pharmacopœia" with at least eight or ten grains of veratria to the ounce, raising the quantity of the iodide, if the patient can bear it, till a drachm to an ounce is reached. These are the only remedies I have ever seen effectual. Mr. Gay has, I believe, used the decoction of hellebore for this affection with great success. He directs it to be well rubbed in and uses no particular internal treatment.* Dr. Cheadle saw sarsaparilla very useful in a case of this kind (psoriasis palmaris he calls it) where arsenic, cod-liver oil and mercury had all failed.

This is the only form of eczema in which water-dressings, especially when covered with oiled silk or other waterproof materials, are not decidedly injurious. Indeed, the skilful use of these applications will not unfrequently develope an eczema where there was none, as for instance, round an ulcer or a boil.

Eczema siccum, when it fastens on the tips of the fingers and palm of the hand, is often a very serious affair for those who have to gain their living by manual labour. I have had many patients under my care whose earnings had been materially diminished from this cause. One patient, a seamstress, forty-four years old, had, in the course of ten years, unbroken suffering from this affection, been at last brought to such a state that she was incapacitated from following her employment. This woman had been at five hospitals and under different private practitioners. I have reason to think she gave their treatment a fair trial, as she was so extremely regular in her attendance at St. John's. I was not at that time acquainted with the value of the acid solution of iron and the biniodide of mercury ointment, but two or three other forms of mercury in ointment failed, as did the biniodide internally, arsenic, &c. The caustic potass solution, as recommended by Hebra, was tried, but no good resulted from it. The acid nitrate of mercury seemed to do some good, but after the second application I lost sight of the patient. The biniodide of mercury in pills sometimes acts very well in eczema of the lips, especially if free use be, at the same time, made of the compound senna mixture so as to keep the bowels rather loose.

Patients suffering from eczema should never wash in

* Mr. Gay's prescription is:—

℞ Hellebori rad., ʒij.;
Aquæ brillient, ℔j.;
Coque ad ʒviij. et adde;
Eau de Cologne, ʒij., ɱ ft. lotio.

cold water ; on the contrary, I think they cannot use it too hot. If expense be no object, a sixteenth to an eighth part of glycerine should be added to the water.* When the surface is too tender to bear even this I would recommend a decoction of linseed. The uncrushed seed only should be used ; four or five tablespoonfuls are put into a quart of water and boiled down to a pint. The fluid is then strained and used hot. Thin gruel, boiled for quite twenty minutes, is also useful ; it soothes the irritation of the skin when nothing else is tolerated.

Soaps, should, I think, with one exception be abolished. As a rule, the best kinds are imperfect and contain free alkali. When the soap is dissolved in the water still more alkali is set free, and this acts on the acid fats in the cutaneous secretions. Bad common soaps and the trash generally sold as toilet soaps are still worse ; they are made of the coarsest kinds of fat and contain a larger proportion of alkali. In proof of this it may be stated that they are sold much cheaper, even scented, than pure soaps without the addition of such an expensive ingredient can be procured direct from the soap boiler. Most of the foreign soaps are still worse than the English, as in consequence of their being made by what is called the cold process, much more alkali is required to fix the oil. The soaps sold as glycerine, sunflower oil soap, &c., are, in most cases, simply impositions. Price's solidified glycerine contains a large amount of pure glycerine ; a very excellent glycerine soap is also made by Messrs. Bell, and no doubt a pure article of this kind can generally be procured from any large chemist ; but I have been assured on undoubted authority, that whole tons of soap are got up, bearing, according to the demand in the market, the name of glycerine soap, or sunflower oil soap, and coloured according to the taste of the day, which do not contain a single drop of the liquids from which they take their names. Most of the medicated soaps, if strong enough to have any effect at all, set up such irritation in some persons that they cannot be borne. I have heard several patients complain most bitterly of the suffering they endured from the use of juniper-tar soap.

The one exception I have mentioned is, the transparent soap made by Messrs. Pears originally for St. John's Hospital, and since that time for at least two other hospitals. It is, after boiling, thoroughly dissolved in alcohol, precipitated and made up again. It consists of pure oil and the lowest amount of alkali. It contains no scent and no medical ingredient whatever, and thus produces, perhaps, less irritation in the skin than any known substance of the kind.

It is almost time the authorities agreed on some of these points. Mr. Startin denounces soap † substituting paste made of oatmeal, or gruel made of bran, oatmeal, linseed meal, arrowroot, or starch ; or he prescribes warm milk and water, a yolk of egg and water. Mr Wilson, on the other hand, is such an advocate for soap, that he thinks there can hardly be too much of it ; when it sets up too much irritation the fault lies not with the soap but with the skin ; if the skin will not bear soap it must be trained to do so. He recommends‡ almost indiscriminately, the better kinds of glycerine soap, Carrick's elder-flower soap and Greux's turtle-oil soap. The latter, I believe, is no longer made, not having proved remunerative. Glycerine soap is, I believe, useful in so far as it does no harm, but I have invariably found yellow soap irritate the skin in eczema however useful it may be in health.

The preparations of tar, such as those of juniper tar, the Russian birch tar, creosote, &c., form so important a group as to merit a notice by themselves. I have had little experience of juniper-tar in eczema, but both the others appeated to me inert. I never saw creosote do any good, and I know that others have noticed the same thing. Perhaps Mr. Naylor's statement * that there is a wide difference between the ordinary creosote prepared from wood, and the German creosote obtained from coal tar, which is almost identical with carbolic acid, may account for some of the discrepancies in the results. The Russian tar produced no effect except sometimes in the dry stage, whereas, in lepra it is often very useful.

Baths, hot or cold, simple or medicated, saline or chalybeate, Turkish or Russian, are one and all useless or injurious in eczema, more generally the latter.† Sheridan is said to have remarked that man is not altogether an amphibious animal, and certainly eczema does not prove him to be one. In fact, it is one of the complaints in which the human skin will not bear too much steaming of any kind. Dr. Ross says, that in weakly persons suffering from lichen he has seen a fresh crop of papules break out after each warm bath, and I have observed the same thing in eczema. Dr. Lorry has noticed it in prurigo.‡ Vapour baths of dry air and sulphur baths proved in my practice still more injurious than the others. Still, there is no denying that baths with linseed, gelatine, quince seed mucilage, glycerine, and starch, seem to have been very useful in the hands of Mr. Startin, some of the physicians at St. Louis and other writers. Some of the continental surgeons make great use of baths, sometimes employing various kinds in combination ; for instance, M. Bazin uses§ starch and sulphur or alkaline baths at the same time, prescribing along with them a vapour bath occasionally. Mr. Hardy also uses baths in eczema || as does Hebra.

There is one way in which the sulphur baths may be occasionally very useful, and that is, as a rude means of diagnosis. The papular or pruriginous form of eczema is, like impetigo about the hands and feet, only to be discriminated with great difficulty from scabies ; there is little to rely on except the presence of the acarus and the history of the infection. The latter is often obscure and the detection of the acarus is difficult enough to those not versed in such vexed questions, and not very easy to the most experienced. Eruptions on the mammæ in women, especially those who are suckling and who have had infected children ; on the insides of the thighs, lower part of the belly, and on the knuckles in adults, and on the breech in infants, are of course suspicions, but they are not pathognomonic. Now a few sulphur baths generally do a great deal of good in eczema really resulting from scabies—for this is sometimes a complication and not a cause—whereas, in eczema proper, they are useless or set up irritation, which however disappears promptly when they are left off.

Mr. Alfred Pallar has given¶ a short, but very clear account of a mode of treating eczema by means of an impermeable dressing, which seems to answer very well in some cases of eczema of the limbs in old people. It was first brought into notice at St. Louis by M. Hardy, and consists in covering the parts completely with vulcanised india-rubber cloth, made of ordinary cotton cloth overlaid with a solution of caoutchouc and subsequently vulcanised. Hebra, who has tried the plan, had stockings, gloves, caps, &c., made of this cloth for his patients and found it answer very well. After a covering of this kind has been kept for a few hours on a patch of eczema the surface appears quite wet, and the fluid which collects on the skin in considerable quantity, emits a very penetrating odour. The application is not uncomfortable, inducing neither heat nor itching, and when sufficiently long continued, seems to have the effect of gradually removing all the symptoms. Some cases are mentioned by McCall Anderson in which old standing eczema was promptly and thoroughly relieved by the use of these impermeable dressings.

(To be continued.)

* Care should be taken to see that the glycerine used is free from impurities such as nitric acid, fatty volatile acids, &c., which it often contains.

† *Medical Times and Gazette.* Vol. 2. P. 245.

‡ "Healthy Skin." Sixth Edition, P. 162.

* "Treatise on Diseases of the Skin."

† *Journal of Cutaneous Medicine.* Vol. I., p. 617.

‡ "Bateman's Synopsis," p. 16.

§ "Affections Cutanées." P. 311.

|| "Lecons sur les Maladies de la peau." P. 77.

¶ *Journal of Cutaneous Medicine.* Vol 3. P. 41.

EXPERIENCES OF A REGIMENTAL SURGEON IN INDIA.

By C. A. Gordon, M.D., C.B.,
Deputy Inspector-General of Hospitals.

Cholera.—(*Continued.*)

The same series of reports informs us that, in 1835,* in addition to the personal inspection by the medical officers of the soldiers twice daily, as already described, "each non-commissioned officer received strict injunctions to watch the men of their respective companies closely, and to send them to hospital the instant they appeared to be in the slightest unwell;" and by those of 1836 we find it recorded that, on the occasion of the outbreak of the disease as an epidemic at Ghazeepore in that year, the system adopted was of "dealing openly and fairly with the men, by explaining to them the vital importance of attending to the first symptoms of indisposition, and pointing out to them, when they reported themselves early, the success with which they are treated, and the utterly hopeless condition of their situation when they have neglected these precautions, and been brought to hospital in a state of collapse;" and Dr. Burke, commenting on these arrangements, observes that "it is of the highest importance every soldier and officer should know that, however slight the case may appear at the first moment of attack, the progress is rapidly onwards to a state over which we have no power; and, on the other hand, that most cases where the early or premonitory symptoms are attended to, the disease is to be cured like any other."

j. Among the measures of late years proposed in outbreaks of cholera among troops, the separation of those affected with that disease from their comrades, the removal of the men affected to a greater or less distance from barracks, and their distribution in larger or smaller bodies have deservedly been considered as among the most effectual towards the prevention as well as extinction of the epidemic. It is something to know that the importance of these measures has been demonstrated to, and acknowledged by, non-professional men, and has been included among the steps which are now authoritatively ordered to be taken on occasions of epidemics of this nature. Those of my readers who are acquainted with what has been written on the subject of sickness in the West Indies, must be well aware that for generations back, isolation of men affected with yellow fever, and removal into camp of the men affected have been periodically put in force; but from some cause or another, there appears to exist, even among professional men, an imperfect knowledge of the extent to which similar arrangements were formerly made in India on the occurrence of cholera as an epidemic.

That the plan of encamping men, on such occasions, was in force so long ago as 1825,† we have distinct mention made in the official reports of that date. For example, in the report of the 31st Foot for that year, we learn that "previous to the 20th December, the regiment had suffered much from cholera while stationed in Fort William; but, on being encamped on the open plain or esplanade, the disease seemed immediately to abate, and ceased soon after."

In the Annual Report of the Inspector-General in Bengal for the years 1826 and 1827, we read as follows:—"On the 30th December (1826), they (the 13th, 38th, and 47th Regiments) reached Pahanagah, and were encamped in a low jungly position, with high grass; but on the night of the 31st December, cholera in its worst form broke out among them, and for four-and-twenty hours had a most alarming appearance, when it suddenly disappeared on the moving of the camp to a dry elevated situation, and clear of jungle;" and two years afterwards we find Dr. Burke expressing himself in this way while writing on the effects of this measure,*—"The removal of the men to other quarters, or to tents, had in my experience here (Berhampore) and elsewhere, been of permanent benefit in choking or putting a stop to this disease, when"—he observes—"it was done in the proper and favourable season; but," as he stated, "in the hot winds the encamping the men was found to be attended with no advantage, but the contrary, as was proved this year." Thus, the fact is rendered apparent that Dr. Burke, while well aware of the advantages of encamping troops on occasions of epidemics of this disease, was no less alive to the possible evils by which the measure might be attended if injudiciously carried out.

In 1835 the same measure was again put in force, and is thus recorded by the Inspector-General,†—"Several cases (of cholera) having occurred among the soldiers' wives (of the 49th Regiment in barracks) the surgeon was induced to recommend that half the families should be removed to a distant, though unfinished room, towards the end of the lines;" and, it is added, "no case having occurred in the barracks after the removal, renders it more than probable that the atmosphere had lost its influence in that quarter." When, in 1842, cholera attacked the 29th Regiment, the corps was stationed at Chinsurah. Between 22nd of August and 8th November, the disease carried off 50 men, besides women and children. On the latter date the Regiment began its march towards Ghazeepore, the sick, the women and children, proceeding by water; and the circumstance was noted,‡ that immediately on the march being begun, the disease, which had so long clung to the men, appeared to cease. No further case occurred. Finally, when in August, 1843, the same disease attacked the 39th Regiment at Agra, the corps was moved into camp, at a distance of some five or six miles from cantonments. It there remained ten or twelve days, and with the best results, although the weather was most unfavourable, and the ground in a bad state on account of rain (Report, 1843).

It is due to the officers who, in 1833, administered the Government of India to mention in these pages the fact that they had become fully alive to the necessity of issuing, under authority, a brief code of instructions to be followed on occasions when the disease should make its appearance. A Board of Health, as it was, called or, in other words, a Sanitary Commission was accordingly appointed, the recommendations of which, as conveyed to the Inspector-General by the Secretary to Government,§ are as follows, namely,—

"It was accordingly recommended that patients suffering from the disease be treated in a separate ward of the hospital, or in a distinct building.

"The bedding and bed-clothes that had been in use to be purified and fumigated; those that cannot be so, to be destroyed.

"Bodies of men who die were to be interred with the least practicable delay, being conveyed to the graveyard in the covered cart for the purpose, and the body to be, if possible, exposed to aspersion by a solution of chloride, or to fumigation by one of the disinfecting gases.

"As perfect a segregation of the troops as possible was to be secured on occasions of their having to march through infected districts, or where the corps alone is infected, and the district not.

"When the disease has broken out extensively in barracks, and circumstances will permit, the corps should be marched out, and encamped in a dry, open, and elevated position."

Such, then, are some of the measures in former times adopted, with a view to combat this most terrible disease; measures which, in several respects, are identical with, and in all calculated to be quite as effectual for their purpose as those that have of late years been proposed with all the importance of novelties.

* Report, 1837, page 831.
† Report, 1826, page 111.

* Report for 1829, page 169.
† Report, 1835, page 822.
‡ Report, 1842.
§ In letter, dated 14th January, 1833.

NOTES ON PHTHISIS PULMONALIS, &c.

By R. Locke Johnson,

Visiting Physician to the Infirmary for Consumption and Diseases of the Chest, Margaret street, Cavendish square, W.

(*Continued from page* 482.)

Case IV.

T. C., male, æt. twenty-five, married. Two years ago had intermittent fever for three weeks, and been under Dr. Timms as an out-patient ever since. No family history. Lately blood in expectoration, *not* in red streaks, but the whole sputa, dirty and rusty. This mostly in the night after long fits of coughing. At other times the expectoration is frothy white. There is pyrexia and dyspnœa. General moist crepitation all over both lungs. The moist character is less marked at the back where the vocal fremitus is remarkably increased.

7th.—At the right side now the breathing has become tubular.

10th.—Left apex moist and there is loud cooing. Base dull on percussion with tubular breathing. Right apex moist, dull on percussion, base also moist, not so dull as apex. Dyspnœa excessive. Pulse, 100; respiration, 26; less thirsty.

℞ Tinct. camph. comp., ℥ xx.;
— Serpent, ʒss., aq., ʒj. ter die;
Ol. morrhæ, ʒij., ter die.

Croton-oil liniment to be well rubbed into the chest.

Last night spat a teaspoonful of blood. Pulse, 120; respiration, 28; still very thirsty; mouth dry; lips parched; tongue rather furred; bowels open daily.

12th.—Sounds the same, other symptoms also; thirst.

Camph co., mxx.;
Liq. am. aet., ʒss., aq. ʒj. ter die.

16th.—Pot. bic. et nit. aa gr., x., ter die.

18th.—Pulse, 120; respiration, 25. Urine throws down large quantities of lithates, The cough is less troublesome. No pain nor sweating. Feels stronger, walks better. No more hæmoptysis.

25th.—Same. Pulse, 120. Cough no better.

28th.—Feels the same. Right base now gives crepitation with bronchophony. Pulse, 120. Worse after dinner, flushes then very much and feels stuffed at chest. Appetite remains good; bowels regular; tongue slightly furred, brownish.

May 5th.—At both apices moist crepitus, and also right base. Left base hard and tubular. Tongue furred; patch of red in centre.

Sodæ hyphophos., gr. v., aq. camph., ʒj., t. d.

9th.—Caught a cold.

11th.—Thinks he spits a little more frothy.

14th.—Spits scarcely anything in the day but a good deal at night. It is much thinner and more frothy. Auscultation the same. Both apices much creaking.

16th.—Auscultation nearly the same, but at one point of the left base deep respiration now seems to end with a crepitus.

He feels himself still improving and thinks he has gained flesh.

21st.—The last day or two expectoration in the morning has been greenish. Cough a little more troublesome. Other symptoms the same.

27th.—This patient continued to improve for another week, and then left the hospital to go to his home.

Case V.

E. T., male, æt. twenty-two. Married. Has one child. Last year had a cough; about Christmas got partial right hemiplegia when the cough got worse. Kept his bed four weeks from the hemiplegia. One brother and sister died of consumption. Has lost flesh. After the paralysis weakness and pain of lower limbs remained on movement.

April 3rd.—Complains only of severe pain in limbs. Worse on movement, and at night. Ankles and legs are swollen. Scarcely any cough, but a little wheezing. The percussion note is dull on both sides of the chest. There is prolonged expiration and harshness of breathing at the left apex, with an increase of vocal resonance.

Potassi bic. gr. xx.;
Vini. col chici., m x.;
Inf. gent. ʒj. ter die.

14th.—Has lost the pains in limbs, and feels altogether better. Has no more cough nor wheezing. Appetite good. Tongue clean. Bowels regular, once a day.

Quini. dis., gr. j.;
Tr. ferri. ses., m. xx., aq. ʒj., t. d.

18th.—Pain after eating. Mistismuth.

20th.—Complains of flatulence.

28th.—Feels better. No pain after eating. Appetite good. No cough.

30th.—Pain in chest. Sinapism.

May 5th.—On more careful auscultation several medical visitors being present, it was agreed that the percussion note was not materially deteriorated. At the apices respiration was equable, but the expiration on the left side a little prolonged.

He remained another fortnight rapidly progressing.

THE SEWAGE QUESTION.

SPECIAL REPORT.

(Prepared expressly for the Medical Press.)

No. XXXII.

PARASITIC DANGERS OF SEWAGE IRRIGATION.

Entozoic diseases have always an external origin, and are generally caused by food or drink infected with the ova of parasites, or with the parasites in a larval condition,—the food or drink being in its turn infected directly or indirectly by excremental pollutions. In some cases, as with the protozoa and the nematoid worms, the ova or the mature parasite may gain access to the body of man and at once cause disease of a more or less serious character through the water which we drink, or some raw vegetable which we eat, infected with sewage. Water-cresses, celery, lettuce, endive, and other such vegetables eaten in a raw condition, may after recent sewage irrigation, convey the agents of parasitic disease. At other times, as with the cestoid forms of entozoa, helminthic disease is caused by the use of meat infected with the larvæ of parasites that have had their origin in sewage or excremental matters present in the green fodder, or other food upon which the animals have fed. A single individual infected with tape-worm will discharge from his body millions of ova, every one of which is capable of producing a measle, as it is called, in the flesh of an animal, and this in its turn a tape-worm in man. As we have elsewhere remarked, "sewage contains myriads of ova of intestinal entozoa,—every segment of tape-worm discharged from the human body being crowded with them, and if distributed with sewage upon the land, will become attached to the grass and other green fodder which is grown thereon. This is eaten by cattle, whose bodies quickly become infected with the parasite in its larval condition, and thus the measly meat becomes the agent of disease in our own

bodies. At present the distribution of these ova, and their access to the bodies of herbivorous animals is entirely a matter of accident; but make it a matter of certainty, as most assuredly you will by distributing sewage upon the fodder producing land, and the consequences must be serious. Dr. Cobbold, who is our highest authority on this subject, has published an essay, warning the public of the danger of this method of distributing town sewage; and he has hinted at the probable introduction into this country of a terrible helminthic malady (*Bilharzia*) which is now common in Egypt, Africa, and the Mauritius, and which would assuredly be propagated throughout the land by this dangerous scheme of irrigation. "Have the kindness," he says, "to observe that every colonist returning from the Cape is liable to bring this parasitic treasure with him as a guest indeed, dwelling in his blood, and feeding on his life stream. In the advanced stages of the malady, the afflicted individual must frequently evacuate the eggs and their contained embryonic larvæ, which are thus conveyed into the ordinary receptacles of such voidings. There let them remain, or convey them into a cesspool, and no harm follows. If deemed preferable, you may transport them along with myriads of other human parasite eggs and larvæ into a common sewer, and thence into the sea; still entozoologically speaking, no harm follows. Here, however, let me invite you to pause, for if, without due consideration, you adopt any one of the gigantic schemes now in vogue, you will scatter these eggs far and wide; you will spread them over thousands of acres of ground; you will place the larvæ in those conditions which are known to be eminently favourable for the development of their next stage of growth, you will bring the latter in contact with land and water snails, into whose bodies they will speedily penetrate; and in short you will place them in situations where their yet higher gradations of non-sexual growth and propagation will be arrived at. After all these changes, there is every reason to believe they will experience no greater difficulty in gaining access to our bodies here in England than obtains in the case of those same parasites attacking our fellow-creatures, whose residence is found in Egypt, in Natal, in the Mauritius, or at the Cape. In a natural history point of view, it would not be an altogether singular result if, twenty years hence, this parasitic malady should be as prevalent in this country as it is now known to be in particular sections of the African Continent. Foreseeing the possibility, not to say probability, of this contingency, am I not right," he says, "after years of long study, to raise my voice in the hope of preventing such a disaster.'

Nor is it unlikely that the trichina may be distributed in the same manner, for it swarms in the intestines of those who have just become infected with it, and may be discharged into sewage and scattered upon the land, and eaten by creatures whose flesh will give it back to us again. No one, in fact, but the helminthologist, can say what particular parasite may not be distributed and propagated by this dangerous agricultural process. "May we not indeed," as Dr. Cobbold observes, "but too reasonably conjecture that the wholesale distribution of tape-worm eggs by the utilisation of sewage on a stupenduous scale, will tend to spread abroad a class of diseases, some of which are severely formidable? So convinced am I," he says, "of the truth embodied in an affirmative reply to this latter query; so certain am I that parasites are propagated in this particular way; so surely do I see unpleasant results if no steps are taken to counteract the evil, that I feel myself bound to speak out boldly, and to produce no uncertain sound in the matter which most closely concerns humanity! The whole question is in truth of vast hygienic inportance." But the Editor of the *Lancet* does not appear to entertain this opinion, for in a leader of the 4th of February last he thus expresses himself. "Dr. Spencer Cobbold is an acknowledged master in the science of Helminthology, and as long as he speaks in that capacity we sit humbly at his feet. But when he sets himself up for an oracle on sewage irrigation we have a fair right to examine the facts upon which his reasoning is based, and to express our opinion with an authority at least equal to his own. We are, therefore, ready to admit that Dr. Cobbold's history of tape-worm is in the main correct. Briefly, we have no reason to doubt that the ova are discharged in human excrement; that they occasionally by some means or other, get into the flesh of cows, calves, oxen, and pigs; that when they do so they appear as 'measles'; and that when such flesh is taken in an uncooked form by man, tape-worm is again produced. But whilst this may be true it by no means follows that butcher's meat is ordinarily 'measled,' or that a larger proportion of 'diseased meat' is produced on sewaged than on other farms." This is a remarkable jumble of inconsistencies; for if all tape-worms in the human subject have had their origin in measly flesh eaten by man; and measly flesh has always come from the ova of tape-worm eaten by the animal; and the ova so eaten have always been discharged with human excrement, it follows, as a matter of necessity, that wherever such excrement is most frequently found upon the pasture or green fodder eaten by cattle, there the animal must be most liable to have its flesh infected with measles. Now sewage is a liquid which is always charged to a greater or less extent with such excremental ova, and thefore the farm which receives it upon the land must be more liable to produce measly meat than the farm which has none of it; for in one case the infection of the animal is an accident, and in the other almost a certainty. Abundant evidence has been given of the greediness with which cattle will feed upon the succulent pasture of ground irrigated with sewage. Mr. Mechi states that not only have cattle no objection to sewage upon grass, but they like it so much that they follow the hose and will feed upon the grass while it is still wet with sewage. Mr. George King, a civil engineer, who has laid out several sewage farms was asked by the Parliamentary committee on the sewage of towns,—"at what time after the application of sewage do cattle feel inclined to feed upon the sewaged land; have they any objection to it at any time?"—to which he replied, "I think they will feed upon it immediately, even while the sewage is upon the ground; they seem to relish it at once." Mr. Tregelles, who gave evidence before the same committee, said "perhaps I need hardly state to the committee that cattle eat grass with great avidity after it has been watered with sewage manure: it is remarkable, indeed, how they will eat the land closely when they will reject spots in the field upon which their own droppings have fallen and will not touch it; but they eat the grass close to the ground where sewage has been placed." Mr. George McCann also, in answer to the question whether cattle have any objection to eating this grass after the application of sewage? said, "not the slightest; for I have seen horses, cows, and sheep eat it most eagerly before the sewage has been upon it forty-eight hours,—more so than on any other part; in fact they prefer

he land watered in that way." And so strong was the testimony of farmers on this head that the select committee in their final report alluded to it, saying that "the evidence proves that cattle of all sorts appear to prefer sewaged grass to all others, and will eat it within a few hours of its being dressed with sewage." In proof of this they refer to the evidence of Dr. Angus Smith, Mr. Lawes, Mr George King, Mr. Edwin O. Tregelles, Mr. George Henry Henderson, Mr. George McCann, and Mr. Francis Wyley. At Carlisle, where the pasture land is constantly irrigated with sewage, the sheep and cattle feed upon it continuously. At Penrith a very large stock of cattle is kept upon the land to graze down the abundant growth of grass upon the meadows which are irrigated with sewage; and at Croydon the practice used to be to irrigate the land for three or four days and nights together two or three times for each crop, and when the grass has got a sufficient head, to stop the application and turn the stock upon the land, where they remained until the grass is closely eaten down; they were then removed, and the land was irrigated in a like manner. Even when the grass is cut down and carried to the sheds where the cattle are kept it is often wet with sewage. There is no difficulty, therefore, in understanding how a sewage farm is more likely to produce measly meat, than a farm not sewaged. It may well be that the butcher and the veterinary surgeon are not able to detect the measles in the meat, for unlike the measles of pork, they are very small in veal and beef, and are but sparsely distributed; so that nothing but a thorough anatomical dissection would lead to their discovery. That they are present, however, is abundantly proved by the existence of tape-worm in man.

Another serious consequence of sewage irrigation is the spread of rot among sheep; for experience has shown that a damp and sodden condition of the ground is peculiarly favourable for the production of the liver fluke (*Distoma hepaticum*) of sheep,—the method of development being as follows:—Ova are passed from the gall bladder of infected animals into the intestines, and so upon the land; finding a moist situation they are soon hatched into ciliated embryos, which swim about, and become developed into cylindrical sacs of minute hydatids. These attach themselves to some small mollusc, as snails and slugs. In wet weather the infected snails crawl upon the grass and are eaten by the sheep; and then the hydatid speedily changes its condition and becomes a fluke. Upon dry land the ova and its progeny perish, but in wet lands they retain their vitality, and often create a pestilence, sweeping off whole flocks of sheep. The dangers, therefore, of sewage irrigation, even in this particular, are not undeserving of attention; for assuredly it is a means of producing the very conditions which are required for fluke disease.

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, NOVEMBER 28, 1871.

MR. CURLING, F.R.S., President, in the Chair.

ON A CASE OF UNILATERAL ATROPHY OF THE TONGUE.

BY WM. FAIRLIE CLARKE, M.A., F.R.C.S.,
Assistant-Surgeon to Charing-cross Hospital and to the Central London Ophthalmic Hospital.

MRS. H——, æt. forty-five, became aware of a tumour in her right breast in the spring of 1869. In February, 1870, she showed it to Mr. Hume, of Devonshire street, Islington, and he recommended that it should be removed at once, as it had all the characters of a malignant growth. It was accordingly excised on the 16th of February. The wound healed slowly, but satisfactorily. On April 15th she complained of cough and slight dyspnœa, the latter only noticeable after exercise. Under treatment the cough soon disappeared, but the dyspnœa continued. On the 3rd of October Mr. Hume was called suddenly, and found her suffering from a deep-seated pain on the right side of the head, of a periodic character, returning each night between 1 and 2 o'clock A.M., and rendering her for some hours incoherent and unmanageable. Many remedies were tried; but the only thing which gave her relief was morphia in grain doses. It was at this date that the atrophy of the tongue was first noticed, though it was not then so marked as it afterwards became. On March 29th, 1871, Mr. Hume was again urgently required to attend, and found the patient suffering from all the old symptoms, but in an aggravated degree; and in addition there was an alarming dysphagia, together with paroxysms of suffocation, which recurred about three times in the twenty-four hours. On being asked to protrude the tongue, she always appeared unable to do so at first; and, on the request being repeated, would reply, "Wait a minute." Then, after a few moments' deliberation, she put it out very slowly. The tongue was puckered and crimped along its whole right side from base to apex, though these appearances were the most marked at the anterior two-thirds. An actual loss of substance had taken place, but it was bounded exactly by the median raphé; and the contrast between the *plumpness* of the left side and the shrivelled aspect of the right was very striking. When it was protruded, there was no deviation to either side. Articulation was slow and difficult. There was great pain along the right side of the neck, with a certain fulness and turgescence of the vessels; but no tumour could be felt in any part of the mouth or neck. Together with these symptoms there was general cachexia and great prostration of strength. From this time the dysphagia and dyspnœa gradually became worse; and on the 7th of June, in one of the attacks of suffocative cough, the patient died. At no time during her illness had there been any paralysis of the extremities, and her intellectual faculties remained clear throughout her whole illness.

Unfortunately no autopsy could be obtained; but, looking at all the circumstances of the case, the author thought there was good reason to believe that the ninth nerve on the right side was involved in a secondary cancerous tumour, such tumour being situated either within the cranium or at the upper part of the neck, and pressing upon the right hypo-glossal nerve, and more or less implicating the pneumogastric and glosso-pharyngeal nerves as well.

The author proceeded to compare with this case two other instances of well-marked unilateral atrophy of the tongue: the one related by Dupuytren in the "Leçons Orales" (lecture on Hydatid Tumours); the other by Sir James Paget, in the third volume of the "Transactions" of the Clinical Society. The experience of Romberg and of Bidder was adduced to show that this remarkable condition of the tongue may be produced by a lesion of the ninth nerve; and to establish the same point the author related an experiment that he had made. On Oct. 25th he divided the right hypo-glossal nerve in a rabbit, and took out a piece about a quarter of an inch in length. Immediately after the operation, and during the whole time that the animal was under observation, the tongue was strongly protruded to the right side. On Nov. 27th the rabbit was killed. It was found that the nerve had united by a soft gelatinous and highly vascular substance, of about twice the ordinary calibre of the nerve. The right side of the tongue, along its posterior half, was slightly wasted and flattened.

The preparation was exhibited; and an outline sketch, illustrating the case which had been related, also accompanied the paper.

An interesting discussion followed in which several Fellows took part.

CASES OF INTER-MENSTRUAL OR INTERMEDIATE DYSMENORRHŒA.

BY WM. O. PRIESTLEY, M.D.,
Professor of Obstetric Medicine in King's College.

THE author pointed out that, although much had been written concerning dysmenorrhœa, and several forms of it had

been described in accordance with the pathological views taken of its causes, the description of the several varieties was ordinarily limited to the time of the catamenial period, with the two or three days additional which may precede and follow the menstrual flow. From time to time, however, cases of a more obscure kind presented themselves, in which the chief suffering is remote from the actual menstrual period, but comes on, nevertheless, with the same punctuality, and is probably dependent on organic changes associated with the production of the catamenia. Probably other practitioners had observed like instances, as they were not unfrequent, but as the author had met with no description of them, he brought the subject before the Society as a fragmentary contribution to the pathology of uterine affections, which might possibly evoke further elucidation by discussion.

In all the cases detailed severe pain was experienced by the patients midway in the menstrual interval. The pain commonly came on about fourteen days after a catamenial period, and, after lasting a variable number of days, ceased before the supervention of the next expected period. In one case, the pain, beginning midway in the interval, ran into the following monthly period, and was relieved by its flow. The suffering was constantly referred to one or other ovarian region, and in three cases out of four marked tumour, or thickening from old adhesions, was found in that locality.

The reason for the occurrence of pain in the inter-menstrual period, and with such regularity, was not, in the present condition of our knowledge, perfectly obvious. A study of the physiological and pathological conditions left little doubt, however, that it was due to perturbations in the functions of "spontaneous ovulation" habitually going on in the ovary. Hypertrophy of the structure of the ovary, or thickening of its indusium, would lead to undue vascular excitement, and impede the advance of ova to the surface in their attempts to obtain maturity. It was not unreasonable to suppose, from all the known facts of the case, that preparation for an approaching period began in the ovary ten or fourteen days before the occurrence of the monthly uterine discharge, and if the initial steps in the process of ovulation were opposed by certain pathological conditions, pain would ensue. Nay, in the absence of distinct organic change, it might readily be imagined how special irritability in the ovary would cause an unusual amount of disturbance whenever there was occasion for the exercise of fresh activity in the organ. This latter class of cases would partake more or less of a neuralgic character.

The treatment would depend on the pathological condition as ascertained by examination. The pain being only a symptom, it would be needful to inquire into the cause; and if there were tumour, or thickening depending on former inflammation, absorbent remedies would be indicated. If no organic change of structure could be detected, anti-neuralgic remedies, such as quinine, iron, and arsenic, would best answer the purpose of cure.

MEDICAL SOCIETY OF LONDON.

DECEMBER 4TH, 1871.

DR. ANDREW CLARKE, F.R.C.P., President, in the Chair.

DR. BROADBENT exhibited

MORBID SPECIMENS FROM A CASE OF APOPLEXY FOLLOWING DISEASE OF THE KIDNEY.

One kidney had undergone granular degeneration, the other was not much changed. The heart was atrophied, and in the left hemisphere of the brain, there was a large irregular cavity, the minute arteries were also hypertrophied. The woman had recovered from a former attack of hemiplegia, and had gone on pretty well until six months ago, when she suffered from general weakness, pain in the head, indigestion, &c. The pulse gave at first an impression of being feeble, but it was not so, it could be rolled under the finger, and when pressed on above, continued to give a thrill to a finger placed below. The area of the heart's dulness was increased, the apex beat below and to the left of its usual situation. At the interventricular septem, the 1st sound was reduplicated, at the apex the 1st sound only was heard. The right ventricle produces the first portion of the reduplicated sound, the left ventricle the second, owing to its meeting with a momentary resistance. The patient was pregnant, but did not know it till just before death, as she had menstruated regularly and was unwell at the time of dying. She was seized with convulsions, coma, rigidity and paralysis of the left limbs, hæmorrhage came from the middle cerebral artery, and the cavity was situated external to the motor ganglion and motor tract.

DR. BROADBENT thought the rigidity was due to a disturbance, not a destruction of the motor ganglion and motor tracts.

In answer to a question from DR. HUGHLINGS JACKSON, he said that there was no pulmonary apoplexis, the tongue was bitten.

The PRESIDENT remarked that the case was well told, and the points open to discussion were:—I. Is the thickening of the arteries due to poisoned blood? II. Is the reduplicated sound due to the lagging action of the left ventricle? III. Is rigidity due to disturbance, not destruction of the motor ganglion?

MR. WALTER COULSON exhibited

TWO PATIENTS WITH SYPHILITIC ULCERS CURED BY SKIN-GRAFTING.

The first patient had suffered severely for three and a-half years from the effects of malignant syphilis, there had been ulceration in the face, loss of portion of the nose and one extensive ulcer on the leg. He was given at the Lock Hospital as much as 80 grains of pot. iod. three times a day, the ulcers on the face healed, but the leg did not. He was treated at Birmingham with mercurial baths, but without much success, on his return, the man was treated with bark and nitric acid, and the surface of the wound was granulating healthily, the limb was placed in a straight splint, but on October 3rd, five pieces of skin were taken from the left arm about the size of a pin's head and transplanted. October 16th, five more pieces were grafted. November 1st, all the five last grafts had taken. On November 20th, the ulcer had healed with the exception of a small spot. The second man had been suffering for two and a-half years from a large syphilitic ulcer of the size of a cheese plate, and had taken pot. iod. 70 grains three times a day. On October 3rd, skin-grafting was done as in the first case with great success, the medicine being left off when the grafting commenced. This plan of treatment was recommended in the chronic stage of the disease when the ulcer was covered with healthy granulations.

In the discussion which followed, MR. JABEZ HOGG recommended bromide of potassium in syphilis.

The PRESIDENT called attention to this as if it was as useful as iod. pot. it was important to know it, as the latter was not always well borne.

DR. BROADBENT who has specially experimented in the bromides, said that their action was quite contrary to that of the iodides.

MR. DE MERIC condemned the use of bromides when the iodide could be given. He thought that iod. pot. bro. was pushed too far, as it interfered with the sexual capacity of the patient, he had advised a little mercury combined with the iodide. He had also transplanted in some cases, but had failed.

DR. HUGHLINGS JACKSON then gave the particulars of a case of

DISEASE OF THE RIGHT LOBE OF THE CEREBELLUM, TUMOUR WITH CYST.

The striking point in the case, was the existence of double optic neuritis (observed by Mr. B. Carter as well as by the author), without obvious impairment of sight, there was severe headache and urgent vomiting. Very remarkable intermissions in these symptoms occurred, the patient seems to be quite well in the intervals. Later palsy of both sixth nerves occurred one before the other, and there seemed trifling difficulty in walking, but there was no limb affection. The author remarked in the several symptoms of the case, and particularly urged that diseases of the cerebellum caused neither loss of sight or deafness. It frequently—if tumour—led to double optic neuritis, consequent on this blindness occurred in a round-about-way, and he imagined through the intermediation of the vaso-motor nerves.

A discussion ensued, in which the President, Dr. Broadbent, Dr. Allen, Chapman, and Mr. Jabez Hogg took part.

THE MEDICAL SOCIETY OF THE COLLEGE OF PHYSICIANS OF IRELAND.

THE above Society met on Wednesday evening last in the hall of the College. The Chair was occupied by SIR DOMINIC CORRIGAN, BART., M.P.

DR. STOKES communicated to the Society

SOME NOTES ON THE TREATMENT OF SMALL-POX.

In entering on the subject, DR. STOKES observed that the extinction of small-pox in Ireland, which was improperly attributed to the prosecution of vaccination, was shown not to be due to that cause, because most of the existing population had attained manhood before the vaccination system was introduced, and for many years afterwards inoculation was covertly practised, a proceeding which was fostered by the fact that the authorities took no notice of it, unless it was reported to them by the medical man himself. Since 1848 the type of small-pox in Ireland had been always of a low and typhoid type. In the sthenic type vascularity of the skin was much more fully developed than in the asthenic form, and therefore pitting was much more frequent than after the type of the disease had altered. He remarked that this condition arose more or less from the impossibility of keeping the skin of the face and hands as moist as the parts covered by the bed-clothes. He alluded, while on this part of the subject, to the case of a young lady in whom, for the purpose of saving the eyes, he had applied poultices over the orbits, and, as a result, the whole of the part covered by the poultices was perfectly free from pitting, while the rest of the skin was deeply seamed. Since then he had uniformly employed the system of covering the face with poultices, and with the very best results. MR. STOKES proceeded to quote the case of a patient in whom, as the prominent symptom, was headache; he had applied a large number of leeches to the temples, and the result was, that while the pustulation was largely developed on the body, the face and head escaped almost wholly. He considered from this and other experiences that depletive treatment of local skin affection would be of the greatest advantage. Dr. Graves narrated a case in which a man, who had been laid up in hospital for disease at the knee-joint, which necessitated mercurial strapping, had been attacked with small-pox, which profusely covered the whole body, but did not touch the knee at all. These facts lead us to the treatment of the warm bath practised by Hebra, in which the conditions of exclusion of air, and the securing of constant moisture are secured. DR. STOKES described at length the case of a patient whose condition from confluence of the pustules was, in the words of DR. STOKES, that of "one ulcerous sore," and who suffered from terrible delirium in consequence of the pain he suffered from contact of the pustules with the bed-clothes. As a last resource the warm bath was tried, and the effect of it was "miraculous;" almost in an instant the pain and delirium ceased, and from that time forward his recovery was constant and unchecked. DR. STOKES spoke in the most eulogistic terms of the bath treatment, which he could say was productive of no danger, whatever, and enabled the necessary stimulant treatment to be carried on without intermission.

SIR DOMINIC CORRIGAN reiterated the remarks of Dr Stokes that the efficiency of vaccination legislation was altogether marred by the fact that it only provided for the vaccination of the future generation. He had made many attempts to impress this view upon law givers, but hitherto without any success. He considered that vaccination should be recognised as one of the necessary qualifications of public employment, and that the onus of insisting on this qualification should rest not on the poor man, but on the employer. SIR DOMINIC CORRIGAN stated that inoculation was regularly practised by persons who came round to a village beforehand, arranged for an occasion, at which the children were deposited in a room, and returning on that occasion the children were there and then inoculated, no person being present who could swear to the transaction. Referring to the latter part of Dr. Stokes's paper, SIR DOMINIC CORRIGAN remarked that it was fully corroborated by the fact that no one ever saw a small-pox pustule in the axilla. He remarked that the dressing of gutta-percha solution was very useful on the second day of the eruption, when it served the purpose of excluding air and including moisture, but very bad on the eighth day, when it confined purulent secretions.

DR. BEATTY considered that the apparent failure of vaccination to stamp out small-pox has arisen from a failure in the efficacy of the vaccine virus, because of its not having been sufficiently frequently renewed from the cow, and as in all other matters Nature exercises a power to bring products round to that simplicity, so he believed that the virus had lost its efficiency by want of renewal.

DR. BRISKE, Medical Registrar, was utterly at issue with Dr. Beatty in his view. He reminded the Society that the passing of the virus through any number of persons did not alter the complete development of the pustule. He considered that in any case in which a perfect vaccination mark existed, the protective effect was as good after twenty years as at the moment of vaccination. The Compulsory Vaccination Act as it exists at present is simply inoperative. It had done much good, but it was now utterly useless, unless amended, to protect the public against the access of the disease. The returns made by the Registrar-General weekly, were perfectly unreliable on this subject, because the small-pox beds were not within the district at all, and the deaths in them were not returned to the Registrar-General at all.

DR. HENRY KENNEDY alluded to the fearful form of small-pox which recently existed in London, from which the mortality exceeded 50 per cent. In Dublin it had not as yet gone beyond 18 or 20 per cent. He was sorry to say that he had seen deaths in patients being thoroughly marked by vaccination. He considered it of great importance that, as in typhus and other fevers, it was quite necessary to take the case in the first stage, and treat it vigorously in anticipation of the ultimate cause of the disease.

DR. GRIMSHAW said he was now engaged on a series of experiments as to the effect of occlusion from air and light by strappings, but he was not as yet able to state the result. He had been using poultices very extensively for the purpose of avoiding hard crustation, and so far it appeared a successful line of treatment. He had also employed leeching in more than half his cases. Up to the present day, out of about 160 cases, he had only seen two which came under the provisions of the Compulsory Vaccination Act, and out of all the deaths numbering over thirty, or about 18 per cent., only three deaths occurred in which the vaccination marks existed.

DR. GORDON considered that the principle communicated by Dr. Stokes could be carried out to a more useful extent. Most of the cases in the present epidemic were marked by tracheal and laryngeal symptoms, and he had found the depletive system very efficient in the treatment. In view of the large number (300) which had passed through the Hardwicke Hospital, he was of opinion that in this epidemic the secondary fever was very slight, and the cutaneous inflammation little marked. He had in such cases used the warm bath with great satisfaction.

DR. STOKES considered that the least that could be said for the warm-bath treatment was that it completely obviated the chances of septic poisoning, and the injurious consequences of continued pain.

Geology of the Pyrenees.—M. Garrigon describes a curious region in the Pyrenees situated between Salies de Béarn, Dax, and Bayonne. It consists of a series of hills constituted by the undulations of the cretaceous formation, crowned with an alluvial deposit exclusively composed of red clay and quartz pebbles which may be referred to the pliocene period. Most of the depressions produced by these undulations are at present filled with peat, which from its horizontal position shows that each of these spots was occupied by a lake now dried up. There are forty-five of these places, called *barthes* by the inhabitants, around Salies, alone. In one of these M. Garrigon caused an excavation to be made to an average depth of eighty centimetres, at which he was stopped by finding a regular floor, made of trunks of trees rudely split into boards, and resting on forked piles, simply consisting of pointed trunks, with the upper branches lopped off, so as to leave a support. There were also beams from three to eight yards in length, and all this woodwork was ingeniously joined together by turning the knots and other irregularities to account. The piles were between two and four yards long, and there was no doubt of their having been fashioned with sharp instruments and chiefly metal hatchets, and from the depth of the notches made, there was every reason to suppose that the metal used was iron. In the midst of a thick and glutinous peat, fragments of planks sharpened off at their ends were found, together with a wooden lozenge exactly resembling a latch still used in the country for doors. Immediately below the flooring, which by means of soundings taken at different places, was found to extend over several acres, water was discovered, which prevented any further excavation being pur-

sued. The country around these ancient lakes is studded with tumuli, where articles have been found belonging to the period when metals were used and the dead burnt.—*Globe.*

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 20, 1871.

HOSPITAL OUT-PATIENTS AND PROVIDENT DISPENSARIES.

The agitation of last year and previous years, which has hitherto been confined to the ranks of the medical profession, appears at length likely to become a national question. The charities of the metropolis have long been known to be far more extensive than is compatible with the welfare of the poorer classes, who, indeed, of late years have had their *morale* seriously lowered by the multitude of temptations to become beggars and idlers, instead of steady workers in the "struggle for existence." Ancient Rome fell, when the citizens began to care only for lust and theatres; and the recent rage for charitable interference with the working classes, bids fair to convert a large proportion of the population of London into pauperised wretches, fit only to idle about, smoke, drink beer, and haunt the hospital, the workhouse, and the various other alms-giving institutions of "Modern Rome."

The absurd facilities given by stupid guardians, too, by means of out-door relief, have, perhaps, more than anything else, tended to produce that amount of pauperism and dependence, which is so painful a feature of London life at this moment. The present generation seems to have well-nigh forgotten the axioms laid down by all writers on questions of poverty, after the inquiry of 1834, which showed so clearly the injury done to the wage-receiving classes by out-door relief. Such relief, it was then shown, tends to lower wages and damage the status of the lower classes very greatly. Unfortunately, our London Boards of Guardians are mostly composed of shopkeepers and employers of labour; and it is their interest to keep down wages, which they do at present so greatly by encouraging out-door relief and other encouragements to idleness.

Sir C. Trevelyan has well said that medical relief is perhaps the most dangerous of all, since when given gratuitously to any great extent, it reaches classes which would never be reached by any other form of charitable dole. Engineers and artizans, in receipt of large wages, are well-known to think that it is needless in London to think of ever paying for medical advice for themselves or families; and, in not a few cases, it is said, that the wives and daughters of well-to-do citizens have been known to dress themselves for the occasion, and appear at the hospital desk of some famous practitioner, in *formâ pauperis*, when living in luxury and splendour at home. Facts, such as these, have made it said by Dr. A. P. Stewart, that "the hospital out-patients' department is the first step to the workhouse, whilst the Provident Dispensary is the first step to the savings' bank." The love of all that ennobles mankind makes us dread, lest poverty should become degraded, by making the poor and ill-educated believe that they have only to pray to the rich and humble themselves sufficiently, in order to receive all that they require. If England is ever to become as happy as she is powerful, it must be by means of education of its poor; and one of the most essential parts of all education for the poor is that which teaches the wage-earning class that labour and self-help is the only legitimate means of arriving at independence in a truly free state.

At the meeting, so ably presided over by Mr. Smith, M.P., last week, and which was under the auspices of the Charity Organisation Society, it was clearly shown by Mr. Fairlie Clarke and by Dr. Meadows, that medical charity in London is now doing serious evil both to the population of that vast city, and also to the medical men, whether consultants or general practitioners. It was asserted, and not shown to be untrue, that some 750,000 *individuals* annually avail themselves of the medical charities of the metropolis. There are some fifty free dispensaries in London; and Mr. Smith, M.P., and others contend that all of these should *at once* be converted into Provident Dispensaries, since the really necessitous poor are at present able to avail themselves of the new Parish Dispensaries, which are being everywhere constructed under the provision of Mr. Hardy's Act. The meeting was so influential that we may conclude that the matter is in a fair way of being gone into, and we congratulate our professional brethren of London, and their patients also, in the prospect of a speedy arrangement of the present disgraceful state of affairs in the metropolis.

With regard to out-patients of hospitals, it is the opinion of Sir C. Trevelyan that all unfit persons could easily be hunted up at their own homes, by the aid of the Charity Organisation Society; and it is further added that all medical officers of public charities should receive some stipend as they do abroad, and that the number of new cases seen by each officer should be limited to some twenty or thereabouts. Mr. Stansfeld promises early legislation on this important question; so that some of us may live to see better days, both for the public and for our own profession in London and in other English cities. In Ireland these matters have long been better understood, and there is probably not so much room for improvement. The only serious objection made to the rational proposition laid down by Mr. Smith and others, was made by Dr. Rogers at the meeting referred to. Dr. Rogers thinks that the main evil in London and through-

out England is the miserable position of the Poor-law Medical Officer, and states that the average wage of a vast proportion of the labouring classes (12s. a week) is too low to enable them to think of self-help. But alas! Dr. Rogers seems to belong to the same school as his brother, the Oxford Professor, who speaks so constantly of the injustice of the present state of *political* matters, instead of *occasionally* adverting to the real difficulties of the question, which we have alluded to; and as disclosed by the Poor-law Commissioner of 1834. Self-help is the gospel of the poor, and charity is, when extensive, the greatest of all enemies to the working classes. If Dr. Rogers would read the Blue book for 1834, he would realise what we mean. By all means raise the position of the Poor-law Medical Officer; but let the whole question be discussed at once.

PROSECUTION UNDER THE MEDICAL ACT.

Very recently we recapitulated the facts of a prosecution instituted in Leicester against a chemist named Lakin, for practising as a surgeon, and signing a certificate with the letters M.D., U.S. In defence, one of the sham diplomas of the University of Pennsylvania, which can be bought in London as readily as a sugar-stick, was produced. The magistrates reserved their judgment, which they have since pronounced. In their summing up of the case they say:—"A witness named Crick was called on behalf of the defendant, who was in the possession of a similar diploma to that of the defendant, dated April 27, 1867, and he stated that such diplomas are granted without any personal examination by the Professors, or any attendance at the lectures of the College, although the diplomas recite that they have been granted after the applicant for the degree has attended two full courses of Medical lectures, and passed a successful examination in each department of study 'before us, the Professors of the College.'"

The Bench cited precedents which are worthy the notice of the Profession:—"In Ladd *v.* Gould, the defendant had used the word 'Surgeon,' followed by the words 'Mechanical Dentist,' on the side of his door, and the justices had dismissed an information charging him with having used the title of 'Surgeon.' The Court of Queen's Bench held that it was a question of fact for the magistrates to decide, whether by the use of these words the party proceeded against was guilty of an offence against the statute; and Lord Chief Justice Cockburn said that there was not, in his opinion, any false pretence in using the word 'Surgeon'; that he should have come to the same conclusion as the magistrates, as it was like the case of persons calling themselves 'Surgeon-dentists' (or, as Mr. Justice Crampton remarked, 'Surgeon-chiropodists'), but that there was evidence upon which the magistrates might have come to either conclusion, although, in the opinion of the Court they had arrived at a correct one. In the remaining case of Ellis *v.* Kelly, it appeared that the defendant, who was a duly registered Surgeon, had used the prefix of 'Dr.' to his name for some years before the Medical Act; that he was in possession of a diploma as a Doctor of Medicine of a German university; but that such diploma was not proved to be genuine. The justices had dismissed an information charging him with having used the title of Doctor of Medicine. It was held by the Court of Exchequer that the word 'Doctor' must, under the circumstances, be taken to mean a Doctor of Medicine; that a person falsely calling himself a Doctor of Medicine (per Baron Bramwell) would be liable to a penalty, although he was in reality a Member of the College of Surgeons or of the Apothecaries' Company, and so registered; but the words 'wilfully and falsely' meant 'wilful falsity,' and that the possession of the foreign diploma, although not proved to be genuine, so far justified the defendant in using the prefix 'Dr.'—as he had done before the Medical Act was passed—as to exonerate him from the charge of having 'wilfully and falsely' assumed that title."

It is rather singular that there is no reported case of a successful prosecution under Section 40 of the Medical Act.

The magistrates, acting on these precedents, while they expressed regret that the law did not afford protection to the public against persons practising under fraudulent diplomas, considered themselves bound to dismiss the case.

It is very satisfactory to know that this, the last of a series of abortive prosecutions under the Medical Act, will not stop here, for a case for an appeal was obtained by the solicitors for the prosecution, and the subject will thus come before the Queen's Bench.

There is one point in this and in other cases, which seems to have escaped notice, and which, we imagine, would bring the prisoner within the operation of the penal clauses of the Act.

The 37th clause of the Act enacts that "no certificate required by any Act now in force, or which may hereafter be passed, from any Physician, Surgeon, Licentiate in Medicine or Surgery, or other Medical Practitioner, shall be valid, unless the person signing the same be registered under this Act." This clause does not, it will be observed, impose any penalty. It simply invalidates the certificate, and the prisoner in this case (who did give such certificate) was not open to punishment for doing so. But it seems to us that a person signing such certificate does an act which, inasmuch as it cannot be legally done by any other than a registered practitioner, involves a "wilful and false pretence" that he is registered.

For instance, let us take a parallel case. Suppose that there were no law to prevent any person putting on the uniform of a policeman, unless he makes a false pretence of being a member of the force, the law could not punish any person simply for adopting the uniform. But suppose the law declared that no one except a policeman should arrest a cabman, the pseudo-policeman would, in doing what no one but a policeman could legally do, render himself liable for the "wilful and false pretence" just in the same way it would seem that a quack who may have been able to keep within the letter of the law by calling himself F.R.A.S. or B., Member of the Royal College of Physicians and Surgeons, would bring himself within its reach if he were to do that which no one but a legal practitioner is authorised to do.

THE CONJOINT BOARD FOR IRELAND.

The movement of the Irish Licensing Bodies in the direction of a Conjoint Examination for that division of the country has taken, within the last week, the active shape of a Conference, which has held meetings at the Royal College of Surgeons. The Council of that Body had issued an invitation to each of its colleagues in medical-qualifying, asking them to appoint three delegates to confer upon the subject. The University of Dublin

nominated Drs. Stokes and Apjohn, and Dr. Andrew Searle Hart, a Senior Fellow and Member of the Trinity College Board. The College of Physicians delegated the President, Dr. Hudson, Dr. Beatty and Dr. Little. The Senate of the Queen's University sent Sir Robert Kane, Mr. Ross, and Mr. George Johnston Stoney, F.R.S., their Secretary; and the Apothecaries' Company are represented by their Governor, Dr. Leet, and another of the Directors. The College of Surgeons is itself impersonated by the President, Dr. Wharton; Dr. Macnamara and Dr. Hargreave.

Our readers are already aware that we do not take a very hopeful view of the issue of this Conference. The attempt, however, meets with our most hearty approval, albeit it is at least six months too late. The constitution of the Conference is, moreover, more or less encouraging, inasmuch as in it is contained no representative of the hostile party in the College of Physicians, whose views Sir Dominic Corrigan expounded very plainly in the Medical Council. Saving the obstruction which may be interposed by this party, we believe a feeling in favour of a Conjoint Examination Scheme is strong in all the Licensing Bodies. When the necessity for voluntary legislation was less urgent, when the prospect of "disestablishment and disendowment" was less evident than it is now, the negotiation was upset by financial difficulties, and considerations of dignity. We trust that the present Conference is approaching the subject in a different and more conciliating spirit. Unpleasant as the anticipation may be, it can hardly be doubted that the Conference has to choose between concession and revolution; and while we have as little sympathy with the financial demand of one of the Licensing Corporations, as with the obstructive policy which a party in it have adopted towards the present movement, yet a reasonable compromise would, under the circumstances of the future, evince a wise discretion.

SCOTLAND.

EDINBURGH.—We regret to record the death of Mr. John Mackenzie, L.R.C.P. and S., Edinburgh, resident physician in the City Fever Hospital, from typhus fever, contracted in the discharge of his duties. Mr. Mackenzie was in the thirtieth year of his age.

ABERDEEN.—Dr. Angus Fraser has been elected physician to the Royal Infirmary, in room of Dr. Harvey.

Notes on Current Topics.

Dr. Reed's Cases of Oxygen in Diseases of the Lungs.

THE cases which we have republished from the *New York Med. Journal* seem to have been carefully observed, and as the result of considerable experience in the use of cod liver oil, and oxygen in conjunction are of great value. The increase in weight under the treatment was a marked symptom in almost all the cases. In cases fourteen and sixteen this could not be attributed to the cod liver oil as that disagreed with the patient, and had to be discontinued in consequence. Cases one, two, and three, terminated favourably. In case four, after a decided improvement and increase of weight, an exhaustive diarrhœa set in, and the patient sank rapidly. May not the unfavourable re-action in this case be attributed to a larger dose of oxygen having been given than was desirable. Experience in this country seems to point to this conclusion; a similar effect having not unfrequently been observed in debilitated subjects where too large a dose has been administered. Cases five, six, and seven were very favourable. Cases eight and nine appear to have derived but little benefit.

It is to be observed that no good result seems to have been obtained by increasing the quantity of gas administered in cases where the ordinary dose failed to have any good effect on the diseased condition. Cases ten to thirteen were all favourable, the two latter especially so. Case fifteen unfavourable. Cases fourteen, sixteen, eighteen, nineteen and twenty, all favourable; while cases seventeen and twenty-one terminated unfavourably. In the last case we again see a diarrhœa setting in after the increase of the dose of gas given.

Out of the whole twenty-one cases reported, fifteen terminated favourably, and in some of them the beneficial effect of the gas was most marked. The other six cases terminated unfavourably. In some of these latter there were complications which partially account for the want of success in their treatment.

Mortality of Phthisis.

IN a lecture on this subject by M. Constantine Paul, published recently in the *Gazette des Hopitaux*, he said that the disease represents ten per cent. of the whole mortality in France. At Paris the number rises to 13·4 per cent.; at Genoa it is 9·7 per cent.; Naples 8; Rome, 6; Turin, 9; Venice, 8 per cent. To the northward, on the contrary, it increases. In Belgium it is 16 per cent., and in Limburg 21 per cent. In England it appears to be less mortal, the mean mortality being 12 per cent. There is not in England the same difference between town and country as in France. In Germany, the mortality is still greater. From 1839 to 1849, it was at Berlin 17·5 per cent.; at Frankfort, 25·6, at Hamburg, 21·7, at Vienna, 20 per cent. In certain localities in America it reaches 28 per cent.

Bisulphite of Lime as a Deodorizer.

DR. J. D. TRASK, in the *New York Med. Journal*, calls attention, especially in puerperal diseases, to the bisulphite of lime as a deodorizer. The excess of sulphurous acid, passing into the atmosphere, comes directly in contact with the offensively odorous particles that have escaped, and at once destroys them. In giving vent to collections of decomposing purulent matter, as in the peritoneal or pleural cavity or in chronic abscesses, cloths wet with this preparation, held near the orifice almost entirely prevent the escape into the room of the offensive smell, to the great relief of patient and bystanders. Though the strong solution will destroy fabrics, when properly diluted, as when used for vaginal injections, it neither destroys nor discolors bed-linen.

THE will of Mr. Arthur Kempe, F.R.C.S., of Exeter, whose obituary appeared some few weeks since in this journal, has been proved under £35,000. The deceased had scarcely arrived at middle age.

Chloral-Hydrate and Bromide of Potassium in Chronic Alcoholism.

Dr. F. Bradnack (*Buffalo Med. and Surg. Journal*) treats chronic alcoholism with unusually large quantities of chloral-hydrate and bromide of potassium together; for a patient suffering from six days' debauch, he ordered: ℞. Chloral-hydrat., ʒ ij.; Potassii bromid., gr. lxxx.; Syrupi simp., ʒ j.; Aquæ, f. ʒ ijss. M. Ft. haust. These enormous doses, 120 grs. chloral-hydrate, and 80 grs. of bromide of potassium, were given to the patient, merely dividing the mixture into parts, and diluting each with a little water, both doses being taken within five minutes. The effects of this prescription were very gratifying. The patient had a tranquil and unbroken sleep for fourteen hours.

The details of this case appear to him to prove presumptively two points:—1st. That in cases of chronic alcoholism enormous doses of chloral-hydrate are not only tolerated, but are productive of great good; 2nd. That a combination of bromide of potassium with chloral-hydrate furnishes a simultaneous sedative and hypnotic so excellent as to seem to indicate its use in diseases of this nature.

Medical Use of Alcohol.

We have received from Dr. Burrows, F.R.S., the able and enlightened President of the Royal College of Physicians of London, a numerously and influentially signed medical declaration respecting alcohol. The importance of the subject at the present time induces us, in spite of the demands on our space, to give publicity to the document as we receive it. There can be no question in the minds of thinking men that it sets forth a phase of the question of the use of stimulants that ought to be carefully weighed by all who may have occasion to prescribe alcohol in any form. The declaration cannot be said to be couched in other than the most moderate terms. It is not unlikely, indeed, that extreme adherents of "temperance" principles will find fault with it, on the ground that it is not forcible enough. We, however, feel that the studied moderation is a commendable feature in the declaration, and we confidently appeal to the large list of signatures of the leaders of professional opinion as a proof that the document really represents an important truth that ought not to be lost sight of. We shall not be surprised if some contention arise, but we think the promoters of this movement have achieved a most laudable success, and may well be content with the response they have met with.

Bromide of Sodium.

The prolonged use of bromide of potassium, in epilepsy and other nervous disorders, being often attended with serious inconveniences, Dr. Meredith Clymer believes that in the *bromide of sodium* a substitute has been found that will fully meet every indication for which the bromide of potassium has been given, and is free from the objections which are justly urged against the latter. He remarks in the *Medical World* that the taste of the bromide of sodium, is much less unpleasant than that of the bromide of potassium, being very like common salt, and it may be used to replace the latter, mixed with the food, as with bread and butter, eggs, in milk, &c. Hence it is of more easy administration than bromide of potassium, to the taste of which some persons have evincible repugnance, and increasing with its use. It is of the first importance that bromide of sodium should be perfectly free of all impurities, particularly of iodine. Larger doses of the hydrated salt are required than of the anhydrous, for it crystallizes with four equivalents of water.

The doses of bromide of sodium are about the same as those of bromide of potassium. In epilepsy he usually gives twenty grains three times daily, and has rarely gone above that amount. It sometimes seems to cause or encourage constipation.

The Army Medical Department.

Staff surgeon Fox has left Dublin to embark for the West Coast of Africa. Staff Surgeon-Major Wall has leave of absence until his retirement on half-pay appears in the *Gazette*. Staff Assistant-Surgeon M. A. Kilroy has rejoined at Chatham from leave of absence. Staff Assistant-Surgeon Charlton is under orders for India. Inspector-General F. W. Innes, M.D., C.B., has been appointed principal medical officer at Netley, vice Inspector-General Beatson, M.D., C.B., who is under orders for India. Deputy Inspector-General J. H. K. Innes, C.B., is on leave of absence, preparatory to embarking for India. Staff Surgeon Hendley has been instructed to assume medical charge of the Portsmouth recruiting district.

The Value of Circumcision as a Hygienic and Therapeutic Measure.

In the *New York Medical Journal* there is a very striking article on this subject by M. J. Moses, M.D., who is convinced that the Jews of the enlightened school are inaugurating a dangerous reform, in the desire to invade the hitherto inviolability of the Jewish law; and he would impress upon his professional brethren of other creeds the necessity of explaining to their Jewish patrons the value and *safety* of maintaining circumcision, if not as a religious duty, as a hygienic measure, the importance of which probably influenced its institution as a ceremonial law.

Dr. Moses remarks, that if the following plan is observed, all danger may be considered as provided against, and need *never* occur, if the surgeon watch his case properly.

1st. The amount of tissue sacrificed should be only *just enough* to divide the muco-dermoid junction.

2nd. The reflecting mucous membrane should be carefully adjusted to the cut edge of the dermoid fold.

3rd. The frænum should not be wounded or lacerated.

4th. The wound should be kept open until active bleeding ceases, and the effused lymph has glazed on the line of approximation.

5th. The dressing should be the ordinary coldwater dressing, made of very fine linen, lightly applied.

6th. The surgeon should visit his patient and renew the dressing two hours after the operation.

7th. A careful and attentive nurse, duly warned as to any possible accident, should watch the dressing from minute to minute. The dressing of cold water should be exchanged for one of soft oiled linen the morning following the operation.

8th. As soon as the healing has well begun, all dressing should be discarded, and the parts bathed in tepid water after each voidance of urine.

9th. The operation should be done by a surgeon, and the condition of the child, as to his ability to undergo the ordeal, submitted to his direction.

To guard against hæmorrhage, even under these circumstances, a reliable styptic, tannine, Monsel's iron, pulv. matico. punk, cobweb, the so-called alum-iron, charpie, &c., should be left with those who are charged with the care of the child, with careful directions as to how, and under what circumstances, it is to be applied.

Consumption of French Wines in England.

Mr. Shaw, in a letter to the *Times* of Dec. 13th, says that "during the ten years previous to the reduction of the duties in 1860, the annual average consumption of French wines in this country was about one glass for each person, and it is now one bottle, the increase from 1859 to the end of 1870 being from 695,913 to 4,157,372 gallons, and will this year be nearly a million more. The increase is great, but our population has increased above three millions, and our wealth probably 50 per cent."

Illness of the Prince of Wales.

Never, perhaps has a more sudden wave of sentiment passed over a nation than that produced by the illness of the Prince of Wales. The amendment that has taken place has been the event of the week, and there is something peculiarly gratifying in observing how thoroughly united the nation really is when an occasion like this appeals strongly to its inner feelings. For danger to one life to cause so deep a sensation, not only at home and in our own colonies, but positively throughout the civilized world, is enough to make us feel that that life represents something more to the nation than the pivot of the political machine. Truly, loyalty is not dead, and the British Constitution seems in little danger while so deep and wide-spread affection exists as that which has been exhibited. May the Prince's progress to perfect health be rapid, and may the unparalleled national feeling it has called forth inspire him with determination to be worthy of it!

Still, as we write, we are not unconscious that the dangers that lie in wait for the feeble life are by no means few. We entertain no misgiving as to the watchfulness and care that will still be exercised by his physicians, but we do not forget that in all cases there is a disposition on the part of friends to assume that the moment some crisis is over, all danger is past. This disposition on the part of the public has been very marked. The first favourable indication lead to the immediate conclusion that the Prince was in a fair way of recovery, and much as we hope the most favourable views may prove correct, it is simply absurd to imagine that a few days will suffice to restore the health that has suffered so great an inroad.

Convalescence may be very tedious—it may be interrupted by many sequences of the fever—still, we will hope for the best, though we cannot shut our eyes to the fact that our hopes may not be fully realised.

Small-pox is still very prevalent in Dublin. Last week Dr. Robert Mayne, a young physician of great promise, died after five days' illness, of a most malignant attack of the disease, which he contracted in the discharge of his duties, as physician to the Meath Hospital.

Liniment for Fissure of the Anus.

Van Holsbeck has succeeded in curing anal fissures, which had resisted the division of the sphincter, with the following application: dissolve one part of tannic acid in 16 parts of glycerine. A tent wet with this preparation is to be introduced into the rectum night and morning. The bowels to be kept open.—*Medical News.*

Londesborough Lodge.

In discussing last week the origin of the illness of the Prince of Wales, we expressed grave doubts as to the conclusions that had been arrived at by our contemporaries, and we published a statement that invalidated them more than could have been expected. We are surprised that those conclusions should have been reiterated without the slightest attempt at re-enforcing the arguments that might somewhat support them, and we acknowledge that we remain as sceptical as ever. In fact, all that has been advanced goes to show how hasty and unjustifiable those conclusions were.

Dysmenorrhœa.

Dr. W. K. Boling reports (*Nashville Jour. of Medicine and Surgery*), the case of a married women who had never been pregnant, and who had never suffered in her monthly periods before marriage. A pil. of opium, camphor, and lupulin was prescribed, but the after-effect of the opium being disagreeable, she could not be induced to again resort to opium. She continued to suffer at each period for several months. She then, at the beginning of a pain, sat a few moments on a chamber in which a drachm of spirits of ammonia had been placed. In a minute the pain was gone, and did not return. The same result follows at each period since.

The Transmission of Virus through the Atmosphere.

M. Chaveau has been engaged for a lengthened period on a series of experiments for the purpose of ascertaining the mode of transmission of infecting germs. He collected the virulent matter in a cup which, having placed it on a plate of glass and covered it with a glass bell, he submitted to a temperature of 40° centigrade, cooling the outside of the bell by cotton on which ether was dropped. Having collected the distillate, he inoculated side by side with it, and with the virulent matter from which it arose. The virus of small-pox was the subject of most of his experiments. As a result of these investigations, he has established the fact that the inoculable matter escapes with the distillate, inasmuch as inoculation with it always succeeded. Lastly, he repeated the experiment twice with the virus of epizootic typhus, which more subtelly than any other infection, dissipates itself through the atmosphere.

Gangrene Treated by Turpentine.

Dr. Lange mentions in the *Indiana Journal of Medicine*, a case of gangrene in which turpentine, after other remedies had proved ineffectual, not only saved the patient's life, but also nearly all the parts affected. A girl eleven years old had gangrenous destruction of the right cheek. The part was treated with turpentine on lint, and the dressing changed every two hours.

THE mortality of Paris rose last week to 929.

IT is reported that the cold was so intense in France last week, that even wine was frozen during transit in a train from Paris to Geneva.

MR COCK has resigned his examinership at the Royal College of Surgeons of England. There will, therefore, be an additional vacancy to fill at the January election.

A COMPETITIVE examination of candidates for appointment as Assistant Surgeons in the Royal Navy will be held in London in the course of February next.

BY the will of the late Miss Wood, of Leith, the Leith Hospital, and the Royal Infirmary, become entitled to a legacy of £2,000 each.

The Seamen's Hospital authorities are making ugrent appeals to the public for financial help. The expenses of removing from the old "Dreadnought" to their present quarters in Greenwich Hospital amount to nearly £2,000.

THE subject selected for competition for the Hastings Gold Medal offered by the British Medical Association for 1873 is—"On the Pathology and Treatment of Ovarian Diseases," and the award will be made at the Annual Meeting of the Association in that year.

IN the metropolis, last week 1,856 deaths were registered, being 158 above the average. The deaths included 104 from small-pox, and 51 from different forms of fever, of which five are registered as typhus, and 35 as enteric or typhoid, which shows an increase of 16 upon the previous week.

LAST week the total number of paupers in metropolitan workhouses was 34,836, and 86,638 received out-door relief, making a total of 121,474. Compared with the corresponding week in the years 1870, 1869, and 1868, these numbers showed a decrease of 18,495, 25,829, and 20,225 respectively.

WE regret to announce that small-pox is greatly on the increase at Nottingam. There are upwards of 400 patients in the town under treatment for the disease. A sanitary cordon has been drawn round the workhouse, and vaccination and re-vaccination are being carried on to an almost incredible extent.

SIR ALEXANDER ARMSTRONG, K.C.B., M.D., the present Medical Director-General of the Navy, to whom the service is already indebted for several sanitary improvements, has, *The United Service Gazette* understands, submitted to the Admiralty, the desirability of either lemon-juice, pickled cabbage, compressed vegetables, or other anti-scorbutics being issued as a ration to the crews of Her Majesty's ships simultaneously with the issue of salt meat. The present custom of the service is to issue lemon-juice only at such times as the captain may direct on the requisition of the surgeon, but there cannot be a doubt as to the benefit which would accrue to the health of the men by the issue of pickled cabbage or compressed vegetables in conjunction with the salt meat ration.

THE *Philadelphia Reporter* learns that the Rush Medical College was completely destroyed — while the Chicago Medical College and Mercy Hospital were not touched by the fire. The Faculty of the latter institution has offered the former the use of its building and course of lectures, until it is ready to resume its course, and if it should not resume this winter, the free benefit of the course to all students who have paid for their tickets in the Rush Medical College.

IT is announced in the *London Gazette* that Sir Alexander Armstrong, M.D., R.C.B., Director-General of the Naval Medical Department, has been placed on the retired list of Inspectors-General of Hospitals and Fleets. This step is in accordance with the terms of the recent Navy Warrant, by force of which any officer who has passed five years without active service is *de facto* retired. It will not involve the removal of Sir Alexander Armstrong from the Directorship of the Naval Medical Department, which is a civil appointment.

AN admirable portrait of Dr. Thomas E. Beatty has been executed to the order of the Medico-Philosophical Club, by T. A. Jones, Esq., President of the Royal Hibernian Academy. The portrait represents Dr. Beatty in his robes as President of the College of Physicians, and having been presented to Mrs. Beatty, has been placed by her in the Hall of the College of Physicians, which it ornaments side by side with the portraits of Sir Dominic Corrigan and Dr. Robert Mayne.

MEDICAL DECLARATION RESPECTING ALCOHOL.

As it is believed that the inconsiderate prescription of large quantities of alcoholic liquids by medical men for their patients has given rise, in many instances, to the formation of intemperate habits, the undersigned, while unable to abandon the use of alcohol in the treatment of certain cases of disease, are yet of opinion that no medical practitioner should prescribe it without a sense of grave responsibility. They believe that alcohol, in whatever form, should be prescribed, with as much care as any powerful drug, and that the directions for its use should be so framed as not to be interpreted as a sanction for excess, or necessarily for the continuance of its use when the occasion is past.

They are also of opinion that many people immensely exaggerate the value of alcohol as an article of diet, and since no class of men see so much of its ill effects, and possess such power to restrain its abuse, as members of their own profession, they hold that every medical practitioner is bound to exert his utmost influence to inculcate habits of great moderation in the use of alcoholic liquids.

Being also firmly convinced that the great amount of drinking of alcoholic liquors among the working classes of this country is one of the greatest evils of the day, destroying—more than anything else—the health, happiness, and welfare of those classes, and neutralising, to a large extent, the great industrial prosperity which Providence has placed within the reach of this nation, the undersigned would gladly support any wise legislation which would tend to restrict, within proper limits, the use of

alcoholic beverages, and gradually introduce habits of temperance.

George Burrows, M.D., F.R.S., President of the Royal College of Physicians; Physician Extraordinary to the Queen.
George Busk, F.R.S., President of the Royal College of Surgeons.
G. E. Paget, M.D., D.C.L. Oxon., President of the General Council of Medical Education.
Thomas Watson, Bart., M.D., F.R.S., Physician in Ordinary to the Queen.
Henry Holland, Bart., M.D., F.R.S., Physician in Ordinary to the Queen.
Cæsar H. Hawkins, F.R.S., Sergeant Surgeon to the Queen.
William Fergusson, Bart., F.R.S., Sergeant Surgeon to the Queen.
James Paget, F.R.S., Sergeant Surgeon Extraordinary to the Queen.
Richard Quain, F.R.S., Surgeon Extraordinary to the Queen.
John Hilton, F.R.S., Surgeon Extraordinary to the Queen.
W. White Cooper, F.R.C.S., Surgeon Oculist in Ordinary to the Queen.
Edward H. Sieveking, M.D., Physician in Ordinary to the Prince of Wales.
George D. Pollock, Surgeon in Ordinary to the Prince of Wales.
Thomas King Chambers, M.D., Honorary Physician to the Prince of Wales.
Henry W. Acland, M.D., F.R.S., Regius Professor of Medicine, Oxford; Honorary Physician to the Prince of Wales.
Arthur Farre, M.D., F.R.S., Physician-Accoucheur to H.R.H. the Princess of Wales.
George T. Gream, M.D., Physician-Accoucheur to H.R.H. the Princess of Wales.
Francis Hawkins, M.D., Physician to the Queen's Household.
T. Spencer Wells, F.R.C.S., Surgeon to Her Majesty's Household.
T. G. Logan, M.D., K.C.B., Director-General of the Army Medical Department; Honorary-Physician to the Queen.
Thomas Longmore, C.B., Deputy Inspector-General, Army Medical Staff; Professor of Military Surgery, Army Medical School; Honorary Surgeon to the Queen.
J. Ranald Martin, Knt., C.B., F.R.S., Inspector-General of Hospitals; Physician to the Secretary of State for India in Council.
H. H. Massy, M.D., C.B., Deputy Inspector-General; Head of Sanitary Branch, Army Medical Department.
Thomas Crawford, M.D., Deputy Inspector-General of Hospitals; Head of the Medical Branch, Army Medical Department.
T. Graham Balfour, M.D., F.R.S., Deputy Inspector-General of Hospitals; Head of the Statistical Branch, Army Medical Department.
W. C. Maclean, C.B., M.D., Deputy Inspector-General; Professor of Military Medicine, Army Medical School, Netley.
E. A. Parkes, M.D., F.R.S., Professor of Hygiene, Army Medical School, Netley.
William Aitken, M.D., Professor of Pathology, Army Medical School.
William Johnstone Fyffe, M.D., Surgeon Major; Assistant Professor of Medicine, Army Medical School.
F. De Chaumont, M.D., Staff Surgeon; Assistant-Professor of Medicine, Army Medical School.
G. K. Hardie, M.D., Surgeon Major, Royal Victoria Hospital, Netley.
Henry Thompson, Knt., F.R.C.S., Surgeon Extraordinary to H.M. the King of the Belgians; Surgeon to University College Hospital.
James E. Adams, F.R.C.S., Senior Assistant-Surgeon to the London Hospital.
P. Allen, M.D., Aural Surgeon to St. Mary's Hospital.
James Andrew, M.D., Physician to St. Bartholomew's Hospital.
Henry Arnott, F.R.C.S., Assistant-Surgeon to St. Thomas's Hospital.
C. Bader, Lecturer on Diseases of the Eye, Guy's Hospital.
W. Morrant Baker, F.R.C.S., Assistant-Surgeon to St. Bartholomew's Hospital.
A. W. Barclay, M.D., Physician to St. George's Hospital.
T. A. Barker, M.D., Consulting Physician to St. Thomas's Hospital.
Robert Barnes, M.D., Obstetric Physician to St. Thomas's Hospital.
H. J. Barrett, Surgeon-Dentist, London Hospital.
Richard Barwell, F.R.C.S., Assistant-Surgeon and Lecturer on Anatomy, Charing-Cross Hospital.
W. R. Basham, M.D., Senior Physician to the Westminster Hospital.
H. Charlton Bastian, M.D., F.R.S., Physician to University College Hospital.
Edward Bellamy, F.R.C.S., A.K.C., Senior Assistant-Surgeon, Charing-Cross Hospital.
James Risdon Bennett, M.D., Consulting Physician to St. Thomas's Hospital.
Frederick Bird, M.D., Obstetric Physician to the Westminster Hospital.
P. Black, M.D., Physician to St. Bartholomew's Hospital.
G. Fielding Blandford, M.D., Lecturer on Psychological Medicine, St. George's Hospital School.
John S. Bristowe, M.D., Physician to St. Thomas's Hospital.
W. H. Broadbent, M.D., Physician to St. Mary's Hospital and to the London Fever Hospital.
B. E. Brodhurst, F.R.C.S., Surgeon, Orthop. Department, Guy's Hospital.
Charles Brooke, M.A., F.R.S., Consulting Surgeon of the Westminster Hospital.
Thomas Bryant, F.R.C.S., Surgeon to Guy's Hospital.
William B. Carpenter, LL.D., M.D., F.R.S., Registrar of the University of London.
Samuel Cartwright, F.R.C.S., Professor of Dental Surgery, King's College.
W. B. Cheadle, M.D., F.R.C.P., Assistant-Physician to St. Mary's Hospital.
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Edward Cock, Consulting Surgeon to Guy's Hospital.
Alfred Coleman, F.R.C.S., Dental Surgeon to St. Bartholomew's Hospital.
Holmes Coote, F.R.C.S., Senior Surgeon to St. Bartholomew's Hospital.
John Couper, M.D., Surgeon to the London Hospital.
George Cowell, F.R.C.S., Senior Assistant-Surgeon to the Westminster Hospital.
John Croft, F.R.C.S., Surgeon to St. Thomas's Hospital.
T. B. Curling, F.R.S., Consulting Surgeon to the London Hospital.
Edward Cutler, Consulting Surgeon to St. George's and Lock Hospitals.
Herbert Davies, M.D., Senior Physician to the London Hospital,
J. Hall Davies, M.D., Physician-Accoucheur to Middlesex Hospital.
Walter Dickson, M.D., R.N., Medical Inspector of Her Majesty's Customs.
Thomas B. Diplock, M.D., Coroner for West Middlesex.
Langdon Down, M.D., Physician to the London Hospital.
Robert Druitt, M.R.C.P., Lond., F.R.C.S., President Metropolitan Association of Officers of Health.
Dyce Duckworth, M.D., Assistant-Physician to St. Bartholomew's Hospital.
C. Hilton Fagge, M.D., Assistant-Physician to Guy's Hospital.
William Farre, M.D., F.R.S., President of the Statistical Society.
George T. Fincham, M.D., Physician to Westminster Hospital.
J. Cooper Forster, F.R.C.S., M.B., Surgeon to Guy's Hospital.
Tilbury Fox, M.D., Physician to Skin Department University College Hospital.
Henry W. Fuller, M.D., Senior Physician to St. George's Hospital.
George G. Gascoyen, F.R.C.S., Assistant-Surgeon and Lecturer on Anatomy, St. Mary's Hospital.
G. Duncan Gibb, Bart., LL.D., Assistant-Physician to the Westminster Hospital.
S. J. Goodfellow, M.D., Senior Physician, Middlesex Hospital.
T. Henry Green, M.D., Senior Physician to Charing-Cross Hospital.
Robert Greenhalgh, M.D., Physician-Accoucheur to St. Bartholomew's Hospital.

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S. O. Habershon, M.D., Physician to Guy's Hospital.
Henry Hancock, F.R.C.S., Senior Surgeon, Charing-Cross Hospital.
William Hardwicke, M.D., Senior Deputy Coroner, Central Middlesex.
John Harley, M.D., F.L.S., Lecturer on Physiology, St. Thomas's Hospital.
Francis Harris, M.D., Physician to St. Bartholomew's Hospital.
Arthur Hill Hassall, M.D., Senior Physician, Royal Free Hospital.
Charles Hawkins, F.R.C.S., Inspector of Schools of Anatomy.
Frederick William Headland, M.D., Physician to Charing-Cross Hospital.
Christopher Heath, F.R.C S., Surgeon to University College Hospital.
Philip J. Hensley, M.A., Assistant-Physician, St. Bartholomew's Hospital.
W. M. Grailly Hewitt, M.D., Obstetric Physician to University College Hospital.
Prescott G. Hewett, Surgeon to St. George's Hospital.
J. Braxton Hicks, M.D., F.R.S., Physician-Accoucheur to Guy's hospital.
Berkeley Hill, F.R.C.S., M.B., Surgeon to University College Hospital,
James Hinton, Aural Surgeon to Guy's Hospital.
Francis Hird, F.R.C.S., Surgeon to Charing-Cross Hospital.
W. A. Hollis, M.A., M.D., Medical Registrar to St. Bartholomew's Hospital.
T. Holmes, B.A., F.R.C.S., Surgeon to St. George's Hospital ; Surgeon-in-Chief to the Metropolitan Police.
Barnard Holt, F.R.C.S., Senior Surgeon to the Westminster Hospital.
Carsten Holthouse, F.R.C.S., Surgeon to the Westminster Hospital.
H. G. Howse, M.D., Assistant-Surgeon to Guy's Hospital.
Jonathan Hutchinson, F.R.C.S., Senior Surgeon to the London Hospital.
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T. Wharton Jones, F.R.S., Ophthalmic Surgeon to University College Hospital.
Charles Kelley, M.D., Assistant-Physician to King's College Hospital.
P. Nugent Kingston, M.D., Consulting-Physician to the Westminster Hospital.
James R. Lane, F.R.C.S., Surgeon to St. Mary's Hospital.
Samuel A. Lane, F.R.C.S., Consulting-Surgeon to St. Mary's and the Lock Hospitals.
John Langton, F.R.C.S., Assistant-Surgeon to St. Bartholomew's Hospital.
George Lawson, F.R.C.S., Surgeon to the Middlesex Hospital and to the Royal London Ophthalmic Hospital, Moorfields.
Henry Lawson, M.D., Assistant Physician to St. Mary's Hospital.
Arthur Leared, M.D., Senior Physician to the Great Northern Hospital.
Henry Lee, F.R.C.S., Surgeon to St. George's Hospital.
H. Letheby, M.B., M.A., Medical Officer of Health for the City of London.
Waller Lewis, M.B. Cantab., Medical Officer to Her Majesty's Post Office.
Robert Liveing, M.D., Senior Assistant-Physician to Middlesex Hospital.
Morrell Mackenzie, M.D., Physician to the Hospital for Diseases of the Throat.
W. O. Markham, M.D., formerly Physician to St. Mary's Hospital.
Francis Mason, F.R.C.S., Assistant-Surgeon to St. Thomas's Hospital.
H. Maudsley, M.D., Professor of Medical Jurisprudence, University College ; Physician to West London Hospital.
Henry Monro, M.D., Physician to St. Luke's Hospital.
Henry Morris, M.A., M.B., Assistant-Surgeon to the Middlesex Hospital.
Charles Murchison, M.D., LL.D., F.R.S., Physician to St. Thomas's Hospital.
John Murray, M.D., Assistant-Physician to the Middlesex Hospital.
A. T. Norton, F.R.C.S., Assistant-Surgeon to St. Mary's Hospital.
John W. Ogle, M.D., Physician to St. George's Hospital.
Henry Oldham, M.D., Consulting Obstetric Physician to Guy's Hospital.
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Richard Partridge, F.R.S., Consulting Surgeon to King's College Hospital.
F. W. Pavy, M.D., F.R.S., Physician to Guy's Hospital.
Thomas B. Peacock, M.D., Senior Physician to St. Thomas's Hospital.
G. E. Legge Pearse, Surgeon to Westminster Hospital.
J. J. Phillips, M.D., Assistant Obstetric Physician to Guy's Hospital, and Assistant-Physician to the Children's Hospital.
Henry A. Pitman, M.D., Consulting Physician of St. George's Hospital.
W. S. Playfair, M.D., Assistant Obstetric Physician King's, College Hospital.
Alfred Poland, F.R.C.S., Surgeon to Guy's Hospital.
John B. Potter, M.D., Assistant Obstetric Physician toWestminster Hospital.
W. O. Priestley, M.D., Professor of Obstetric Medicine in King's College.
A. Julius Pollock, M.D , Physician to the Charing-Cross Hospital.
C. B. Radcliffe, M.D., Physician to the Westminster Hospital and to the National Hospital for the Paralysed and the Epileptic.
G. Owen Rees, M.D., F.R.S., Senior Physician to Guy's Hospital.
J. Russell Reynolds, M.D., F.R.S., Physician to University College Hospital.
B. W. Richardson, M.A., M.D., F.R.S., Honorary Physician to the Royal Literary Fund.
F. T. Roberts, M.D., Assistant-Physician, University College Hospital.
James Rouse, F.R.C.S., Assistant-Surgeon to St. George's and Royal Westminster Ophthalmic Hospital.
S. James A. Salter, M.B., F.R.S., Senior Physician, Charing Cross Hospital.
J. Burdon Sanderson, M.D., F.R.S. Professor of Practical Physiology, University College Hospital.
William S. Savory, F.R.S , Surgeon to St. Bartholomew's Hospital.
Edward C. Seaton, M.D., Superintending Inspector, Medical Department, Local Government Board.
Edward Smith, M.D., F.R.S., Medical Officer of the Local Government Board.
P. H. Pye Smith, M.D., Assistant Physician to Guy's Hospital.
H. Spencer Smith, F.R.C.S., Senior Surgeon to St. Mary's Hospital.
Thomas Smith, F.R C.S., Assistant Surgeon to St. Bartholomew's Hospital.
W. Tyler Smith, M.D., Consulting Obstetric Physician to St. Mary's Hospital.
Reginald Southey, M.D., Physician to St. Bartholomew's Hospital.
A. P. Stewart, M.D., Consulting Physician to Middlesex Hospital.
Octavius Sturges, M.D., Assistant Physician, Westminster Hospital.
Henry G. Sutton, M.B., F.R.C.S., Assistant Physician, London Hospital.
E. Symes Thompson, M.D., Physician to the Hospital for Consumption, Brompton.
R. Thorne Thorne, M.B., M.R.C.P., Medical Inspector to the Local Government Board.

John Tomes, M.R.C.S., F.R.S., Surgeon Dentist, Middlesex Hospital.
A. Tweedie, M.D., F.R.S., Consulting Physician to the London Hospital.
Robert Venables, A.M., M.D., Physician to the Royal Kent Dispensary.
Bowater J. Vernon, F.R.C.S., Ophthalmic Surgeon to St. Bartholomew's Hospital.
Joseph Walker, M.D., Dental Surgeon and Lecturer on Dental Physiology, Westminster Hospital.
Haynes Walton, F.R.C.S., Surgeon to St. Mary's Hospital; Surgeon in charge of the Ophthalmic department of the same, &c., &c.
Soelberg Wells, M.D., Ophthalmic Surgeon to King's College Hospital.
Samuel Wilks, M.D., F.R.S., Physician to Guy's Hospital.
C. J. B. Williams, M.D., F.R.S., Senior Consulting Physician to the Brompton Hospital for Consumption.
Alfred Willet, F.R.C.S., Assistant-Surgeon to St. Bartholomew's Hospital; Surgeon to St. Luke's Hospital.
Forbes Winslow, M.D., D.C.L. Oxon.
John Wood, F.R.S., Professor of Surgery at King's College, London; Surgeon to King's College Hospital.
Wm. Wood, M.D., Physician to St. Luke's Hospital.
J. Burney Yeo, M.B., Assistant-Physician to King's College Hospital; and to the Brompton Hospital for Diseases of the Chest.

Charles A. Adey, M.D., Physician to the Hastings and East Sussex Infirmary.
Wm. Alexander, M.D., Senior Physician to the Halifax Infirmary and Dispensary.
T. Clifford Allbutt, M.A., M.D., Physician to the Leeds General Infirmary.
F. T. Arlidge, M.D., Physician to the North Staffordshire Infirmary.
W. B. Arminson, M.D., Honorary Medical Officer to the Preston and County of Lancaster Royal Infirmary.
Alfred Baker, F.R.C.S., Senior Surgeon to the Birmingham General Hospital.
James L. Bardsley, Knt., M.D., Senior Consulting Physician to the Manchester Royal Infirmary.
Charles Barham, M.D. Cantab., Senior Physician to the Royal Cornwall Infirmary, Truro.
John Beddoe, M.D., Physician to the Bristol Royal Infirmary.
E. R. Bickersteth, F.R.C.S., Surgeon to the Royal Infirmary, Liverpool.
H. J. H. Bond, M.D., Regius Professor of Physic, University of Cambridge.
Henry V. Bowman, M.D., Physician to Sunderland Infirmary.
William Budd, M.D., F.R.S., Consulting Physician to the Bristol Royal Infirmary.
Henry G. Bull, M.D., Senior Physician to the Hereford General Infirmary.
Edward Burd, M.D. Cantab., Senior Physician to Salop Infirmary, Shrewsbury.
J. Cameron, M.D., M.R.C.S., Physician to the Liverpool Southern Hospital.
G. W. Charleton, M.D., Consulting Surgeon, General Infirmary, Gloucester.
E. Copeman, M.D., Senior Physician to the Norfolk and Norwich Hospital.
John Sides Davies, M.R.C.S., late Senior Assistant Physician, Royal Infirmary, Manchester.
Christopher M. Durrant, M.D., Physician to the East Suffolk and Ipswich Hospital.
Frederic D. Dyster, M.D., F.L.S., Consulting Physician to the Pembrokeshire Infirmary.
D. Embleton, M.D., Professor of Medicine, University of Durham; Physician to the Newcastle Infirmary.
George F. Evans, M.D., Consulting Physician to the General Hospital, Birmingham.
Thomas Evans, M.D., Consulting Physician to the Gloucester Infirmary.
Alexander Fleming, M.D., Senior Physician to the Queen's Hospital, Birmingham.
Bell Fletcher, M.D., Senior Physician to the General Hospital, Birmingham.
Robert S. Fowler, Consulting Surgeon of the Royal Hants Infirmary, Southampton.
Thomas R. Glynn, M.B., M.R.C.P., Physician to the Royal Infirmary, Liverpool.
Thomas Taylor Griffith, F.R.C.S., Consulting Surgeon of Wrexham Infirmary.
John Charles Hall, F.R.C.P., F.R.C.S., Senior Physician to the Sheffield Public Hospital.
William Hey, F.R.C.S. Consulting Senior-Surgeon to the General Infirmary at Leeds.
James Heygate, M.D., F.R.S., J.P., Consulting-Physician to the Derbyshire General Infirmary.
Charles Hingston, M.D., Consulting-Physician, South Devon and East Cornwall Hospital, Plymouth.
G. M. Humphery, M.D., F.R.S., Professor of Anatomy, University of Cambridge; Surgeon to Addenbrooke's Hospital, Cambridge.
W. M. Kelley, M.D., Physician to the Taunton and Somerset Hospital, Taunton.
J. Sladen Knight, M.D., Consulting-Physician to St. Bartholomew's Hospital. Chatham.
P. W. Latham, M.A., M.D., Physician to Addenbrooke's Hospital; Deputy for the Downing Professor of Medicine, Cambridge University.
Thomas Lewis, M.D., Physician to the Carmarthenshire Infirmary.
Alfred Lochee, M.D., Physician to the Kent and Canterbury Hospital.
Henry Lonsdale, M.D., Consulting-Physician to the Cumberland Infirmary, Carlisle.
H. G. Lyford, M.D., Consulting-Surgeon to the Royal Hants County Hospital, Winchester.
Joseph McCarogher. M.D., Consulting-Physician to West Sussex, East Hants, and Chichester Infirmary.
William Macturk, M.D., Consulting-Physician to the Bradford Infirmary.
Joseph May, F.R.C.S., Mayor of Devonport; Consulting-Physician to the Royal Albert Hospital and Eye Infirmary, Devonport.
George Mitchinson, L.K.Q.C.P., Physician to the Lincoln County Hospital.
Stephen Monckton, M.D., Physician to the West Kent General Hospital, Maidstone.
Edward L. Ormerod, M.D., Physician to the Sussex County Hospital, Brighton.
George Padley, L.R.C.P., Senior Physician to the Swansea Hospital.
E. K. Parson, Senior Surgeon to the Royal Portsmouth Hospital.
Oliver Pemberton, Surgeon to Birmingham General Hospital, and Professor of Surgery in Queen's College, Birmingham.
James Petrie, M.D., Hon. Consulting Surgeon to the Liverpool Southern Hospital.
John Roberts, M.D., Physician to the Salisbury Infirmary.
George Rolleston, M.D., F.R.S., Linacre Professor of Anatomy, Oxford.
James Russell, M.D., F.R.C.P., Physician to the Birmingham General Hospital.
Humphry Sandwith, M.D., F.R.C.P., Consulting Physician of the Hull General Infirmary.
George Shaw, M.D., Consulting Physician to the Leicester Infirmary.
J. F. Stevenson, M.D., Physician to the Birkenhead Hospital.
John Sykes, M.D., Physician to the Doncaster Infirmary.
Henry Sharp Taylor, F.R.C.S., Surgeon to the Surrey County Hospital, Guildford.
John Topham, M.D., Consulting Physician to the South Staffordshire General Hospital.
Thomas Turner, F.R.C.S., Consulting Surgeon to the Manchester Infirmary.
J. K. Walker, M.D., late Physician to the Huddersfield Infirmary.
George Wharton, M.D., Physician to Beds General and Fever Hospitals, Bedford.
John Whipple, F.R.C.S., Consulting Surgeon, South Devon and East Cornwall Hospital, Plymouth.
M. A. Eason Wilkinson, M.D., Senior Physician to the Manchester Royal Infirmary.
Edward Williams, M.D., Consulting Physician, Essex and Colchester Hospital.
John Bramston Wilmot, M.D., Consulting Physician to the Tunbridge Wells Infirmary.
Richard Thomas Woodhouse, M.D., Senior Physician to the Royal Berks Hospital, Reading.

Literature.

THE SCIENCE AND PRACTICE OF SURGERY.*

This is a magnificently edited work, and must have cost its author immense labour and considerable expense. We trust that he will be repaid for both of these by a wide perusal of the volume before us. In his preface, Mr. Gant observes truly, that it is now many years since a new systematic work representing the science and practice of surgery, has appeared in this country. The work is descriptive, not theoretical. The whole is arranged under three heads. First.—Structural condition, with its signs or symptoms, and diagnosis. Second.—Causes and effects of the morbid condition. Third.—Course, termination, consequences, and prognosis. The surgical anatomy of some special parts is occasionally introduced, such as those implicated in hernia and in the ligature of vessels. Fourth.—Treatment is fully considered. The various kinds of surgical instruments are noticed and fully described.

The Introduction gives a preliminary view of the nature of surgery as a science and as an art; the latter chiefly regarding operations, anæsthetics, &c. Next follows the recognised division of pathology and surgery into two parts, general and special, the latter being divided into "injuries of and diseases of textures," and "injury and diseases of organs and regions." In the first part are treated of inflammation, tumours, degenerations, ulceration and mortification, scrofula, rheumatism, syphilis, erysipelas, pyæmia, glanders, tetanus, &c. In the second part the author speaks of wounds, diseases of bones, aneurism, deformities, excisions, and amputations. There are also chapters on diseases of the eye, ear and teeth, and other special branches of regional surgery. The last part of the work will make it well adapted as a surgical text-book for students, as it contains chapters on amputations, on stricture, and other operations commonly met with in hospital practice. The author refers to the elaborate treatise in the "System of Surgery," edited by Mr. Holmes, as having been most useful to him in editing this work, as also to his indebtedness to the recent works of Erichsen, Druitt, and Pirrie. He has embodied his Lettsomian lectures on "Excisional Surgery," as delivered before the Medical Society of London in 1871, in the work. There is an index to this work. The 470 wood engravings are, many of them, original and drawn by Mr. C. D'Alton. But the large proportion of the engravings have been made from the wood blocks of Messrs. Churchill, which have illustrated the works of Sir A. Cooper, of Liston, and Fergusson. His friends Mr. John Wood and Mr. William Adams have kindly given illustrations of the operation for which they are celebrated, and Heather Bigg has given the wood blocks from his manual on "Orthopraxy." There is a very important little chapter at the end of the works for students preparing for examination at the College of Surgeons of England, viz., "A Guide to the Examination for the Diplomas of Member and Fellows."

With regard to the author's views on various points which have recently attracted the attention of the profession, we find him saying in page 16 of the Introduction with regard to the administration of chloroform, "simplicity with efficiency is always a great recommendation, and thus the administration of chloroform by means of a piece of lint or a handkerchief can be accomplished at once. Even in hospitals inhalers are not commonly employed. I have seen chloroform administered in some thousands of cases without an inhaler, during upwards of twenty years, both in hospitals and private practice, without a single death, or even an approach to a fatal termination, when the requisite precaution for safety has been observed." Bichloride of methylene has been administered, it seems, in six or seven thousand cases with only one death. Local anæsthesia is eligible in all superficial and limited operations such as puncturing abscesses, avulsion of the toe-nail, and excision of small tumours.

In the matter of syphilis, the author leans to the side of what is called the *unicists*, and thinks that "while the indurated chancre possesses the greater power of producing constitutional syphilis, yet that soft chancre may also occasionally pass this causatus relation." With regard to treatment, he observes that mercury has been, and still is credited with the most potent prophylactic influence. If mercury be not preventive of systemic infection, no other known medicinal agent possesses such influence in any perceptible degree. Blue pill, in doses of three to four grains twice or thrice a day, is praised as well as the iodide of mercury by Mr. Gant, whose experience in the treatment of syphilis must have been very extensive at the Royal Free Hospital, one of the venereal hospitals of London. In pustular eruptions, orchitis and periostitis, iodide of potassium is, he thinks, more remedial than mercury. He has prescribed it in some thousands of cases with advantage at the Royal Free Hospital.

Pyæmia, says Mr. Gant, is scarcely amenable to any treatment. Stimulants and tonics, with free ventilation, are recommended in such cases. Tetanus has no remedies worth much at present. Chloroform is useful, and may assuage the pain. Some foreign observers have recently had good results from very large doses of opium in tetanus.

Mr. Gant speaks with merited praise of the practice of occlusion of arteries by means of torsion, which has been specially investigated by Mr. Cooper Foster. At the seat of torsion, the two inner coats of the artery are torn across, and reduplicated up the vessel, perhaps in the form of a complete funicular sheath, one-fifth of an inch in length, and at the upper or smaller opening of this opening or funnel, a conical blood-clot forms, occupying the base and extending up the vessel. The twisted condition of the artery, itself usually a persistent change, and the reduplicated sheath of the two inner coats, above, acting as a valve, are quite sufficient provision against the recurrence of hæmorrhage at the time of operation, and subsequently different modes of torsion are practised. The artery may be drawn out for about half an inch by one pair of common serrated forceps, and its attachment seized by another pair of serrated forceps. The free portion is then twisted off by about a dozen turns of the former instrument, or the end of the vessel may be simply twisted several times, without detaching it, as recommended by Velpeau and Fricke. "This is the method," says Mr. Gant, "I ordinarily practise, scarcely ever employing ligature to any artery, of whatever size; it has been much practised also by my colleague, Mr. J. D. Hill, and it is, I believe, generally perferred."

In the treatment of aneurism, Mr. Gant observes that galvano-puncture is of comparatively recent date (1832). It is justifiable only, he thinks, or chiefly in cases of internal aneurism, or aneurism at the root of the neck; in fact, where compression, ligature, or any other method have failed or are impracticable. As to the cause of mollities ossium, the author says that it is unknown. The disease in no way arises from an imperfect formation of the osseous texture, and does not usually occur before the middle period of life, or subsequently; thus, also, differing from rickets. No known medicinal remedies have any curative agency. The chapters on fractures and dislocations are very full, and contain all that is known upon these matters. There are plenty of plates here to assist the student who is rather rusty in his anatomy. Chapter xxiv., "On Diseases of Joints," is full of useful remarks. Mr. Gant remarks that inflammation of the synovial membrane ensues occasionally from gonorrhœa, such sinovitis has been incorrectly named "gonorrhœal rheumatism," but "gonorrhœal sinovitis" would be a

* "The Science and Practice of Surgery," illustrated by four hundred and seventy wood engravings. By Frederick S. Gant, F.R.C.S. London: Churchill, 1871, Pp. 1,265.

more accurate designation. Serum, rather than lymph, is effused into the joint, and the disease terminates without disorganisation in a few weeks. Or, it proceeds sometimes to ulceration of the cartilages, and continues for months or a year or two. In such cases, the joint may become ankylosed. In Chapter xxxvi., there is a very interesting account of deformities, whether acquired or congenital. Spasmodic contraction of the sterno-mastoid muscle is the most common cause of wry-neck. Tenotomy (Stromeyer, 1831) is the best treatment. Paralytic wry-neck may be treated by galvanism. Strabismus (operation introduced, 1840) is now treated by *sub-conjunctival* division of tendons, commonly the rectus. Club-hand arises either from spasmodic or paralytic conditions of muscles, and is to be remedied by tenotomy in some cases, aided by instrumental manipulation.

Simple contraction of the knee-joint may occur from some affection of the ham-string muscles. Division of the tendons may be required, and then the limb gradually extended. In talipus varus, the gastrocnemius, libialis anticus, and posticus muscles are chiefly implicatad. These tendons should be divided, and Scarpa's shoe used. In flat foot, the peroneal tendons may often require to be divided, and those of the extensor communis digitorum, after which the foot may be placed in a Scarpa's shoe. In t. calcaneus, the tendons of the t. anticus, extensor pollicis, and longus digitorum may be divided.

In Chapter xxxvii., there is an interesting account of the excision of various joints, a subject to which the author has devoted a considerable share of attention and interest. Excision of the knee-joint is carefully described, and the same is done with regard to the elbow-joint. Diseases of the wrist-joint fit for excision are spoken of, and the circumstances which admit of excision of the tarsal bones considered. The chapters "On Amputation" are full and satisfactory. The chapter "On Injuries to the Scalp, Cranium, &c." is full, and there is a good *resumé* of the surgery of the eye, which occupies about fifty pages. There is, also, a chapter "On the Nose and its Diseases," although in this part there is but little novelty. Diseases of the cheeks and lips are then treated of, and hare-lip and epithelial cancer are well described. The latter disease occurs almost solely in men who are smokers according to our author, from the irritation caused by the pipe. Excision of the tongue is described. There are some excellent woodcuts of tumours of the jaw. Diseases of the larynx, trachea, and œsophagus, are well done, and the operative procedures well described. Then came disease of the spine and lateral curvature, and there are some capital plates of the supports required in treating such cases. The chapter "On Hernia" is well done, and there are some really excellent plates showing how trusses should be worn.

The chapter "On Hernia" is up to the knowledge of the hour, and the various illustrations of trusses will doubtless be of use to the general practitioner. Mr. John Ward's difficult, but satisfactory operation for the radical cure of hernia is well described, and there are several plates given, which show the knives and other instruments employed for the operation.

In his chapter "On Stricture," Mr. Gant says that experience has shown that not only may the male urethra be treated safely by Holt's immediate method; but that a light stricture, undilatable gradually beyond a certain degree, and any further distension of which would cause severe constitutional disturbance, may be forcibly dilated or ruptured up to the natural size of the urethra, and without producing any dangerous symptoms. The results of this procedure on Mr. Holt's hands have been eminently successful; and the experience of other surgeons has generally confirmed its value. Mr. Gant has not seen much constitutional disturbance follow the operation of splitting the urethra; but in one case, operated on in another hospital, extravasation of urine ensued, for which we treated the patient at the Royal Free Hospital, and he recovered. Many deaths have, however, ensued. Mr. Teevan says fifteen which have not been recorded.

In taking leave of Mr. Gant's handsome work, we have pleasure in saying that it is well worthy of the careful perusal of all students of the art of surgery. It is likely, we believe, to be much used as a text-book for students and persons preparing for examinations at the colleges, and we hope the author may reap the benefit of the vast literary labour which it must have entailed in the renown and more solid acquisitions which it may bring him.

PULMONARY CONSUMPTION.*

We have here an immense mass of well recorded experience, ably condensed into a moderate sized volume, and put into such form, as to be highly interesting to the reader, while it cannot but afford, even to experienced hands, a considerable amount of much that is of high practical value. The term "Phthinoplasm" wasting or decaying formative material, is given by Dr. Williams, to that degenerating form of "bioplasm" or "germinal matter," which, deposited in the lung locally as the result of inflammation, or generally through the adenoid tissue of the lung in the form of miliary tubercle, causes its degeneration and destruction, so producing the disease known as pulmonary consumption.

It is interesting to read (p. 22) how the question, propounded by Dr. Williams more than forty years ago, as to what elementary part of the lung is affected to produce the constant shape and form presented by miliary tubercles, has now been pretty well answered by the researches of Drs. Sanderson and Wilson Fox. Miliary tubercles are modifications of the adenoid tissue. This view seems to Dr. Williams more correct than the notion of Virchow, that tubercle, as well as pus and all other new formations, has its origin in the cells of the connective tissue only.

Allowing this, Dr. Williams does not however admit that adenoid tissue is essential to the production of phthitsical consolidation from what has been called yellow tubercle, either in its crude or caseous stage.

Chronic consolidations of lung leading to caseation and softening, are admirably and concisely explained, and treated in Chapter X. Here we leave the suppurative element of consumption, which has occupied our attention in the preceding chapters, and come to consider those forms of consumptive disease of lung where the sarcophytes multiply and become concrete; if with much fibroid elements tending to contract and wither, if with but little fibroid, tending to caseation and excavation of the lung.

Justice is done to the researches of the late Dr. Addison, of Guy's, who was one of the first to show that grey induration of the lung was of inflammatory nature and origin, and not, as Lænnec believed, a degree or stage of tuberculosis of the organ.

In Chapter XV, we have family predisposition and certain other causes of consumption, traced out by Dr. Theodore Williams. The fact that tuberculous animals, as well as tuberculous human beings, are prone to beget tuberculous offspring seems well proved; and further, the author draws attention to the tendency that asthmatic parents have to produce phthisical children. That such is the case our own observations prove, but it is, as Dr. T. Williams remarks, a fact hardly sufficiently recognised. Tables of statistics, which must have cost much patient toil, decidedly bring out the fact, that family predisposition hurries the onset of phthisis. The disease sets in at an earlier age in those who are of phthisical ancestry, than among those who are not. Dr. T. Williams seems to have been the first in this country to draw attention to this important fact, and his observations accord with

* "Pulmonary Consumption: Its Nature, Varieties, and Treatment, with an Analysis of One Thousand Cases to Exemplify its Duration." By C. J. B. Williams, M.D., F.R.S., Senior Consulting Physician to the Hospital for Consumption at Brompton, and Charles Theodore Williams, M.A., M.D., Oxon., Fellow of the Royal College of Physicians, and Physician to the Hospital for Consumption at Brompton. Pp. 492. London: Longmans, 1871.

those made on a more limited scale, by M. Briquet. It is satisfactory to find from the cases given in this chapter, that the strongest hereditary taint does not hinder the beneficial effect of remedies if persevered with.

The duration of phthisis without reference to sex, seems but slightly influenced by family predisposition, but though the duration of the disease is not notably curtailed, yet statistics show that family predisposition has considerable influence in shortening the duration of life, such limitation amounting in males to more than six years, and in females to not quite five years. We must here remember, however, that those who come of a consumptive stock, are liable to be attacked earlier than others whose families are free from taint.

Passing over the notes of cases illustrating the various forms of pulmonary consumption and the chapter on the duration of the disease, which is an abstract of Dr. T. Williams's paper, read before the Royal Medico-Chirurgical Society, and published in Vol. LIV. of the *Transactions*, we come to the chapters on treatment.

Looking back on an experience of forty years in the treatment of consumption, it is in the ten years from 1840 to 1850, that a marked improvement was noticed in the effects of treatment. The reason appears to be, that the antiphlogistic began to give away to the tonic method. A mixture of dilute nitric acid with iodide of potassium and sarsaparilla, was for a time in great favour with Dr. Williams, till something better appeared. It seems to us that the above mixture would produce whatever good might be done by free iodine, for we know that the combination of iodide of potassium with ordinary nitrous ether, always turns brown, in consequence of the liberation of the iodine by the small amount of acid always present in sp. etheris nitrosi, and of course nitric acid would, by combining with the potassium, liberate the iodine freely in a mixture which contained iodide of potassium.

Cod liver oil stands well with Dr. Williams, he has used it much, and apparently with great satisfaction and success, and the reader will do well to attend to the hints given, as to the way in which to give the oil, and the way to prepare a delicate stomach for its reception.

Few, now-a-days, are likely to dispute the virtues of cod liver oil in phthisis, though some will think more of it than others, to us it has always seemed that the younger the patient, the more is the benefit likely to be derived from the administration of cod liver oil.

The hypophosphites so much lauded by Dr. Churchill, of Paris, have in the hands of Dr. Williams, proved decidedly beneficial in certain cases. How they act (says Dr. Williams), is uncertain, for Churchill's theory does not get the credit with Dr. Williams, that his practice does. A mixture of the hypophosphite with phosphoric acid, is a good deal used by Dr. Williams, and here it is presumed that the hypophosphorous acid is set free, and is the active ingredient.

A perusal of the cases recorded tend to show that this combination is a serviceable one.

Passing over the very valuable chapters on palliative, dietetic, and hygienic treatment of consumption, we come to the last chapter in the book, written like those immediately preceding it, by Dr. Theodore Williams.

This chapter is on climate, a subject to which the author has paid considerable attention. Just at present the climatic treatment, like many other points in connection with pulmonary phthisis, is unsettled, and therefore often unsatisfactory.

Places have been written up by interested parties in the most extravagant way, as being perfect in their climatic advantages; if the invalid wants bracing, he can have a bracing air, or if he wants soothing let him but move a few yards, and he obtains an air deliciously soothing to his irritable lungs; moreover, while warm in winter, the probability is that we are assured the place described is beautifully cool during the hottest summer. This is the way in which we often hear some special place spoken of, when perhaps all that can with truth be said, may be that certainly the climate is a very elastic one, as far as its virtues are concerned.

In the chapter before us, however, there are none of the above faults to be found. Phthisis, the author tells us, occurs both in hot and cold climates, but the disease is not precisely the same in each case. The true tubercular phthisis running a rapid course is most prevalent in hot climates, at least so says Dr. Guilbert, and he has we know observed carefully in the matter. The phthisis of the colder climates is more an inflammatory disease tending to contraction and caseation of the lungs, and to run a chronic course.

These facts show what danger may accrue from moving a phthisical patient into a very warm climate; there being reason to think we may make him tuberculous and so hasten his end. Practically every one must know by this time, that in advanced consumption, the patient's death is very often materially accelerated by removal to a hot and relaxing climate.

Without going into lengthy descriptions of individual places, Dr. T. Williams gives us valuable hints as to the way in which climates are to be used. When much irritability of vascular system is present, then a soft marine climate is good. Where consumption originates in septic influences, a pure and dry climate should be tried at a good elevation, as up in the Alps or the Andes. These high bracing climates are presumed to have a vivifying influence on the bioplasm, and on all the vital functions.

This short chapter concludes with a few words on the folly and cruelty of sending hopeless cases of phthisis to die in a foreign land. We feel how impossible it is in a notice like the present, to draw attention to all the matters of interest contained in this book; we have no hesitation in saying that the work is one that may be said to mark well the present state of our knowledge both as to the nature, causation, varieties, and curability, of consumption. It certainly is a book on which Dr. Williams may look with some satisfaction after his forty years of work, and certainly he need not fear being placed among those great physicians, who at the close of an active life of practice, have had the uncomfortable reflection forced upon them in their retirement, as to whether they had done most of harm or of good by their physic.

Foreign Medical Literature.

HISTORY OF THE DOCTRINE OF CONSTITUTIONAL SYPHILIS.

By Dr. Ferrari, of Bologna.

(Translated with notes by C. R. Drysdale, M.D.)
From *Lo Sperimentale*, t. XXVIII.

About the first half of the 16th Century, physicians commenced to confound venereal and syphilitic diseases. Thus G. Vella (1508), and Antonio Brassavola (1551), the latter in a work on the "French Disease," referred all venereal diseases to the same origin, so that, until the days of Hunter, the whole doctrine of venereal diseases fell into the greatest confusion. It was from this epoch that we may say that the doctrine of unicity of venereal sores and gonorrhœa may be traced, and it was upheld by Swediaur, Vacca, Barbantini, and John Hunter, as it is in our day by Sperino, Lagneau, Lane, Gascoyen, and others. One author (Devergie, Senior) remarked that no better proof of unicity exists than the fact observed by him, that three men all had connection with the same woman, and that one contracted urethritis, the other an ulcer, and the third a different lesion. Swediaur relates that he treated three women for syphilitic ulceration of the tonsils after a gonorrhœa, of which they got rapidly well

—thanks to mercury; and Baumés relates how that five persons became affected with syphilitic eruptions after gonorrhœa.

Experiments, indeed, seemed to have confirmed some in this way of thinking, since Hunter having inoculated himself on the penis with gonorrhœal pus, saw arise two ulcers, followed later on by symptoms of constitutional syphilis. However, the experiments of Balfour, Tode, Bell, Bosquillon, Hernandez, and of the school of the *Midi* of Paris, were opposed to these views, by which it is now clearly proved that even the urethra may, in any part, be the seat of ulcerations, which are, in such cases, the origin of syphilitic infection. And to Ricord, it is that we owe the discovery of the hidden chancre in 1838. The idea of an urethral ulcer, indeed, is very ancient, since Celsus believed that gonorrhœa was derived from an ulcer of the urethra; and as Mayerne asserted during the last century. There can be no doubt, then, that gonorrhœa may be virulent when ulcers exist in the urethra.

Unicists, however, observe that hidden urethral chancres are most rare compared to the numbers of cases of syphilis appearing after gonorrhœa; in fact, of 380 inoculations made by Lafont Gouzy with pus from gonorrhœa, there was only twice any ulcer seen to follow; whilst Ricord, out of 4,692 cases of syphilitic eruptions, verified the existence of a previous ulcer in 4,011 cases, and, in 681 cases, an ulcer and a gonorrhœa together had preceded the eruptions. Ricord thinks that the hidden urethral chancre only occurs in one of a thousand cases of gonorrhœa. And in clinical experience, we know very well, how very rare it is to see syphilitic eruptions succeed to gonorrhœa alone. The identicists, however, say that Martins, out of sixty cases of syphilitic skin disease, noticed that gonorrhœa had preceded it forty-six times; and that Cazenave had noticed the same in eighteen cases out of sixty-two. But to this it is replied that such reasonings are erroneous, because the first of these authors had merely drawn his information from the words of the patients themselves; and Cazenave had taken for syphilitic eruptions, in many cases, the eruptions caused by the use of balsamic remedies. Thus, we may conclude that there is no nosological identity between gonorrhœa and ulcers, for three reasons: 1. That pathological anatomy and experiment have proved now-a-days in a manner which admits of no doubt, the existence of the hidden chancre; 2. That in conjunction with the rarity of hidden chancres, is the rarity of syphilitic disease after gonorrhœa; 3. That these gonorrhœas have been recognised to be symptomatic of hidden ulcers by means of inoculation.

Unity and Duality.—Gonorrhœa being thus considered as an entirely local disease, the power of causing infection resides now, according to the mass of syphilographers, in the two forms of venereal ulcers; and thus arose the doctrine of unicity in 1838, which did not last long, however; for, in 1851, Bassereau proclaimed to the world the doctrine of the duality of syphilitic sores, one being entirely local, the other, according to the author, a proper virus. He proved his theory partly from history, asserting that, whilst in the ancient authors ulcers are mentioned, there was no mention of any special dyscrasia like syphilis in their writings, whereas, when syphilis at first appeared, Torella, Vigo, Botallus, and Fallopius said that the ulcer which preceded this disease, was very unlike that described in the writings of the ancients. These facts, which were thus demonstrated *à priori* by Bassereau, have been confirmed since then by many other observations, besides these of their author, by Clerc, Diday, Rollet, and Fournier, by all of whom the just nosological distinction between these ulcers has been shown. These differences have been thus expressed:—1. That whilst the one sore is usually solitary and rather unfrequent, the other is generally multiple and much more frequent. 2. The first is painless, the second generally painful. 3. Whilst the one sore secretes very little, is usually superficial, and with a process of adhesive inflammation, healing *without* a scar, the other has an abundant secretion, is excavated, with sharply cut edges, with its floor covered with abundant granular exudation, and heals *with* a scar. 4. The one is generally indurated at its base, the other most frequently is soft, or has only the induration of inflammation. 5. The one is not inoculable on the same individual, says Bassereau, does not become diffused, and very rarely, indeed, becomes phagedænic, or gangrenous; the other is auto-inoculable on the patient, and is easily inoculated on the neighbouring parts, as also frequently complicated by phagedæna and gangrene. 6. The first has an incubation of twenty-five to thirty days, the second has no incubation. In the one, there are many of the inguinal glands enlarged, but these are indolent, and scarcely ever suppurate; in the other there is no necessary induration of the glands, but whenever there exists a mono-glandular bubo, it easily suppurates and becomes an ulcer. 8. The first kind of ulcer is only seen in the human race, the other is transmissible to animals.

These distinctions were derived from the following data. With regard to the frequency of the ulcers, it was observed at the Hôpital du Midi that, of 254 patients with "soft sores," 116 had from 3 to 6 sores; 41 patients had from 6 to 10 ulcers: and 8 patients had from 10 to 15 ulcers. Again, of 456 cases of "hard sore" noted by Fournier, 226 patients had only one ulcer, and 115 had more; but scarcely any had more than two or three. Clerc, of Paris, out of 267 patients, found in 224 cases, only one hard sore. And with respect to frequency, among the class of patients seen at the Hôpital du Midi, of 341 cases of chancre, 126 were "hard sores," and 215 "soft sores." Puche, indeed, made out that, of 10,000 sores seen at the Midi, only 1,955 were followed by secondary symptoms.

The induration of the ulcer is noticed beneath it, and there is a difference between this and the inflammatory swelling seen around soft sores, especially when induration is well-marked, when it is cartilaginous. Induration arises without any inflammatory symptoms, whilst the soft sore has notable swelling, redness, and other marks of inflammation. According to Robin, the induration consists of cellular tissue, with some cutaneous elastic fibres mingled with it; and Virchow affirms that the hard ulcer presents the same development as gummy tumours; and that there is a proliferation of the cellular tissue, in which the elements live for a time; finishing by softening, degeneration, and ulceration. "Path. des Tumeurs," Paris, 1869.

The induration of the infecting sore is a sign of greatest importance in the differential diagnosis of the two forms of venereal ulcerations. One of the most distinguished of modern writers on this subject, Dr. Bumstead, of New York, says that this induration is the only symptom we ought to look for in the two species of primary ulcers. The unicists, however, categorically deny the existence of this specific character of the infecting sore, because they have found it wanting in the female, in the majority of cases. For instance, they say that Melchior Robert, in four cases, found only once a distinctly indurated sore. Pirondi, of 157 ulcers in women, only noticed one which was truly indurated; and H. Lee, of seventy-one infecting ulcers, noticed only nineteen which were hard. Dr. Ferrari, of Pisa, remarks that, in his wards for venereal cases, he has pretty often found this character absent, especially in the fourchette, or the vagina; but this he has rather ascribed to the special nature of the tissues concerned, than to induration being really absent. In fact, Virchow has demonstrated that in these organs, where there is a want of connective tissue, the cells and nuclei of the "sifiloma" would appear to be formed by the proliferation of the nuclei of the capillaries.

It may very well be, that this exception in the case of women is due to the fact, that the proliferation of the anatomical elements of the "sifiloma" takes place only at the expense of the nuclei of the capillaries, and hence it is very natural that hardness should be but little, or not at all appreciable to the touch; because the neoplasm is but little evident, on account of the small proliferation of these elements. Besides, according to Bumstead and

Pellizari, it is most marked in the balano-preputial sulcus and on the lip. The unicists, also say that the ulcer which becomes hard is no longer an ulcer; but a true manifestation of syphilitic infection. But in opposition to this idea of theirs, is the fact of confrontation, used by Bassereau, Clerc, Diday, Rodet, Fournier, and Caby. According to Sigmund, of Vienna, in seventy-one cases, the induration appeared on the 9th day; in eighty-four cases, on the 10th; and in twelve cases on the 19th day. Specific induration ordinarily remains for some time after the ulcer has been cicatrised, and, according to the statistical results of Puche, its presence is rarer after the third month, and very rare indeed after the eighth month, although the said writer has observed in eleven cases that the induration was perceptible from 390 up to 2,662 days after contagion, and he gives one when it remained nine years. Bumstead has likewise observed some specific indurations, which have lasted two or three years; and Ricord saw an induration in one case remain for thirty years. Babington also observes that induration may appear before the ulcer, but this is a doubtful opinion of his, according to some Mr. Berkeley Hill thinks so too. Clinical observation has shown clearly that, in the infecting ulcer there exists a period of incubation between the moment of contagion and the appearance of the ulcer, whilst in the other the appearance of the ulcer takes place in a few hours, or in two or three days at most. Diday, out of twenty-nine cases of infecting ulcers, had a mean of fourteen days of incubation; Chevalier in ninety cases, found the incubation 15·18 days; Clerc found it to be thirty days in different cases; and Castelnau found it to be thirty days in one case, whilst Bumstead found it to be ten days in some cases. The unicists, however, deny the existence of the incubation; and point to the observations of Fournier, Poncet, and Diday, which showed the incubation period *sometimes* to be about five days. They also speak of the observations of Langlebert, Ricord, Bassereau, Milsens, Robert, Zeleschi, and Davasse, from which it would seem that, even in twenty-four hours after inoculation, the infecting ulcer showed itself. But to these reasons of the unicists, we may first of all remark, that the number of cases cited is so small as to constitute rather an exception than a rule, and in the second place that the incubation was shown to be always pretty long, in cases when artificial inoculation was employed, just the cases when experiments might be made more accurately and precisely. Thus Delhomne inoculated from a true syphilic ulcer in one case in 1850, and there was an incubation of 180 days. Rinecker, in 1852, found an incubation of twenty-five days. Baerensprung inoculated in 1859, and there was an incubation of thirty-three days. Danielssen, in 1853, saw a similar incubation of fourteen days. Rollet, in 1856, saw the incubation last eighteen days. Gibert, in 1859, saw syphilis when inoculated incubate nineteen days, Cullerier, in 1861, inoculated and saw an incubation of fifteen days. Feini, in 1861, saw a case of twenty-one days' incubation. Waller saw a case of thirty-four days' incubation in 1851, after inoculating with the *blood* of a syphilitic patient; and Gibert, in 1859, on a similar incubation which lasted thirty-five days. Pellizari, in 1860, made three inoculations with blood, and in one there was an incubation period of twenty-two days. Again, when the secretion of mucous tubercles was inoculated, Wallace, in 1835, made three inoculations, and the times of incubation were from twenty-three to thirty-six days. Gibert, in 1859, made two inoculations from mucous plates, and saw a period of incubation of eighteen and twenty-five days. Waller saw one which lasted twenty-five days; Guyenat, in 1859, one which lasted twenty-four days; Baerensprung, in 1859, one of thirty days; Lindwarn, in 1860, saw one which lasted twenty-six days; Galligo, in 1860, one which lasted seventeen days; Hebra, in 1861, inoculated with secretion from mucous tubercles, and the incubation period was sixteen days.

The secretion of pustular syphilitic eruptions was inoculated by Wallace in 1862 in two cases, and there was an incubation of twenty-nine days. Vidal found, in one such case, an incubation of twenty-eight days; and Rinecker, in 1852, also inoculated from a congenital pustular syphilitic affection, and found the incubation period to be twenty-eight days.

(*To be continued.*)

Correspondence.

MECHANICAL MEANS OF CURING CERTAIN DANGEROUS DISEASES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The fact that our body consists of mechanical as well as vital properties is too much forgotten; and it has for long been considered by me, that we neglect too much the former powers, particularly when the system is deranged by disease. In fever, when the circulation is deranged by its increased rapidity, and by the congestion of particular organs: can this state be remedied so that the congestion may be relieved, and the feverish state diminished by restoring a more equable circulation; and do we possess mechanical means so as to diminish the extent of the circulation, and thus increase the power of the heart in cases of great exhaustion from loss of blood, &c.? The answer: these conditions can certainly be relieved.

Firstly, or secondly, by diminishing the extent of the circulation by stopping the arterial blood proceeding to one or more of the limbs, the quantity sent to the heart is increased and more vigour given to its action, by which the congestion in particular organs is removed. When the congestion of the lungs takes place in the course of fevers, a great difficulty of breathing occurs, and dangerous spasms are the consequence; might not this state be relieved by encircling the arms and legs near the trunk with a ligature? The blood continues to be sent to the limbs, but the ligature prevents its return by the veins, and an accumulation of blood takes place there, which relieves the breathing. The removal of the obstruction may be made at any time, but requires to be done with care.

THOS. A. WISE, M.D., F.R.S.

Norwood, December 12th, 1871.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—You may perhaps think the following cases worthy of a place in your columns:—

May 28, 1871, I was called in to see W. E., a fine, plethoric young man, twenty-two years of age; found him labouring under violent headache, skin very hot, urgent thirst; pulse 130; tongue slightly furred, high-coloured urine; severe pain of loins, and pain all over; face suffused; nausea and vomiting, and pain of epigastrium. Has been ill about twenty-four hours; bowels pretty regular.

℞ Ol. Crot. tig., grs. iv.;
Mucil. acac.;
Secch. alb. āā. ʒij., M.

et Adde aq., font., ā ℥iv., signe, one tablespoonful every fifteen minutes until the bowels are opened.

Emp. lytt. nuch.;
Emp. lytt. epigast.;

℞ Nit. potass;
Sp. æther nit.;
Tinct. hyoscy. utriusque, ʒij.

Aq. font., āā ℥vi.; coch. ij., amp. 2nds horas.

20th.—The oil operated in twelve minutes copiously, with four more evacuations during the night. The blisters rose well; headache gone; pulse 100. Very much better in every way; much less thirst.

Repeat the saline mixture.

30th.—Has no complaint except weakness.

Miss C. E., twenty-three years of age, a fine, stout, healthy young lady, was attacked about the same time with symptoms precisely similar. This was pronounced at once to be typhus fever, and was treated accordingly. It went through the regular stages of synochus, synocha, and ended in great debility. She was given up as hopeless. Petechia had appeared;

the extremities were cold; pulse imperceptible at the wrist. In this state, at midnight, bottles with warm water were applied, and a wine-glassful of pure whiskey was given. In a few minutes the pulse rose; the whiskey was repeated and repeated until the pulse rose full, and general heat restored. She finally recovered, and is now as hearty a lady as there is in England.

Query—Would not my mode of treatment have saved all she suffered?

Your obedient servant,

Clun, Salop, ALEX. LANE, M.D., R.N.
Dec. 8, 1871.

P.S.—I should have added that in both cases; there had been severe rigors.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—When forwarding you a simple statement (omitting details) of what I considered a rare and most interesting case of twin birth, and which appeared in your impression of the 15th ult., I little dreamt it would call forth, for the edification of your numerous readers, the learned critique which appears in your issue of the 22nd inst., from the pen of Francis M. Luther, M.D., of Cappoquin. In the first place, I pass over as altogether unworthy of notice the unwarrantable liberty he takes in his opening sentence with the Doctor; in the second place, there are so many ifs in this literary and scientific gem that I cannot spare time to take them up in order, one by one, and will, just for brevity's sake, sum them all up under one head in the words of the old and familiar adage, namely,—"If the sky should fall we would all catch larks." Had the case been his—luckily (not "lucky," please) for the patient it was not—no doubt he would "have completed the delivery in a few minutes, without any aid from Nature." Extinguish, Nature, your rushlight before this luminary! He would "have ruptured the second bag of water," if he could have found it; after doing so, he would deliver, by the forceps, the head, "were it near enough;" or, "very easily," run—not insinuate; no, no, that would be too slow—his hand within the uterus, along the body of the child—seize a foot—turn—bring down the foot—and behold, the delivery is completed! The marvellous rapidity with which all this is accomplished almost takes one's breath away; but this is the age of steam and railroads.

The last if but one, and I have done,—"If your correspondent's first suspicion (rightly suspected are my words) as to the existence of twin pregnancy, was shaken (but it wasn't) by the non-appearance of labour pains, after two hours' delay and exhibition of ergot, it was his bounden duty to remove the placenta." Sir, had I attempted, under the circumstances, to remove the placenta, which was firmly attached and unyielding, and the funis unshrivelled, which was evident by repeated examinations, made both night and day all the time, as the patient resided not fifty perches from my own door—I say, had I attempted to remove the placenta before the second child was born—setting aside altogether the probability of its being united, which it almost always is in twin cases—I should inevitably, have brought on a fatal hæmorrhage, for the simple reason that there could have been no contraction while the second child remained in utero.

The last if, I venture to say, is of more importance than all the rest put together, namely,—that the dispensing doctors (in certain quarters), too seldom avail themselves of the services of so fast a man.

Thank Providence he was neither my consultant nor assistant in this case—a private one—or, instead of having to record three living, it would have been, one saved by Nature's efforts, and two—mother and second child—dead through unskilful art.

I am, Sir, truly yeurs,

R. G. SHEER, M.D.

Killyleagh, Nov. 25, 1871.

P.S,—From the birth of the first child until the birth of the second (three days) there was not the slightest constitutional disturbance, nor the loss of so much blood as scarcely to stain a folder. R. G. S.

Medical News.

The College of Surgeons of England.—At a meeting of the Council on the 14th inst., the reports of the Examiners in Dental Surgery, and of a committee appointed to inquire into charges made against Mr. Washington Evans, a Member of the College, were received and adopted. Mr. Charles Hawkins brought forward a motion for placing the successful candidates for the Fellowship in classes, but after discussion the motion was not adopted. Mr. Gay called attention to the large proportion of rejected candidates at the preliminary examinations, and after a discussion of his notice of motion for inquiry into its causes, it was agreed, on a proposition by Mr. Simon, that the subject should be referred to a committee that had been already appointed to investigate the subject of the preliminary examinations. Mr. Erichsen moved that vacancies in the offices of professor and lecturer to the College be advertised before the elections.

Royal College of Physicians of London.—At an extraordinary meeting of the College yesterday, the 18th inst., W. John Francis Murphy, of Queen's College, Cork, passed his primary professional examination; and the following gentlemen having conformed to the Bye-laws and Regulations and passed the required examinations, were granted Licences to practice Physic, including therein the practice of Medicine, Surgery and Midwifery:

Francis James Baily, M.R.C.S., 51 Grove st., Liverpool.
Thomas Hughes Brabant, M.R.C.S., North Audley street, W.
William Ward Carr, M.B., Lond., Lee grove, Blackheath.
Frank Coomber, M.R.C.S., 51A Trinity square, London.
Arthur Evelyn Davies, M.R.C.S., Newport, Monmouthshire.
Robert Eardly-Wilmot, M.R.C.S., King's College Hospital.
George Cooper Franklin, M.R.C.S., Victoria Park Hospital, N.E.
John Fraser, M.D. Toronto, Strabane, Ontario, Canada.
James Elliot Graham, M.D., Toronto, Canada.
John Lamond Hemming, M.R.C.S., 10 Southwick place, Hyde Park.
William Hamerton Jalland, M.R.C.S, Guy's Hospital.
George Thomas Langridge, M.R.C.S., 7 Myddleton square, E.C.
Frederick Arnold Lees, M.R.C.S., Meanwood, near Leeds,
Walter Augustus Parker, M.R.C.S., 55 Cathcart road, Brompton.
Howell Rees, M.R.C.S. Ystalyfera, Swansea.
Edward Roger Rowland, M.R.C.S., 1 St. Georges place, S.W.
Henry Ryley, L.R.C.P., Edin., Fulbourn, Cambridge.
Edward Sergeant, M.R.C.S., St. Thomas's Hospital.
William James Todd, M.R.C.S., 4 Gloucester road, N.W.
Edward George Younger, M.R.C.S., Holly Mount, Blackheath, S. E.
Douglas William Duke, who passed his examination in medicine, July 1871, and has obtained a recognised qualification in surgery.

Royal College of Surgeons of England.—The following Members, having passed the required examinations for the Fellowship on the 22nd, 23rd, and 24th ult., were, at a meeting of the Council held on the 14th inst., duly admitted Fellows of the College:—Henry Trentham Butlin, L.R.C.P. Lond., Camborn, Cornwall, diploma of Membership dated Nov. 1867; Junius Hardwicke, L.K.Q.C.P. Irel., Rotherham, Yorks, June, 1844; Charles Higgens, L.R.C.P. Lond, L.S.A., Hambledon, Hants, April, 1868; Chas. James Oldham, L.R.C.P. Lond., Norfolk sq, Brighton, Jan. 1870; Herbert William Page, M.B. Cantab., Carlisle, Nov. 1869; Samuel Bowen Partridge, L.S.A., Bengal Medical Service, Aug. 1851; Richard Rendle, L.S.A., Forest hill, April, 1868; William Sanderson Wyman, M.D. St. And., L.S.A., Upper Richmond road, Putney, April, 1862. Four other candidates were examined, but failed to satisfy the Court of Examiners, and were referred for a period of twelve months' further professional study.

Apothecaries' Hall, London.—At a Court of Examiners, held on the 14th instant, the following gentleman received the L.S.A. Diploma, viz.:—Messrs. John Routledge Bosworth, of Sutton, Surrey; Francis Dorrell Grayson, of Henley-on-Thames; John Delpratt Harris, of Exeter; Frederick Fraser Hopkins, of Henley-in-Arden; Edward Milner, of Birmingham; William Arthur Mosely, of Nassau, Bahamas; Isaac Pitt, of Birmingham; and the following passed the primary professional examination, viz.:—Messrs. Alfred Ernest Cave, of the London Hospital; George John Eady, of King's College; William John Gard, of Guy's Hospital;

Alfred Vavasour Griffiths, of Queen's College, Birmingham; Francis James Jopnes, of King's College; William Edmund Parker, of Queen's College, Birmingham; and Henry Birt Vincent. of St. Bartholomew's Hospital.

University of Dublin.—The following degrees have been conferred:—*Bachelor of Medicine.*—Jacob Robertson Headlam O'Connor, John Godfrey Rogers, David Kennedy, Thomas Drapes, Patrick John Molony, Thomas Blair Worthington, William Mark Whittaker, Richard Henry Quill, Henry John Tweedy, Maurice Blunden, Thomas Hamilton Moorehead, James Armstrong, Henry Comyn, Andr. Francis Dobson, Richard White, George Gibson, Thomas W. Browne, Christopher Elliott, Otway Peter Browne, John Waugh. *Master in Surgery.*—Patrick John Molony, John Godfrey Rogers, Jas. Armstrong, Richard Henry Quill, Thomas Blair Worthington, Edward Mazier Courtenay, Francis Geo. Mayberry, John Waugh, Otway Peter Browne, Henry Comyn.

Those who have authority in Scarborough, and are interested in its well being, should take into immediate consideration its sanitary condition. Mr. G. P. Dale, F.R.C.S., who has been endeavouring to remove a stigma from Londesborough Lodge, has thrown a lime-light into the ordinary lodging houses of Scarborough; and a pretty state of things his statement points to. The matter should be officially inquired into, and the evils thoroughly combatted, if the people of Scarborough wish their gay place to remain in favour. In striking confirmation of the impression thus conveyed, Mr. William Cadman writes:—"Three times I have called the attention of the Scarborough authorities to their manure depôt. The sad and much-to-be-lamented result of the Prince of Wales's visit will,—yes, must,—rouse them. Scarborough (I believe I may say) is seldom, if ever, free from fever. Now, all the filth, ashes, &c., from the town, which must contain the poison generated by sewage, is carted through the town, and deposited about half a mile, or a little more, in the valley above Lord Londesborough's Lodge. The wind is mostly down or up this valley. When down, the poison must pass into and about Londesborough Lodge. The Convalescent Hospital is also very near this depot, and the immediate neighbourhood is seldom, if ever, free from fever. Any one having to drive to Seamer must pass this depot. The Londesborough party had to do so, and must have felt the sickening effect. Also a dreadful smell ascends from the drain along the sands past the Grand Hotel. This effluvium with an easterly wind, must ascend to Londesborough Lodge; the westerly wind bringing the poison from the depot." Mr. Dale and the professional gentlemen acting with him, who say, apparently with much satisfaction, that the fall of the drains in Londesborough Lodge to the main sewer "is very great," show that the arrangement is eminently qualified to discharge the sewer gases into the house; in fact, if the drains are not ventilated externally,—and we do not hear that this is the case,—that result at times cannot be avoided. No one for an instant thinks of attaching the slightest blame to Lord Londesborough, or to insinuate that his house is any worse than scores of others. It is of the utmost importance that the truth should be arrived at. —*Builder.*

OBITUARY.

DEATH OF DR. MAYNE, OF DUBLIN.

THE profession in the Irish metropolis has been much shocked by the untimely death of Dr. Robert Mayne, Surgeon to the Meath Hospital, which occured on Saturday morning last. Dr. Mayne was the son of the late much esteemed Dr. Robert Mayne, of Gloucester street, and on the death of Dr. Strong, about a year and a half since, he was selected to succeed to the Surgeoncy to the Meath Hospital. The talent which he had evinced in that capacity, and his youth, strength, and energy, gave great hopes as to his future career,—hopes which have been unhappily blasted by his melancholy death. In the beginning of last week he was struck with small-pox, which speedily showed a most virulent hæmorrhagic tendency, to control which all efforts were vain; and the attack ended, as we have said, in his death, on last Saturday.

IRISH POOR-LAW VACANCIES.

Kilbrush Union, Cragaknock Dispensary District.—Salary, £100; vaccination and registration fees, £8 1s.; annual number of dispensary tickets, 611; annual number of visiting tickets, 215; average of district, 37·310; population of district, 9,689; date of election, 1st January.

Lismore Union, Lismore Dispensary District.—Salary, £100; vaccination and registration fees £9 2s.; annual number of dispensary tickets, 1,691; annual number of visiting tickets, 302; average of district, 26·021; population of district, 6,240; date of election, 2nd January.

Thomastown Union, Knocktopher Dispensary District.—Salary, £95; vaccination and registration fees, £5 4s. 3d.; annual number of dispensary tickets, 494; annual number of visiting tickets, 171; average of district, 28·357; population of district, 5,448; date of election, 11th January.

NOTICES TO CORRESPONDENTS.

NOTICE TO OUR READERS.

IN consequence of Christmas Day falling on Monday,—the day on which we usually go to press—and the day following being kept as a General Holiday, Subscribers will not receive the Journal until Twenty-four hours later than usual. The same Number will also contain the Half-yearly Index.

In deference to the wishes of several correspondents, the MEDICAL PRESS AND CIRCULAR will, in future, be printed upon TONED PAPER.

M. A. B.—Thanks.

DR. W.—We shall be glad to receive further cases, in illustration of the treatment you mention. Your extensive experience in India entitles your opinion to great weight, and the present time is most opportune.

DR. D. P.—The letter has been forwarded to the correspondent named.

STUDENT.—You will find full particulars in our last Students' number.

A. G. L.—Dr. Letheby, "On Food," is announced as shortly to be published by Messrs. Baillière, Tindall, and Cox.

MR. F. R. H.—We decline to insert your advertisement in our columns. It is a form of quackery we strongly object to.

G. W.—1. Yes; 2. By Mr. Bellamy, of the Charing-cross Hospital.

DR. DE PASCALE, Nice.—Your letter and enclosure received, and shall be attended to. We regret to hear of the accident.

VACANCIES.

Stockwell Fever Hospital. Resident Medical Superintendent. Salary £400 per annum, with residence. (See advt.)

North Wales County Lunatic Asylum. Assistant Medical Officer. Salary to commence at £80, with board and residence.

King's College, London. Professorship of Forensic Medicine.

Wandsworth Board of Works. Medical Officer of Health. Salary £50.

St Marylebone, Middlesex. District Medical Officer. Salary £120.

Sunderland Infirmary. Junior House-Surgeon. Salary £60.

Liverpool Dispensaries. Assistant House-Surgeon. Salary £108.

Manchester Royal Infirmary. Junior House-Surgeon. Salary 80 guineas.

Newark Hospital. Resident Medical Officer. Salary £100.

Thomastown Union, Stoneyford. Medical Officer. Salary £95. (See advt.)

MEETINGS OF THE LONDON SOCIETIES.

WEDNESDAY, Dec. 20th.—SOCIETY OF ARTS, 8 P.M. "The Study of Botany." By James Collins, Esq.

FRIDAY, Dec. 22nd.—QUECKETT MICROSCOPICAL CLUB, 8 P.M.

OPERATION DAYS AT THE LONDON HOSPITALS.

WEDNESDAY, Dec. 20.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 2 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

THURSDAY, Dec. 21.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.

FRIDAY, Dec. 22.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

SATURDAY, Dec. 23.

HOSPITAL FOR WOMEN, Soho square.—Operations, 9½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

TUESDAY, Dec. 26.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.

APPOINTMENTS.

BENTLEY, A. J. M., M.B., C.M., Resident Physician to the University Clinical Wards of the Royal Infirmary, Edinburgh.
BISHOP, J., Resident Physician to the Royal Infirmary, Edinburgh.
BRAITHWAITE, J., M.D., Assistant-Surgeon to the Leeds Hospital.
CARTER, A. H., M.B., Physician's Assistant, and Pathologist to the South Staffordshire General Hospital, Wolverhampton.
DE MERIC, H. E., Junior House-Surgeon to the Royal Free Hospital.
DOBSON, N. C., F.R.C.S., Surgeon to the General Hospital, Bristol.
GLYNN, T. R., M.B., Physician to the Liverpool Royal Infirmary.
LINDSAY, J. M., M.D., Physician-Superintendent to the Derbyshire Lunatic Asylum, Mickleover.
M'CORMACK, M. J., M.B., Medical Officer of Health for Lambeth.
MARSHALL, H., M.D., Consulting Surgeon to the General Hospital, Bristol.
SLATER, J. S., House-Physician to St. Thomas's Hospital.
TAYLOR, D. T., M.B., Resident Medical Officer to the Small-pox, Fever, and Lock Wards of the Royal Infirmary, Edinburgh.
VOSE, J. R. W., M.D., Consulting Physician to the Liverpool Royal Infirmary.

ARMY MEDICAL DEPARTMENT.—Staff Surgeon W. T. Paliologus, from half-pay, to be Staff Surgeon, vice T. S. Barry, deceased.

Assistant Surgeon J. F. Beattie, M.D., from 79th Foot, to be Staff Assistant Surgeon, vice H. Nugent, placed upon half-pay.

Marriages.

HIGGS—LOWTHER.—On the 11th inst., at Harston, Leicestershire, Frederick S. Higgs, M.B., Surgeon, of Heighington, Lincoln, to Lucy Lowther.

Deaths.

COWDELL.—On the 15th inst., at Dorchester, Charles Cowdell, Esq., M.D., physician to the Dorset County Hospital, aged 53 years.
RAINES.—On the 13th inst., suddenly, at Clarence House, Hull, Charles Raines, M.R.C.S.E., aged 21.
WILLIAMS.—On the 8th inst., at Sudbury, Suffolk, Caroline Anne, the wife of John Williams, M.D., aged 31.

THOMASTOWN UNION.
KNOCKTOPHER DISPENSARY DISTRICT.

MEDICAL OFFICER WANTED.—The COMMITTEE of the above District will, at their Meeting to be held at Stoneyford on THURSDAY, the 11th day of JANUARY, 1872, at the hour of Eleven o'clock, A.M., proceed to Elect a Medical Officer, having the proper qualifications (in the room of DR. THOMAS BRADLEY, who resigned), at a Salary of Ninety-five Pounds per annum, exclusive of Registration and Vaccination Fees.

Personal attendance of Candidates will be required.

Applications, enclosing Testimonials and Qualifications, will be received up to Half-past Ten o'clock, A.M., on the abovenamed day, by JOHN BRADLEY, Hon. Sec.

Inisnag, Stoneyford, December 12, 1871.

UNIVERSITY OF LONDON.

THE following are the Dates at which the several EXAMINATIONS in the UNIVERSITY OF LONDON for the year 1872 will COMMENCE:—

MATRICULATION.—Monday, January 8, and Monday, June 24.
BACHELOR OF ARTS.—First B.A., Monday, July 15.
Second B.A., Monday, October 28.
MASTER OF ARTS.—Branch I., Monday, June 3; Branch II., Monday, June, 10;
Branch III., Monday, June 17.
DOCTOR OF LITERATURE.—First D.Lit., Monday, June 3
Second D Lit., Tuesday, October 8.
SCRIPTURAL EXAMINATIONS.—Tuesday, November 26.
BACHELOR OF SCIENCE.—First B.Sc., Monday, July, 15.
Second B.Sc., Monday, October 28.
DOCTOR OF SCIENCE.—Within the first twenty-one days of June.
BACHELOR OF LAWS.—First LL.B. } Tuesday, January 9.
Second LL.B. }
DOCTOR OF LAWS.—Thursday, January 18.
BACHELOR OF MEDICINE.—Preliminary Scientific, Monday, July 15.
First M.B., Monday, July 29.
Second M.B., Monday, November 4.
BACHELOR OF SURGERY.—Tuesday, November 26.
MASTER IN SURGERY.—Monday, November 25.
DOCTOR OF MEDICINE.—Monday, November 25.
EXAMINATION FOR WOMEN.—Monday, May 6.

The Regulations relating to the above Examinations and Degrees may be obtained on application to "The Registrar of the University of London, Burlington Gardens, London, W."

WILLIAM B. CARPENTER, M.D.,
December 8, 1871. *Registrar.*

MALVERN COLLEGE.

The NEXT TERM will commence on Thursday, 25th January.

TO APOTHECARIES.—An Established House in Dublin is open to treat with a party as Junior Partner; capital, £500. Apply to R. SMITH, Esq., 17 Eustace street, Dublin.

QUEEN'S COUNTY.—TO MEDICAL MEN.—Desirable Investment for a General Medical Practitioner. Auction on FRIDAY, the 22nd day of December. To be sold by PUBLIC AUCTION, at the Court House, Maryborough, at the hour of Eleven o'clock, a.m., on the above-named day, if not previously disposed of by private sale, the following property:—That very large and commodious dwelling house, with stabling, out-offices, and garden, situate in the best part of the main street of the town of Maryborough, which is the Assize Town of the Queen's County, where the late Thomas Pilsworth resided, and successfully carried on for forty years the business of an apothecary and druggist. The shop is well fitted with the fixtures usually found in a respectable medical establishment, and the purchaser can have them at a reasonable valuation. This is a desirable investment for an apothecary and general medical practitioner. The premises are held under a lease for an unexpired term of seventeen years, from the 35th March last, at the abated rent of £20 per annum. From the situation and extent of the premises they are admirably suited for a hotel or other public business.

HENRY ODLUM, Auctioneer, Mountmellick.

For further particulars apply to John Roe, Solicitor, 27 Up. Sackville street, Dublin, and Rockview, Maryborough, by whom proposals for private sale will be received up to the 20th inst.

TO MEDICAL PRACTITIONERS AND APOTHECARIES.
IN BANKRUPTCY.

IN THE MATTER OF JOHN JOSEPH CLORAN, OF MAIN ST., LOUGHREA, IN THE COUNTY OF GALWAY, APOTHECARY AND DRUGGIST, A BANKRUPT.

THE GOODWILL and INTEREST in the Business and Premises known as the MEDICAL HALL, LOUGHREA, in the county Galway, with the STOCK-IN-TRADE therein, will shortly be offered for Sale, and an opportunity thus afforded to Medical Men of purchasing a first-class Business, with one of the best connections in the West of Ireland attached.

The Business has not been suspended, but is being actually carried on.

Full particulars will appear in future advertisements, and in the meantime persons requiring information are referred to

MR. WILLIAM WEBB, Manager of the Apothecaries' Hall of Ireland, Mary st., Dublin; or to

Messrs. OLDHAM and EATON, Solicitors, 42 Fleet st., Dublin.

STOCKWELL FEVER HOSPITAL.—The Managers of the Metropolitan Asylum District require the services of a RESIDENT MEDICAL SUPERINTENDENT for the above Hospital.

The appointment will be made upon a probation of three months, and the salary is £400 per annum, with an unfurnished residence (detached from the Hospital building), and coals and gas.

Applicants must possess a Medical and Surgical qualification as required by the Regulations of the Local Government Board, and produce satisfactory testimonials of their qualifications for the appointment.

Forms, on which only applications will be received, may be obtained at the Offices, No. 37 Norfolk street, Strand, where the applications, accompanied by testimonials, are to be delivered by or before the 1st January, 1872.

By order,
W. F. JEBB, Clerk to the Board.

37 Norfolk street, W.C., 6th December, 1871.

NAVAL MEDICAL DEPARTMENT, ADMIRALTY, SOMERSET HOUSE, *December*, 1871.

A Competitive Examination of Candidates for appointment as Assistant Surgeons in the Royal Navy will be held in London in the course of February next, of which further particulars, as to date, &c., will be duly announced.

Candidates having the necessary qualifications to practise Medicine and Surgery, under the Medical Act, and who are not above twenty-eight years of age, are eligible to attend.

Application for admission to this Examination should be made in writing, without delay, to the Director-General of the Medical Department of the Navy, Admiralty, Somerset House.

A. ARMSTRONG,
Director-General.

COOKESTOWN HOUSE, INSTITUTED FOR

THE MEDICAL TREATMENT OF THE INSANE OF BOTH SEXES.

This highly respectable Mansion in no respect resembles, either internally or externally, what is usually known as an Asylum.

The Demesne, Conservatories, Graperies, and Grounds are unusually extensive, and in good condition.

There are Billiard Tables for both sexes, with indoor and outdoor amusements, including Vehicles.

Cookestown House is within three miles of Cairick-on-Suir Station, with a like distance from Fiddow, both on the Waterford and Limerick Lines, and in connection with the G. S. & W. and Kilkenny Lines.

For terms, and Form of Admission, apply to the Resident Physician.

JOHN PEPPARD, M.D., &c.
Cokestown House, Piltown, co. Kilkenny.

CADBURY'S COCOA ESSENCE

"Absolutely genuine, economical, being about three times the strength of the Homœopathic Cocoas and French Chocolates ordinarily sold; suitable for the weakest stomach, owing to two-thirds of the Fatty Matter, which forms 50 per cent. of the Nib, being removed. "The richness is thus overcome in a manner far preferable to the impoverishment of the Cocoa by dilution or Adulteration."—*The Lancet.* "Cocoa treated thus will, we expect, prove to be one of the most nutritious, digestible, and restorative of drinks."—*British Medical Journal.*

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 27, 1871.

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INAUGURAL ADDRESS

READ BEFORE THE SURGICAL SOCIETY OF IRELAND,

By JAMES WHARTON, M.D., F.R.C.S.,

President of the Royal College of Surgeons in Ireland.

MR. VICE-PRESIDENT AND GENTLEMEN,—I am called upon by virtue of the exalted office to which I have been chosen, as President of this college, to occupy the chair upon this occasion. I shall not engage your attention beyond a very brief period, barely sufficient indeed, for the purpose of inaugurating *pro forma*, the coming session of the Surgical Society of Ireland.

This society, as you are doubtless aware, has, like the college which has fostered it, been established for the cultivation, and consequently, the promotion and development of surgery.

In the prosecution of this duty its labours have not been in vain, but on the contrary, have tended directly to place upon a safe, and therefore, a practical basis, some of the most important of its resources; and to establish the pathology of certain lesions and affections previously unrecognised, or, at the best, not clearly understood.

Permit me to enumerate some instances in proof of these statements. So long as thirty years ago, Robert Williams, contributed a paper on the treatment of bursal tumours, by means of subcutaneous incision of their sacs. At the same period Robert Smith, exhibited specimens of chronic rheumatic arthritis of the articulation of the lower jaw; and somewhat later, the same surgeon, a specimen of impacted fracture of the anatomical neck of the humerus, which he described as unique. Operation for hare lip, so early as the fourth day after birth, successfully performed by Dr. Dawson, of Dungannon. Contributions by John Houston and Robert Adams, on strangulated *congenital* hernia, occurring in the one case at the 26th, in the other, at the 42nd year of the patient's age. Excision of the head of the humerus, by Dr. Badely, in 1842. A year later, the treatment of vascular tumours of the rectum with nitric acid, by John Houston; and of aneurism by compression, by Dr. O'Bryen Bellingham, with the treatment of which formidable disease his name is so honourably identified. The pathological condition of an artery after compression for the cure of aneurism as shown by J. W. Cusack.

The exhibition of various instruments and appliances, at different periods, for specific purposes, as for ligature of deep-seated arteries; for pushing back the eperon in operations for artificial anus, and for dividing the stricture in strangulated hernia, by Leonard Trant. For facilitating the reduction of dislocation of the humerus, by Dr. Gray, of Galway; and of dislocation generally, for compression of arteries, for hernia, and for removal of the lower jaw by Francis l'Estrange. For examination of cavities with external openings, and of the urethra, whereby stricture situate as far as the bulb, may be exposed to view by means of reflected light as in the endoscopes of the present day, by Dr. Massy. It were an easy task to prolong this list, but I must resume.

In the use of the term surgery I do not intend to restrict it to its original acceptation, which dates from a very remote antiquity, many centuries antecedent to the Christian era, but to view it according to its true significance, as a component part of medicine (thus differing from Hippocrates), embracing and embodying all subjects, which reflect light upon the art and science, the diagnosis and prognosis, as well as the treatment of those ills which come under the daily observation of the practising surgeon.

Thus regarded the society over which I have the high honour of presiding, should afford opportunities for its comprehensive and philosophic study, and most assuredly it complies with this requisite condition.

If we glance at the curriculum, to use a school phrase, we shall find it includes topics for consideration and discussion, which, apart from their intrinsic merit, are of special interest when brought to bear upon the practice of a profession, which is, as I believe, of all secular vocations, the most noble, because the most philanthropic and useful that can employ the time, stimulate the industry, and consecrate the talents of those who have adopted it.

A list of the subjects that may be brought under

notice on the occasion of the society's meetings will be found on the back of the title-page of its bye-laws, from a review of which it will be manifest that as there is a large field to select from, so is there no branch of science connected or affiliated with medicine which may not, in this room, be introduced, even in the absence of the author of a communication, and with or without discussion should he so desire. This arrangement is admirably suited to the case of those who residing, it may be in the country, find themselves unable to be present or take part in the usual proceedings. I would it were more frequently taken advantage of by our brethren at a distance, so that the results of their experience might be recorded for our own and our successors' good.

The wide scope the society thus offers, places it in a peculiarly prominent position, because it invites its members, at home or abroad, according to their respective pursuits and acquirements, to engage its attention, while they present their views or experience, even upon themes for which special societies have been founded and supported. This it effects not in any spirit of antagonism or rivalry, but in the bond of brotherhood and good-will, regarding and recognising their members as fellow workers and fellow labourers, seeking with them to advance the best interest of medicine, and to raise it to that standard of excellence whereby its true position may "be known and read by all men," and its practice conducted with clearness and precision, to the confusion of all organised empiricisms.

Gentlemen, although this and kindred societies have done much and good work, yet much remains to be done. Medicine is progressive and must be so regarded. From its very nature it cannot be allowed a stationary existence, it must either recede or make way. Hybernation, if I may so express myself, is not suited to its constitution. It must be true to its engagements, or, tacitly it may be, confess its inability to fulfil its lofty mission. I do not mean, as an agent, merely to combat disease, or to oppose its progress, but as a means and an effectual means, of which there is abundant proof, of promoting christianity and civilisation, with their attendant and consequent blessings. Of these, it is not my province in this place and at this time to speak, but rather, of the provision afforded by this society for the promulgation of sound opinions upon questions of professional and of public interest. For instance, how incomplete, and therefore unsatisfactory is the local and constitutional treatment of cancer; and how deserving of further investigation. One of my predecessors indeed, in this chair, Richard Carmichael, applied his vigorous intellect to this subject; and more recently, Maurice Henry Collis, cut off, alas, in the prime of manhood; yet the management of this dire affection has not yet received that amount of attention it so eminently deserves. And here, in passing, I may be permitted to remark that tannic acid, liberally used as a daily dressing in open cancer, is an application of great efficacy. I do not hesitate to recommend it with some degree of confidence, and to promise that it will not, at all events, be wholly disappointing. This acid, I feel persuaded, is possessed of some quality independently of its astringency, so that I regard it as well worthy of exhibition in several forms of cachexia, by virtue of some inherent property, whereby it promotes assimilation. For this latter opinion, I feel sure there is an authority, though I am unable to name or refer to it at present. In the same manner, the attention of the society could, with great benefit, be directed to the most approved method of arresting hæmorrhage from divided arteries, particularly with reference to torsion and its applicability to the main artery of a limb. This practice has been had recourse to, extensively I believe, in one of the Metropolitan hospitals, Dr. Steevens', and perhaps in others. So, may I allude to the section of the neck of the femur, as recommended by Mr. Adams, and Dr. Sayer, of New York, for the purpose of remedying the deformity arising from bony anchylosis of the hip-joint. To the latter named, this college and society owe a deep debt of gratitude for the presentation of his work upon this subject, and of the model illustrative of the effect of his operation, as derived from *post-mortem* examination. The treatment of croup, as regards the admissibility of tracheotomy, advocated by so high a name as that of Trousseau, would be well worthy of a communication, not only, as it were for its own sake, but because the doctrine itself is so diametrically opposed to the teaching and practice of one of the most distinguished of my predecessors, William Henry Porter, and indeed, so far as I can judge, to the generally received opinion of the Dublin school.

The foregoing are a very few of the examples to which many might be added, as suggestive of the benefits which may be accomplished by the instrumentality of this society, I shall allude to one only, and which, as it affects the common weal, justly holds a place in the society's programme. I refer to Hygiene, than which no question can be of greater importance, or more deserving of the earnest consideration of those who would strive to ameliorate the condition of their fellows, and to advance the cause of social progress. This college, mindful of the important trusts committed to it by Royal Charter, has not failed to show its interest in sanitary science, by appointing Professor Cameron to deliver a course of public lectures on this subject, year by year. By this means, as well as by the course recently taken by the University of Dublin, which now issues a diploma in state medicine, it may be hoped that by the joint efforts of these two educational bodies, the cause of hygiene will come to be regarded in its proper light, as entitled to hold a dignified position in the curriculum of all licensing authorities. I am, indeed, to some extent at all events, aware of the magnitude and the difficulties of so important a subject, but this consideration, so far from presenting an obstacle to the elucidation of its principles in this room, should have an effect of an opposite kind, because amongst the members of this society will be found able supporters of its laws, and strenuous advocates in favour of their diffusion. Gentlemen, I must be true to my promise, not to occupy your time, and therefore hasten to bring these remarks to a close, in remembrance that the business of the evening is yet to be transacted. I have to thank you very heartily for the patience with which I have been listened to, and to express a hope that on this and every other evening in which it may be our privilege to meet and confer together, I shall not be wanting in my duty towards you; that the session now about to commence, may not be inferior to any that has preceded it, and that as hitherto, its transactions shall be conducted with calmness and good faith, worthy of its past history and traditions worthy of the common object it has in view, and worthy too, of the members of this learned, long established, and distinguished society.

THE RADICAL CURE OF HERNIA.*

By Jolliffe Tufnell, Esq., M.R.I.A., F.R.C.S.,
Surgeon to the City of Dublin Hospital.

The following case is one illustrative of the efficiency of Syme's modification of Watson's (or rather Gerdy's) operation for the radical cure of reducible hernia, and the cast upon the table gives the appearance of the parts, two months after its performance.

The patient was a man, thirty-seven years of age, of small stature, and particularly nervous and excitable temperament, but of very sober habits. He had had laxity of the abdominal rings from childhood, with tendency to rupture on both sides, but in February 1859, whilst running against a head wind to give notice of a fire and exerting himself violently, the hernia came down at the left side. Subsequently, he had an attack of bron-

* Read before the Surgical Society of Ireland.

chitis, and this was followed by winter cough, which, annually returning, had the effect of confirming the protrusion, and at last of rendering the hernia totally irreducible. He had worn a truss at first, but it only partially acted, the intestine being down, as a general rule, with the truss pressing on the bowel.

Early in 1869 he came under my care. He was then suffering from a large scrotal entero-epiptoeele at the left side which was perfectly irreducible, he had also incipient hernia upon the right side. The action of the bowels was much interfered with; he was continually suffering from dragging pains in the abdomen, and unfitted for the performance of his duty as an inside servant. By placing him in bed, and keeping him on a very low diet for nine weeks, the omentum became so far absorbed that the hernia could be returned; but no truss that he procured prevented the intestine (for any length of time) from protruding. He tried several of the ordinary forms, as well as the scrotal or block truss, the moc-main, and Salmon and Ody's, but each failed to act, and finding himself totally incapacitated for his employment he begged to have the radical cure performed. Accordingly, upon the 18th of May last, his bowels having been cleared by castor-oil on the preceding day, and by a lavement of tepid water on the morning of the operation, he was placed fully under the influence of chloroform. Previous to this I should mention that I had had prepared a piece of ebony, about three inches long, and of the dimensions of my forefinger, and coated it with gutta-percha. Near its apex a fine hole had been drilled, and through this hole a piece of Arnold's strongest ligature silk was drawn, leaving eighteen inches on either side. This plug was well smeared with cantharides ointment thinned down to the consistence of honey with glycerine. To return to the operation however, the hernia was thoroughly reduced, and retained in the abdomen by my colleague Mr. Croly, who was much in favour of this mode of procedure, and strongly advocated its adoption, a finger carefully pressing up the gut and keeping it from coming down.

Following the directions of Mr. Syme, with some slight modifications, I placed the fore-finger of my left hand upon the scrotum of that side, about an inch below the root of the penis, and with the pulp of the finger looking upwards, I lifted this portion of the scrotum, carrying it onwards through the external abdominal ring, and for a short distance up the canal. I then took a long vesico-vaginal needle mounted in a handle, through the eye of which one end of the ligature had been threaded, and guiding it along my fingers, carried it to the very top of the invaginated skin. I then depressed the handle, and forced the point out through the abdominal parietes towards the right, or umbilical side. The ligature having been freed, and the needle withdrawn, it was again threaded by an assistant with the remaining end of the silk, and the same procedure adopted upon the left side, the point of the needle brought out, and emerging through the skin at the distance of an inch from the first puncture, the ligature disengaged, and the needle withdrawn. The two strings were now pulled upon, so as to bring them perfectly fair, and the apex of the plug caused to press against the back of the finger which was still in the inguinal ring, and as it was carefully withdrawn so as not to disturb the invaginated skin, the plug was drawn up in its place, secured by being very tightly tied over a piece of gutta-percha of equal size, laid upon the abdominal wall, and upon which the two ends were firmly knotted. The other extremities, both of the plug and gutta-percha, were also tied together, and the integument and invaginated skin thus firmly compressed between them.

A grain of opium was now administered to the patient, and ordered to be repeated every third hour, if suffering much pain. In spite of the opium which was regularly given, there was great uneasiness, the feeling being that of intense constriction at the ring. Vomiting, too, ocurred, but this apparently arose from the chloroform, and stopped spontaneously. The pulse rose rapidly after a few hours, and the heart's action continued to be very quick for the first two days, with white and furred tongue. The urinary secretion was scanty, very high coloured, and passed with difficulty, in consequence of the horizontal position maintained by the patient. Upon the 20th of May, forty-eight hours after the operation, the abdomen was slightly painful on the lower and left side, but, there was not any tympany, or other peritonitic symptom. Redness showed itself around the point of exit of the internal ligature and purulent secretion followed. The scrotum was now directed to be kept smeared freely with lard, in order to prevent excoriation from the cantharides ointment that might came down with the purulent discharge oozing from the invaginated skin.

The diet for the first forty-eight hours was confined to ice, iced milk, and chicken broth. Upon the 21st of May slight rigors supervened, but these passed away, and the patient became quiet and tranquil, taking the opium only at intervals.

Upon the 26th, the bowels not having acted since the operation a tepid lavement of plain water was administered with good effect.

Upon the 30th of May twelve days after the operation, the ligatures were cut and the plug withdrawn from the inguinal canal; the counter-pressure was also removed. Purulent secretion had, for some days, been making its way freely down the plug. A pad and figure of 8 bandage were now daily applied firmly to the groin, affording a feeling of comfort and relief to the patient.

Upon the 30th of June the passage up the canal was pervious only for half an inch, a piece of wax bougie, when introduced thus far, creating pain, and being followed by bleeding from the breaking up of granulations. Upon the first removal of the plug, the same piece of bougie passed up freely for three inches.

Upon the 21st of June the patient was allowed to leave his bed, and walk about, and upon the 27th to return home. The pad and bandage were still daily carefully applied and worn until the 10th of July, when one of his old trusses, that would not formerly command the hernia, was taken into use.

Upon the 20th of July the patient came to me, stating that he was again at his business, doing it without any inconvenience. The bowels were also acting spontaneously each day.

Dec. 5th, 1871.—In order to be enabled to report to the Society the result of this case, I visited the individual today, and carefully examined the parts. Upon the left side there is now not the slightest trace of rupture, or even tendency to it; whilst upon coughing, impulse can scarcely be felt against the internal ring. The orifice of the invaginated scrotum has totally disappeared, and in its place is a cicatrix of circular form and of about the size of a vaccine mark. In a line from this, leading to the internal ring is a dense elevated structure marking the course of the canal, now filled with the invaginated tissues consolidated together. The hernial tendency upon the right side (which has not been artificially supported), has increased, so that the rupture has nearly become scrotal. The patient has accordingly been recommended to wear a double truss in future instead of the single, which I have advised him to continue, as its presence is not productive of any annoyance, and he still suffers from chronic cough as heretofore.

The advantages claimed by Mr. Syme for this mode of treating reducible hernia, with a view to its permanent cure, are certainly borne out by this case. It illustrates, "1st. That it may be executed by means which are in the possession of every surgeon, instead of the complicated, expensive, and not easily manageable apparatus, hitherto deemed indispensable. 2nd. That it may be accomplished with much more certainty through the secure guidance of a finger, than by trusting to a piece of wood for gaining admission within the tendinous ring. 3rd. That the two threads co-operating in their effect, render the chance of adhesion between the textures much greater than when attempted by the mere puncture of a needle."

VACCINATION, RE-VACCINATION, AND INOCULATION IN INDIA.

By James C. Dickinson,

Late Bengal Medical Service; Surgeon to the St. Mary-le-bone General Dispensary.

The subject of vaccination, affecting as it does the deeply interesting question of public health in India, is worth studying by those who intend to pursue an Indian career. The beneficial operation has met in times past with very great opposition, and is still looked upon by the natives of many parts of India with distrust. It is objected to by some on religious grounds—others from tradition, superstition, or because they are priest-ridden. Inoculation again is preferred and practised by many, and on more than one occasion has received an unhealthy stimulus from the circumstance of vaccination having completely failed.

It has always been my opinion that vaccination to be successful in its results should only be performed during the cold season, *i.e.*, from the middle of October to the end of February, or thereabouts. In my own practice, I have never met with successful results in the hot weather. On the other hand, it has been asserted that vaccination succeeds all the year round, by men well-qualified to speak on the subject of seasonal vaccination. "Vaccination"—they say—obeys the same laws that govern variola, and from a series of tables very carefully drawn up by the late Dr. Bedford, we learn that, whilst in Bengal, the maximum of successful cases of vaccination occurs in the month most favourable to the spread of variola, the remaining seasons are, by no means, unfavourable. In the Upper Provinces, whilst the results in January and March are inferior to those obtained in Bengal, the remainder of the year is marked by almost total failure; thus assimilating, as far as we know, to the habits of small-pox, and finally that in the hill provinces no great change takes place throughout the twelve months." Considering the question of reason as still *sub judice*, I may observe that it is the invariable custom of surgeons in charge of European regiments to vaccinate and re-vaccinate in the cold weather. The Superintendent of vaccination also makes his annual tour round the circle, over which he presides—in the cold season, and the civil surgeons, also of each station, send out at this period their native vaccinators into the neighbouring villages. Careful supervision is exercised by the civil surgeons over the operations and returns of the native vaccinators—the former are examined to the extent of about ten per cent.—and the latter (the returns) are made into a monthly return, which, together with a report on the results of the operation—the efficiency of the vaccine matter, and any practical suggestions that may occur to him are forwarded to the superintendent. This statement briefly represents the machinery by which vaccination is carried out in India. There are, however, difficulties which militate against the operation being completely successful.

The Lymph.—This cannct always be depended upon, and is not always obtainable. Many surgeons get a direct supply of tubes of fresh lymph direct from England, and this, I consider, the best source. The superintendent supplies lymph on application, which is generally sent between glasses; or sometimes if it be at the commencement of the cold season, two or three scabs are sent packed in cotton wool, and sometimes ivory points.

The "scab" from a vaccinated arm is, I think, the favourite and recognised medium for preserving and transmitting lymph in India, and I have frequently received excellent ones from England. The "scab," when wanted for use, is moistened with water on the back of a plate. I may here observe that all statistics in reference to successful operations, in so far as I know, tally with the observations made in England: viz., when the lymph is taken direct from the child about 90 per cent.; from tubes, 50; from scabs, 30; and from points about 10. Possibly these figures may not exactly coincide with later observers, owing to the improvements that year by year take place in this department.

Arm-to-arm vaccination, as understood in England, is scarcely ever successfully carried out in India. I have, however, succeeded in establishing it in those villages bordering on large cities, as Benares or Delhi, where vaccination had been pursued for a number of years, and a certain number of converts had been made, as well as from the circumstance that the large proportionate number of vaccinations occur among the poorer classes, as the coolies, and the fact of their residence being in proximity to the Government vaccinators.

Moreover, in those countries where the operation is novel, and but little understood if not feared, such a thing as arm-to-arm vaccination is simply impossible, and hence it is that lymph in one of the forms just mentioned has to be used. The subject of re-vaccination which, in India, received so great an impetus on the outbreak of the epidemic in 1864, is now recognised not only by the Europeans, but by many natives as a necessary and salutary operation. While the epidemic just alluded to prevailed in Calcutta, I attended a number of patients, besides being engaged in the shipping practice on the Hooghly, and notwithstanding I was daily brought in contact with many very serious cases of small-pox, I never contracted the disease, which I consider due to the circumstance of my being re-vaccinated at the *very commencement* of the outbreak. Re-vaccination, in my opinion, to be successful, should always be performed in the cold season. *En passant* I may observe that, since my return to England, my views as to the importance of vaccinating in the cold season, have received singular confirmation, inasmuch as some cases of vaccination and re-vaccination both in the child and adult were unsuccessful. They occurred in those very hot months of July and August, 1870.

And I would venture to lay some stress on this point, inasmuch as I think that, if attention were more particularly directed to this circumstance, some practical rules might be drawn up in reference to the advisability of all who can being vaccinated in England in the spring and winter.

Re-vaccination to be successful must be performed with moist (fresh) lymph, and if it takes properly, need not be repeated for some years at least. There is a great outcry about the evil results or after effects of re-vaccination. In my own practice, "intense itching" I found the most troublesome affection, and in a climate like India it gives rise to restlessness, want of sleep, &c., just as "prickly heat" does.

Porrigo contagiosum I have seen in a few instances. Erysipelas of a very severe and alarming character happened in one case, but I satisfied myself that it was caused by drinking to excess.

Inoculation is still practised to a very great extent in India, though now that the Government are employing every legitimate means to spread vaccination, it is less common than heretofore. There was a time when the question was agitated as to whether inoculation ought not to be recognised, and the late Dr. Bedford published 184 cases of the sequelæ of small-pox, of which only seven were produced by inoculation.

Happily, however, the days of the "Ticcadares" (Inoculators) are numbered, and the education which the various medical schools of India afford, enable the natives to calculate the relative advantages of the sequelæ of inoculation, and the fact that every person infected by small-pox, whether by artificial or natural means, becomes the focus of contagion. I mentioned that some natives objected to vaccination, and I may add inoculation from false prejudice or tradition. They are called the "Itsha" families. Hindus who totally refrain from having recourse to any kind of protection whatever, on a tradition that in the days of yore, their ancestors were visited by small-pox without inoculation, which they interpret Itsha, or a favourable visitation of the goddess

Seetula, have thence made it a family rule never t adopt any kind of protection, by which they apprehend that the goddess will be incensed, and it is chiefly in these families that the malady first appears and spreads far and wide.

LABOUR WITH PLURALITY.

By John A. Spencer,
Medical Officer Crossroads Dispensary District, Co. Donegal.

Case seen at five o'clock a.m., 15th Nov., 1871, at Errarooey. Mrs. J——, primipara, æt. twenty-three, under-sized, light-haired, delicate-looking, tongue clean, pulse, 95. There had been vomiting; bowels costive; had passed urine shortly before; sounds of the fœtal heart could not be detected, the waters, it was stated, had come away at midnight. The "handy woman" in attendance mentioned that the foot was coming with the head, and that she had tried to put the former up; a vaginal examination, however, disclosed the true state of affairs, the left foot protruding at the vulva, the breech presenting.

The friends were informed of the existence of a "cross birth;" the rectum was emptied by a purgative enema, and the woman was delivered of a small female child, which showed some signs of life at birth, but which died in spite of efforts prolonged for an hour.

On tracing up the cord to seek for its insertion, a "bag of waters" was found, instead of a placenta, and the head of a second fœtus was diagnosed; the binder was loosely applied, and there being no indication to the contrary, the membranes were ruptured; after an hour's delay, a turpentine enema was given, which had no effect; three hours subsequently, no change having taken place, twenty-five minims of tincture of ergot were administered, and with an hour's interval, twenty minims more; the preparations necessary for the use of the forceps were now made. The head of the fœtus at this time, was high up; the occiput was closely applied to the pubis, and the edge of the os—relaxed from previous distension could be felt around the vertex. More than two hours having elapsed since the exhibition of the first dose of ergot, the forceps (a short pair, 8½ inches, the only instrument at hand) was applied antero-posteriorly, and traction made in the proper direction; when the head, by these means, had been brought down a little, the blades were withdrawn, and re-adjusted in the usual obliquely-lateral way, and the woman was delivered at five o'clock p.m., of a healthy female child; throughout the entire "labour" there was little or no assistance from the uterus. No difficulty with the placenta; no after-pains. Mother and child are now doing well.

Observations.—The following points connected with the case, may be considered worthy of notice.

The inertia of the uterus from beginning to end was remarkable; the turpentine had no effect, neither had frictions, nor even the forty-five minims of the tincture of ergot (this same tincture was given to a patient not long since, after removal of the placenta, and she stated that she felt as much pain as if she was "going to have another child").

Although more than two hours passed from the time the first dose of ergot had been given, till the child was born, the latter did not appear to have suffered in any way; the fact that the ergot did not produce any appreciable effect on the uterus, may reasonably be offered in support of the opinion held by Dr. Hosack and Dr. Meigs, of Philadelphia, by Dr. Denham,* late master of the Rotundo Hospital, and by others—that ergot acts injuriously on the child, only by causing contraction of the uterus.

It has been said, that in twin births, the breech is the most favourable presentation for the *second;* there is reason to attribute the death of the first child (the *breech* in this case) partly, if not altogether, to pressure on the cord of its placenta, by the *head* of the second fœtus in utero.

"Unequal development."—The first child was very small, and appeared to be badly nourished; the second, remarkably well developed, and large in proportion to the size of the mother.

The conduct of the labour after delivery of the first child, is a subject for consideration; it was based on the circumstances of the individual case, as well as on the laid-down rules, and in determining on a course of action, the following points had chiefly to be borne in mind:—First.—The moral impression of protracted delay on this young woman (whose friends, it must be remembered, had sent for a medical man as a *last resource*). Second.—The delivery of the first child having been artificial.* Third.—The existence of uterine inertia; and fourth.—The risk of flooding.

Denman, writing on this subject, says: "I advise that the membranes should be ruptured soon after the birth of the first child . . . . if the pains are feeble, or are altogether gone, there can exist little or no impediment to turn" . . . . and again: "Where the birth of the second child is retarded by inertia, a dose or two of ergot, so as to stir up uterine action may be given; but if the specified time have elapsed, and our expectations be disappointed, we should not delay resorting to more certain means of finishing the delivery." Dr. Churchill says that we should not allow the passages to "recover their distension." Dr. Collins advises that the binder should be loosely applied after the birth of the first child, and that we should not leave the house till the second child is born; and further states, that "if after the lapse of half-an-hour, the membranes of the second child remain intact, they may be ruptured with advantage," if this does not succeed, he recommends turning—after a lapse of two hours, with no progress, or the forceps, "if the head is sufficiently low down."

Dr. Murphy says: "The too great distension of the uterus may weaken its tone, and if so, flooding may follow the delivery of either child." . . . . "Delivery of the second child should be effected at once. You may give the uterus a little time to recover itself."

Here, the delivery of the first child was effected at about half-past eight in the morning; the membranes of the second were ruptured between nine and ten o'clock; the first dose of ergot was given at a quarter to two, and at five, the second child was born. With great respect for the opinions and deference to the experience of those authors above quoted, who advocate the operation of turning in such cases as the one under consideration, the writer thinks that the shock of this procedure is severe; and that the use of the forceps, by which the efforts of nature can be imitated, and those of the operator modified in accordance with the woman's powers of endurance, is better adapted to meet the emergency; that it is the *safer* practice in a remote country district there can be but little doubt.

* "On the Effects of Ergot of Rye." *Dub. Quart. Journ. Med. Science.* New Series, No. xxi., Feb., 1851.

REMARKABLE FORMS OF DERMIC GROWTHS.

By J. Morgan, M.D., F.R.C.S.I.,
Surgeon to Mercer's and to the Westmoreland Lock Hospitals, Professor of Surgical and Descriptive Anatomy R.C.S.I.

The remarkable excrescences known as fici, strawberry, cockscomb, or warty excrescences, without doubt, occur most frequently in subjects suffering from constitutional infection; but whether they are capable of communicating syphilis, or any form of sore, is by no means proved. Patients who suffer from these pertinacious growths admit, as a rule, their origin from a suspicious intercourse; but, on the other hand, cases will occur where the interval of

* Dr. Merriman. Dr. Cock "Manual of Obstetrics," p. 184.

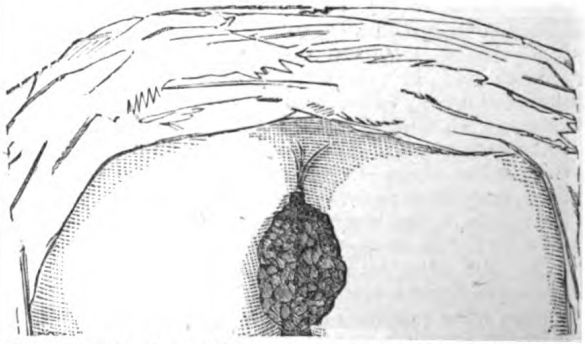
time has been too lengthened to allow of such a conclusion. I have certainly seen prodigious vegetations in men where there was no evidence of the female having had similar products, or having been in any way affected by venereal; and cases occur, where frequent intercourse with a patient suffering from these vegetations fails to give any disease. Persons of both sexes whose purity seems undoubted, occasionally, though rarely, suffer from vegetations, and the evidence certainly seems to show that there is no necessary connection between the growths and constitutional affection. But, on the other hand, instances have occurred to me of patients under hospital treatment, where some considerable time after the healing of the primary sore, and while still under observation, these vegetations have appeared in quantity, as the only constitutional sign, and then a rash, or some other evidences, of the taint would show itself. This I have witnessed repeatedly. There seems to be no difference in conduct or appearance between the vegetations from whatever cause they may arise; but there is a form accompanying the *later* syphilitic manifestations which is of extreme interest. The diagnosis between it and that dependent on malignant disease is a matter of some difficulty, as the syphilitic may much resemble the cancerous cachexia, and the accompanying evidences of taint, may be few, or be dubious, the similitude to malignant disease is sometimes most remarkable both in aspect and general history. The ordinary strawberry or foliated vegetations occurring about the genitals of either sex, present such characteristic appearances, that they can hardly be mistaken, if occurring in those who are at all young and in comparatively vigorous health, but when the patient becomes broken down by a long round of syphilitic manifestations, or from the stealthy deteriorating influence of the constitutional poison, then, the question of diagnosis becomes of some difficulty, and the probable result to the patient is one of great solicitude. Some remarkable examples have come under my notice, which I think are worthy of attention, and illustrate the great tenacity of such growths. The latter case I had under observation not only months but for years—the vegetations were situated chiefly in the fold of the groin, they were sessile, separable into packets, and when examined in detail appeared like coarse brush-like vascular bundles, much firmer than ordinary vegetations, and in places eroded at their base. There was an abundant secretion of sanious pus, and the appearances were those indicating a transition to the epitheliomatous character, and the following instance shows the position of these growths, with their general figure as situated in one groin:—

A patient, æt. twenty-eight, had been infected about seven years previously with sore and several suppurating bubos, had various constitutional evidences in the shape of pains, nodes, and sore throat, but never believed she had any rash. During the last four years, the labia had become enormously hypertrophied, and were removed by two separate operations. Remarkable vegetations grew from the groins and folds of the thigh, which endured persistently during two and-a-half to three years. Nothing could exceed their obstinacy—escharotics, and even removal by the knife, affording but temporary relief. The growths would persist, and sometimes become skinned over. A sheet of ulceration extended within the labia. The discharge was tolerably profuse, and acrid, sometimes excoriating the thighs. The patient finally died, though in tolerably good condition of body, of extensive syphilitic ulceration of the larynx. On examination of the growths they presented a transition appearance between epitheliomatous and vegetative excrescences. The mammillated and irregular appearance was very peculiar. The accompanying cachexia and the absence of any rash might have left very reasonable grounds for classing the vegetations as malignant.

These growths may present a very persisting and peculiar form from the anus, in late syphilis, and, in like manner, will endure for very many months in spite of treatment. At the anus they seem to grow from the very margin, and are divisible, as in the last case, into bundles of firm consistence, and on a rather thickened base. They will sprout out at times, and at times diminish in size, apparently independent of any treatment.

Chronic vegetations of the groin of extreme obstinacy, occurring in the latter stages of syphilitic infection.

The following illustration shows an example of this very remarkable affection in a gentleman who gave every care to the treatment of this local disease, but not to the original infection. The growth had existed for nearly two years, and was slowly increasing in size, but from its position and liability to be rubbed, made the patient extremely miserable. The irregular and tufted appearance was very characteristic, the bundles being capable of separation, and being seized between the finger and thumb, there was no pain of a darting or a burning kind. The patient suffered from nodes and severe pains, and skin eruption, and was extremely debilitated. There was no specific glandular enlargements.



Remarkable chronic vegetations from the anal region, associated with a syphilitic taint.

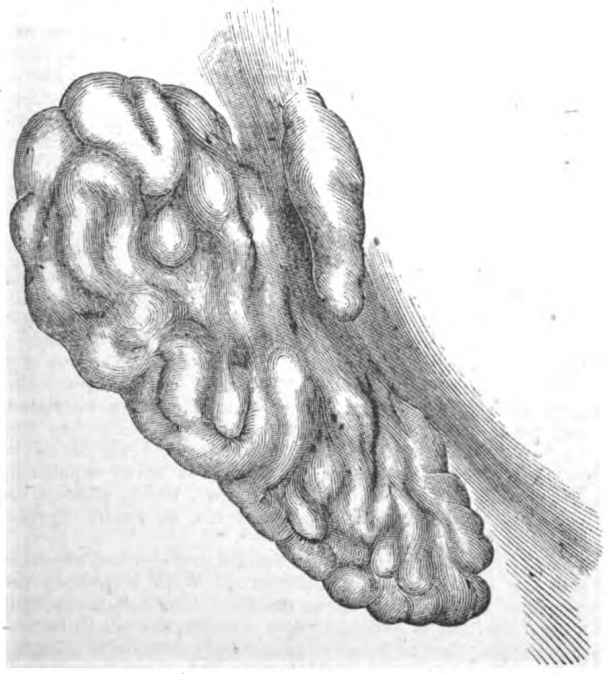
In these two instances, which I had under observation at the same time; the appearances, structure, and conduct of the growths were identical, and in both cases very nearly the same stage of the syphilitic cachexia had been reached. In the female, *post-mortem* examination showed, in addition to the ulcerated larynx, extensive amyloid degeneration of the liver.

The removal of such tumours, if persistent and doubtful, is best effected by the knife or écraseur, where practicable the use of strong caustics, if vigorously and incessantly applied, will succeed in checking them, but seldom answers, as does the more direct operative interference.

Specific treatment seems to have little influence, but the yellow wash with opium and tannin has proved the most useful local application. Injecting the persulphate of iron solution in quantity by the hypodermic syringe into the centre of the growths is also advantageous, and will succeed where a small size only has been reached.

A form of round, smooth tumours, with a slight central depression, and a shining surface, occasionally occurs, more particularly in women, and seems intermediate between true warty and vegetative formations. Huguier has styled this affection, *dermoptosis;* others, an *acne varioliformis;* and it seems to be caused by an hypertrophy of the superficial sebaceous follicles, forming in time, fibrous or adeniform tumours of the skin; it is, in fact, a cutaneous hypertrophy and is most chronic and persistent.

I have recently met with a case of a transition between this form of disease and the chronic vegetative growths, I have just now alluded to and illustrated, which is very interesting, and is even more allied in appearance to a cancerous growth of the epitheliomatous form. The following illustration gives an exact measured representation of the natural size and appearance of this morbid growth, which was situated on the verge of the anus; the surface was curiously mammillated, and at some parts was covered with a thin opaline skin, and at other places ulcerated and wartlike.



Remarkable and rare syphilitic epidermic growth. Natural size.

The patient was infected about six years previously, and more than two-and-a-half years since first suffered from this remarkable excrescence; very shortly after, another formed on the back of the thigh, about the size of a florin, and another, nearly as large, on the belly. The latter presented more of a distinctly warty appearance than did that near the anus, and they felt hard where they were implanted. The syphilitic peculiarity of nocturnal pain was then intolerable, but at other times there was not much inconvenience. Nothing could exceed the pertinacity of these growths: the best directed treatment—iodide of potassium, or mercurial applications, were equally inert; arsenic had no effect; the knife and strongest caustics were alone of use, and owing to the extent of surface, these could be used but on a limited scale; the application of the carbo-sulphuric paste was the most efficacious, when freely applied under the influence of chloroform; by perseverance, the growths were considerably reduced when the patient was last seen. The condition and the health generally were tolerably good, there was no other skin abection.

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, DECEMBER 11.

DR. FREDERICK SIMMS in the Chair.

MR. CHURTON, of Erith, showed the head of a fœtus, born in the seventh or eighth month. There was an absence of the cranial cavity. The brain, which was dark coloured, was contained in a pouch at the back of the head. The face resembled a newt's somewhat in appearance. The woman had been frightened when in the third month of her pregnancy by a newt crawling up her hand, which was placed on her hip. She looked into the newt's face, and was much frightened. He had known a mark like a blackbeetle on a child, attributed by the mother to a fright from a blackbeetle.

DR. KELBURNE KING, of Hull, sent up a communication to the Society, principally with a view of calling attention to what seemed to him to be the best method of performing the operation of excision of the scapula, so as to reduce to a minimum the danger of hæmorrhage; and because the operation has not been performed so often as to render individual cases devoid of interest.

Case I.—In the summer of 1869, H. R., æt. twenty-six, applied at the Hull Infirmary, suffering from a tumour of the scapula. He had noticed it some months, it was painful only when pressed upon by his clothing. There was felt above the spine of the scapula a round perfectly hard and solid tumour about the size of an orange, not painful to the touch, nor moveable, but firmly attached to the supra-spinous fossa, from which it sprang. Gradually it extended over the middle of the spine into the infra-spinous fossa—the use of the arm was now much limited. The pain, though not severe, was constant, and prevented sleep, and his general health began to suffer. The tumour appeared to be of a bony non-malignant character, so on October 20th, 1869, the following operation was performed—An incision was made along the whole length of spine of the scapula, and the attachment of the trapezius divided. Owing to the size of the tumour the bone was easily pulled forward, and the supra-scapular artery was divided and ligatured. Then placing the forefinger of the left hand on the axillary border of the scapula just behind the triceps muscle, when the pulsation of the dorsal artery could be felt, he entered the knife at the acromial end of the first incision, and cut downward to his left forefinger, and about two inches past along the axillary border of the scapula. Still pressing his finger on the dorsal branch he cut through the deltoid, and so exposed the scapular muscles, the long head of the triceps, and the scapular vessels and nerves. These last were quite out of the way, and still feeling the dorsal branch with the finger, he passed a needle set in a handle, and armed with a ligature, round the vessels and sufficient cellular tissue, and tied a firm knot—the subsequent steps of the operation were bloodless. The base of the acromion was divided by bone forceps, and the neck of the glenoid cavity by a saw; the tumour was lifted up and separated from its attachments by cutting from without inwards, three branches of the posterior scapular artery

were ligatured. The wound was dressed with carbolic oil, the ligatures came away without hæmorrhage, but there was a tendency for the lower flap to fall. The man went into the country, but died soon after of tubercular disease of the lungs.

Case II.—C. A. M., æt. eight. The origin of the disease in this case was referred to a blow, having been knocked violently against a lamp-post eight months before. Admitted May 24, 1871. The tumour, which until then had attracted little attention, caused a perceptible swelling over the whole of the scapular region, most distinct above the spine, where it formed a considerable projection, which on strong pressure, yielded with a soft crackling sensation. An incision having been made, the finger passed into a bag of fragments of bone and soft curdy matter—the last under the microscope was found to consist of large cells containing many and large nuclei. The child's health becoming much worse excision of the scapula was done on 17th June. The operation was similar to the one already described, very little blood was lost. Health improved, but the wound was prevented from healing up entirely by the projection of the clavicle ; and in another such case he would recommend the removal of the outer portion of that bone.

After referring to descriptions of the operation by Mr. Skey, Sir W. Fergusson, Mr. Syme, and Mr. Holmes, and the stress laid upon the occurrence of hæmorrhage, Dr. Kelburne King contended that it was better to put all risk of danger out of the question by securing the vessel behind, or rather internal, to the border of the scapular head of the triceps muscle at an early stage of the operation.

Dr. Routh read a communication on

THE CONTAGIOUSNESS OF TYPHOID FEVER.

The year before last a lady and her maid were travelling on the Continent. The maid suffered from a mild attack of typhoid fever. On her return to England the lady (æt. forty-two) took the infection, and had a characteristic attack of the same disease, her case being a severe one. The house was good, and the drains were sound, disinfectants were freely used. Four members of the family were attacked—the governess, and the eldest girl who slept in the room with her, the housemaid and cook who waited on them. Dr. Routh contended that the typhoid was imported from the Continent, and disseminated by some infection in this country, as there was no evidence of fresh infection.

In the discussion which followed, Dr. Richardson said that he remembered that in the Glasgow Royal Infirmary, so far back as 1846, cases of typhoid, now so called, were distinguished from cases of typhus, by their non-contagious character. Since that time he had never known an instance in which he traced typhoid to contagion in the common sense of the word. This was also the opinion of the late Dr. Barker, who had a large experience of typhoid, and ultimately fell a victim to it—the authorities do right in considering the case of H.R.H. the Prince of Wales as non-contagious.

Dr. Thorowgood, Dr. Broadbent, Mr. de Meric, Mr. Roger Harrison, Mr. Hanworth, Mr. Brudenell Carter, and others took part in the discussion.

THE SURGICAL SOCIETY OF IRELAND.

The opening meeting of this Society for the Session of 1871-72, took place on the evening of Friday, December 8th, in the Albert Hall, Royal College of Surgeons. The President of the College, Mr. Wharton, in the chair.

The Secretary (Dr. Richardson) having read the minutes of the previous meeting,

The President delivered the Opening Address, which will be found at page 567.

Mr. H. G. Croly exhibited a specimen of a rare affection which he met with within the last few weeks, viz.,

POLYPUS OF THE RECTUM.

A girl, æt. nine years, healthy looking, was brought by her mother to the City of Dublin Hospital among the extern patients. The mother stated that the child had had repeated hæmorrhages from the bowels for a year ; and on hearing the history of the case he expressed his opinion that there was a tumour in the rectum, probably of the nature of polypus. The child was placed sitting over warm water, and told to force down, when two tumours became protruded, the larger one being very vascular, with a narrow long pedicle. The child was placed on her side, and he (Mr. Croly) was about to place the chain of an écraseur over the tumour when he found that the latter came off in his fingers upon twisting it. There was hæmorrhage, and the smaller tumour came away almost more easily than the first one.

Mr. Croly said he had another specimen to exhibit, which was one of some interest, being a good example of what was known as

CHRONIC MAMMARY TUMOUR.

The patient, a woman, æt. thirty-five, was admitted to the City of Dublin Hospital at the end of last November. She had in the left breast a tumour lobulated and moveable ; this tumour became painful during menstruation ; there was no contamination of the lymphatic glands, and no appearance of cancerous cachexia. The tumour was two years growing. On examining the right breast he found a small tumour. He thought it belonged to the class of chronic mammary tumours, because of the history of the case and the peculiar feeling of the tumour. He had a consultation with his colleagues for the purpose of considering the propriety of removing it. The woman however was attacked with symptoms of hysteria of a very aggravated form. Her husband said she was of an excitable temperament, and within a week afterwards she was seized with very severe maniacal symptoms, and gradually sank and died before any operation was performed. He removed the tumour after death, and on raising it up found it moved completely on the pectoral muscle, and contained a number of cysts underneath, and on section it showed the characteristic appearances of these mammary tumours. The small tumour on the right breast was also characteristic.

Mr. Croly also exhibited the section of the femur and tibia of a young man, whose thigh he amputated within the last fortnight for disease of the knee-joint. He had displacement outwards of the fibula and the tibia, and complete disorganisation of the joint. The popliteal space was filled with matter, and the boy had symptoms of hectic. He amputated the thigh at the lower third, and the specimen now before the Society showed the destruction of the cartilages of the knee-joint and the infiltrated tissues of the popliteal space.

Dr. Jolliffe Tufnell read a paper on

THE RADICAL CURE OF HERNIA,

which will be found at page 568.

Mr. G. H. Porter said that in the only case in which he had performed this operation some years ago, as referred to by Mr. Tufnell, he had found it most satisfactory. The simplicity of the operation was a great advantage. He thought they were often more afraid than they need be of passing a needle through the peritoneum. In his case there was very little inflammation, and in Mr. Tufnell's case there was also very little inflammation. It was an important operation, and one that they ought to perform more frequently than they were in the habit of doing ; for although they might fail to cure the hernia, they put the patient in a better condition, in a condition to be comforted by a truss, which, without the performance of the operation, would not be found effectual for its purpose.

Mr. Butcher said the subject of the management of hernia was one of the greatest importance. With regard to the operation Mr. Tufnell had so carefully described, he thought a great deal might be done by operative interference in hernia. At the same time he would be exceedingly cautious of going up as far as the internal ring. If they could shut up the compartment below the internal ring, a moderately pressing truss would be found sufficient to control the hernia. He thought it important to say that it was their duty to avoid puncturing the peritoneum. They could not look on the lining membrane of the scrotum as peritoneum ; he thought it was changed altogether in its character ; and if the hernia came down, he thought if it were pushed well up and the needle inserted as Mr. Tufnell had described, a satisfactory issue would be obtained. He was not speaking without some consideration and information on the subject. Not long ago he operated on a gentleman with great success in that way. It was necessary that this gentleman should be in the saddle every day, and important to relieve the uneasiness he suffered even from the best constructed truss—and he believed the best trusses made were those of Mr. L'Estrange, but even with the best truss in some instances the hernia will force itself down. He operated on this gentleman, but he kept down well below the internal ring, keeping back the intestine, and the result was most satisfactory ; and now with the slightest pressure of L'Estrange's truss the patient is able to take the most violent exercise. He (Mr. Butcher) did not approve of the invagination, and the shoving up, and the perforating of what came down below

the ring. They must keep below that, and if so the operation as Mr. Tufnell had described it, would be found a very successful one, and one from which no serious consequences need be apprehended.

Mr. Croly said the patient had tried every truss that could be worn, and had spent much money in instruments, but the hernia was not anything the better of them. He happened during a part of the time to be under his (Mr. Croly's) care but he thought it better that the operation should be done by the gentleman under whose care he had first been. It was a fact of considerable importance to remember that out of thousands of operations done on the same principle by Würtzer there was not a single death from the operation. They were not to conclude at all that by the operation for the radical cure of hernia in Würtzer's or Syme's operation, the peritoneum was to be wounded. In certain forms of hernia, there might be a risk of injuring the tunica-vaginalis, but in ordinary cases the peritoneum was not injured by the needle which merely pinned together the invaginated portions. Würtzer recommended the smearing of the invaginated skin with unguentum cantharidis, in order to cause ulceration and ultimately adhesion. He thought it a great pity that in Dublin the operation for the radical cure of hernia was not more often performed. The operation of Mr. Syme was a simple operation, and in the great majority of cases a safe one.

Mr. L'Estrange said he had great experience of hernia, and he believed that a radical cure could be effected in many cases without operation. He could produce examples of radical cure from all parts of the world—in individuals from the age of three to sixty-eight years, and he could appeal to members of the society to corroborate his statement. His method of procedure was to manipulate the hernia until it went into the internal ring, and then he put on the truss, which compressed the internal ring. The instrument should be worn day and night to cause complete compression on the part and produce adhesion in the inguinal canal.

Mr. Butcher said he never meant to convey that the peritoneal covering and the intestine should not be returned into the abdomen before operation. He did not approve of Würtzer's operation, for he had performed it, and failed; but with regard to returning the intestine within the abdomen, that was essential. He did not think it a light matter to strike the needle through the peritoneum. With regard to Mr. L'Estrange's trusses, for years back he had been advocating their use; he ordered no other and he had seen the happiest results follow their use. He had known a number of young persons cured by them; and even in the largest hernias they could be used with advantage and comfort.

Dr. Albert Walsh said that a young lad, thirteen years of age, an active young fellow, fond of riding, had been under his care for hernia. A great variety of trusses had been tried with him, but none of them would keep up the hernia, and at last about eighteen months ago, he sent him to Mr. L'Estrange. Mr. L'Estrange put on his truss, and three months ago the boy was with him (Dr. Walsh), and had not the slightest appearance of hernia. He was so well that he was able to do without the truss. He thought it was a great mistake to give too much encouragement to operators. All operations were serious, particularly an operation implicating the peritoneum, and the last thing they ought to do was to recommend an operation unless it was absolutely necessary, as in Mr. Tufnell's case.

Dr. I. Byrne mentioned a case of a gentleman, thirty-five years of age, who put on one of Mr. L'Estrange's trusses and wore it for five years. One day that he was going on a walking excursion, having taken off the truss that he wore at night, he forgot to replace it with another, and went out. He found no bad result; and he lived for ten years afterwards without wearing the truss, and never had the slightest appearance of hernia.

Dr. Fleming said that he had performed Würtzer's operation with the apparatus lent to him by Mr. Porter, and with satisfactory results. However as the man was engaged in an occupation which required considerable physical exertion, he thought it advisable that he should continue to wear a light truss. Was he to understand that in all the cases alluded to that evening in which the surgeon had recourse to Syme's operation; previous efforts had been made by means of the truss to cause cure. He did not think it possible to reduce fully the hernial sac that had been for some time down in the scrotum and acted on by a truss. They might plug the ring with it, but he doubted the possibility when the sac had been a long time in the scrotum, of returning it into the abdominal cavity.

Mr. Porter: I stated that I believed we were often more afraid than we need be of puncturing the peritoneum. I repeat the statement: I believe in the majority of these cases you can't perform this operation without wounding the peritoneum, and Mr. Syme states the same. In the majority of cases by Würtzer's operation, he says, the peritoneum is wounded, and he brings it forward to show the safety of the proceeding. We all know how we use a small trocar for dropsy, and without bad results.

Mr. E. Hamilton said he had had a large experience of hernia in dissecting rooms, and from what he had seen there of old long-established hernias, he was perfectly satisfied in his own mind that the sac of an old hernia could not be reduced. When the hernial sacs were long down, a mutual sympathy became established; and that which was formerly peritoneum lost all sympathy with peritoneum, and could be divided without any bad result, and this was taken advantage of by the surgeon. In an old hernia the sac might be divided with considerable impunity, but in a recent hernia, it ought to be reduced without injuring the hernial sac.

Mr. Stapleton believed the sac of an old hernia could not be reduced, but he believed it could be invaginated on itself. They could not send up an old sac because it was adherent to the parts.

Mr. Tufnell in reply, said he agreed with those who considered that when a hernial sac was long down it might be perforated with a needle or ligature with comparative safety. No doubt there was a risk, but where every truss had been tried without effect, the operation was justifiable. In this case, a year had passed away after the man first expressed a wish to have the operation performed, and it was not until he said, "If you won't do it, I will go to a surgeon who will," that he consented to perform the operation.

The Society then adjourned.

THE SEWAGE QUESTION.

SPECIAL REPORT.

(Prepared expressly for the Medical Press.)

No. XXXIII.

[conclusion.]

We have now reached the end of our inquiries into the sewage question, and on reviewing the facts which have been brought to light we perceive the startling truth that however valuable the constituents of sewage may be, in theory, we have done our best to render them worthless, or nearly so, in practice; for through the instrumentality of our self-made sanitary authorities, we have so dealt with the subject as to have not merely destroyed the agricultural value of a product, which in all time has been regarded as a rich fertiliser of the ground, but have actually brought it into such a dangerous state of decomposition as to be an almost ungovernable nuisance. In the right order of Nature there can be no doubt that the proper destination of the excretions of all animals is the soil, where they find the means of becoming elaborated for the plant, which finally returns them to us as food. But this order of things has been perverted by the creation of difficulties, which our utmost ingenuity is unable to cope with. We strive, it is true, to restore in our own fashion the waste products of animal life to the mineral and vegetable worlds for which they are destined, and to which they will return at last in spite of our meddlesome interference, but we have so altered the natural and proper condition of things, as not only to hinder, but actually to embarrass the common operations of Nature.

We have drowned, for example, the materials intended for the food of the plant in water that ought to flow unpolluted into the river, and then we wonder that the filthy mixture defies our skill, and can neither be utilised nor purified by the action of land or water. In some cases, where large agricultural results have been achieved, as on the Craigentinny meadows at Edinburgh, all sanitary considerations are abandoned, and the sewage is allowed to flow upon the ground in such enormous quantities as to convert the locality into a stinking morass, which is a public nuisance; besides which the effluent water is so foul as not to be admissible into any decent water course, and therefore runs directly into the sea. On the other hand, when sanitary results are aimed at, as when the sewage is sprinkled upon the land by means of hose and jet, in the water-pot fashion, as was the case at Tiptree hall, at Rugby, at the Earl of Essex, and at the Voujours farm near Paris, the agricultural results were so unprofitable that notwithstanding the ardour and strong faith of its advocates, it was at last summarily abandoned. So that whether we wish to realise commercial profit or sanitary success we are alike in a difficulty as to the right means of dealing with the subject. Attempts have been made, as we have seen in the course of our enquiries, to balance the difficulties by working in a sort of intermediate manner, between the extremes of 300 tons per acre of land per annum and 10,000 tons; but, as might have been expected from such a compromise, the results have been neither profitable nor successful; for they have combined the difficulties, and realised the disadvantages of both extremes. It is abundantly evident, indeed, from the facts before us, that sewage irrigation can never be successfully practised except under peculiar circumstances, as where the land is far removed from human habitations; where the soil is so porous as to admit of free and almost unlimited percolation; where the effluent water can be discharged at once into the sea; where the sewage can reach the land without the aid of steam power, and of long and expensive carriers; and where the produce of the land—the rank sewage grass, will find a ready sale for dairy purposes.

On the other hand, the disadvantages of sewage irrigation, as it is now practised, are so numerous, and so formidable as actually to appal us; for in the first place, it often happens that the sewer outfall is so much below the level of the land, that costly motive power and expensive conduits are required for the transport of the sewage. Secondly: the necessary quantity of land (an acre for every 25 persons) is not always to be obtained at a reasonable price, within a reasonable distance; for the land must be porous, with a moderately level surface, a proper outfall, and not liable to subsoil pollution. Thirdly: in all cases the ground must be levelled, and thoroughly drained, and otherwise prepared for the reception of the sewage. Fourthly: there is the difficulty of disposing of sewage in wet weather, when the quantity is larger than usual, and when the ground is already loaded with moisture. Fifthly: there is the pressing and imperative necessity for continually, systematically, and thoroughly defæcating the sewage, so as to produce at all times an effluent water which can be freely admitted into the neighbouring water-courses without danger of polluting them. Sixthly: there is the serious disadvantage of the non-applicability of sewage to any other crop than grass, which can only be profitably used for dairy purpose. Seventhly: the noisome character of the operations, and the filthy sodden state of the soil are undoubtedly dangerous to the public health, for a damp atmosphere reeking with sewage effluvium is known to be a prolific source of typhoid and enteric maladies. Eighthly: the subsoil water, if not properly diverted, is apt to reach the neighbouring wells, and render them unwholesome. Ninthly: there is the great probability of producing entozoic infection of both man and animals by the distribution of excremental ova upon the land and its produce. And, lastly; there is the admitted uncertainty of every practical question connected with the subject, so that it is impossible to say whether the soil should be light or porous; whether it should be drained or not; whether the sewage should pass through the land or merely over it; whether the distribution should be by open carriers, or by loose subsoil pipes, or by means of the hose and jet; whether the dressing should be large or small; whether it should be applied in summer or winter; whether the crop should be grass, or roots, or cereals; whether the grass should be eaten green, or dried by artificial heat into hay; and whether the produce is best suited for making flesh, or producing milk: in point of fact, there is not a single question relating to the subject, which the so-called practical men are able to answer in a definitive or satisfactory manner.

All these considerations lead to the conclusion that the present method of distributing sewage upon the land is eminently unsatisfactory, for it is wasteful, it is inefficacious, it is expensive, and it is dangerous. The right way of dealing with the subject is first to defæcate the sewage by means of one or other of the best precipitating processes, and then to use the clarified water upon the land if it be thought desirable, and if not to discharge it into a neighbouring water-course. In this manner the defæcation may be so conducted as to suit the special requirements of the case; for if the effluent water is to be employed for irrigation purposes, there is no need of such a careful and perfect disinfection of the sewage, as when the water is to be at once discharged into a neighbouring stream. By this means all desirable results may be secured; for not only may the necessary disinfection be so accomplished that the effluent water may be either used upon the land when the season permits, or discharged into an out-fall channel, but the precipitated matter may be so treated as to destroy the vitality of parasitic ova, and form the basis or compost of a merchantable manure. We thus secure the most important sanitary requirements, and the most hopeful prospect of agricultural success.

It is unfortunate that some of the Parliamentary Committees and Royal Commissions that have been created for the express purpose of dealing with this important question have approached the inquiry with a manifest bias in favour of some particular scheme, and with a preconceived opinion of the way in which the subject should be treated. They have, therefore, selected their witnesses and sifted the evidence so as to suit the particular objects in view. It is still further to be regretted that some of these commissions have been so formed as not to include a single sanitary authority of medical education and experience. What value, therefore, can be attached to the conclusions and recommendations derived from such a source? In one notable instance, where the evidence was fragrantly dealt with in an inquiry before a Committee of the House of

Commons, and where, to use the words of Mr. Ker Seymour, who brought it under the notice of the House, the chairman of the Committee (Dr. Brady) "passed by one whole class of evidence, and gave prominence to the evidence of persons who agreed with him," the evidence was, by order of the House of Commons, cancelled. Next to a reprimand at the Bar of the House, this was the most severe censure that could be passed on a Member of Parliament; and it is to be deplored that the same kind of partisanship is exhibited in more recent inquiries. We pass by the cost to the public of these unsatisfactory investigations, although, perhaps, it may not be out of place to quote the remarks of Lord Elcho in the House of Commons, on 7th April of last year. "We doubt," he said, "the advantage of spending so many more thousands of pounds upon this Commission (The Royal Rivers Pollution Commission) because, looking at the knowledge already acquired, we do not think that its sittings will be worth their cost to the country. Besides upwards of £3,000 a-year for salaries, £800 are charged for travelling expenses, and £700 a-year for the laboratory; and the expenses of reporting and printing are enormous." It would be interesting to the public if Parliament were to inquire whether the laboratory and its appointments are used for private as well as public professional purposes, and whether, if such be the case, it is in accordance with the rules of the House, or the conditions of the appointment.

Here, then, we leave the subject, and, in so doing, we put a final question—whether the present system of removing excremental matters from our houses by the agency of water has not created more waste, and greater sanitary danger, and more expensive litigation than any other system which the ingenuity of man could have devised? not forgetting that the water which is thus wastefully and irreparably fouled amounts to from 20 to 30 gallons per head of the population daily, and has been brought at great cost from the purest sources, and perhaps, filtered in the most careful manner. What other nation would have been guilty of such folly?

The Endoscope in Granular Urethritis in the Male.

Dr. Robert Newman, of New York reports (*American Pract.*), five cases of granular urethritis in the male successfully treated with the aid of the endoscope.

The instrument which he uses is that known as Desormeaux's, with the lamp invented by Dr. Cruise, of Dublin. Repeated use of this endoscope has led him to make certain subjoined modifications:—*First*, The graduation of the tubes in spaces of an eighth of an inch, which allows of more accurate observation at the time, and saves trouble to the operator and pain to the patient in searching for the diseased parts in subsequent examinations; *second*, A similiar scale for the wires, whereby the surgeon is enabled to tell the exact moment when the mucous membrane is reached; *third*, A straight tube for examining the bladder of the female, its far end closed with a glass fenestrum, which prevents the entrance of water into the tube; *fourth*, A curved tube, closed, provided with a glass fenestrum at the curve, for the bladder in the male. The corresponding instrument in Desormeaux's set has, as is known, a sharp angle or corner, which oftentimes gives considerable pain to the patient when being introduced into the urethra; *fifth*, Several holders, with sponges attached, to cleanse the parts through the tubes; *sixth*, Several small silver cylinders, which fit into a handle; these, when tipped with nitrate of silver previously melted, are used instead of the solid stick of caustic; *seventh*, Several small glass brushes, with which the solutions are applied.

Dr. Newman states that since writing the above he has succeeded in constructing an apparatus which enables him to substitute the light of ordinary gas for the unsatisfactory and unwieldy Cruise lamp. It can be attached very readily to an ordinary gas-burner, is portable, and furnishes a very elegant light.

He has also had made several short glass tubes, of different sizes and forms, with an opening either in the side or end. These are designed particularly for the exploration of the female urethra. The light is reflected by the forehead mirror, such as is used in laryngoscopy. These tubes afford a most convenient means of applying atomized fluids to the parts.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 27, 1871.

THE CONTAGIOUS DISEASES ACTS.

Whatever may be the opinions of professional writers and readers respecting these Acts—and they are evidently very opposed to one another—it is natural for those who have given evidence, to wish their statements, if commented upon at all, to be fairly represented. Dr. Bell Taylor complains that the *Lancet* having attributed to him certain statements, refuses to insert his reply. Although we do not print the motto *audi alteram partem* at the top of our correspondence every week, we endeavour to act up to it as much as our contemporary. As Dr. Taylor is refused a hearing in the columns of the journal that assails him, we consent to publish his letter as follows:—

Sir,—As one of the witnesses whose evidence has been commented on by the writer of a special article on the Contagious Diseases Acts' Commission, I claim, from your sense of justice, space for reply. I stated, in reply to Mr. Rylands, that the examination of supposed prostitutes was conducted in the following manner:—"The woman is fixed in a chair, and her feet placed attached to moveable projections, the chair is then turned upside down, and the woman exposed freely in the most indelicate manner possible to conceive." One or two reporter's or printer's errors, which the writer in question has italicised, such as putting *legs* into *slippers*, &c., are of no consequence. The above was my statement, and to that I adhere. I added that the whole procedure was an outrage that nothing human ought to submit to, nor have I seen any reason whatever to change that opinion. The author of the article in question, however, expresses his surprise that any member of the Profession should believe and repeat stories so utterly incredible; it becomes, therefore, necessary for me to adduce such evidence as may enable your readers to judge whether or not my description of the process is a fair one, and in accordance with the truth; and, fortunately, I am enabled

to do so by quoting the following description which I copied from the *Medical Times and Gazette* a few months ago: "The woman is told to climb up into a high wooden arm-chair, and her feet being placed in slipper-like projections on either side, a handle is turned by the surgeon, and forthwith the chair, *rearing over backwards* to any required extent, and the *foot-pieces turning aside*, the woman is at once placed in a perfect position for examination. A suitable speculum is now taken from a basin of Condy's fluid, and inserted into the vagina; a bright gas flame, with a concave reflector, is then held to the mouth of the speculum, which is moved freely about." It certainly does seem incredible that there should be a law in England to force women, who are neither criminals or diseased, to submit periodically to such a disgusting process, solely in order to ascertain whether they are fit for fornication. For my own part, I regard the whole procedure as an indefensible atrocity, and I should think very much worse of the Profession than I do now, if I thought that this opinion was not shared by many of the best among us. I am responsible for the assertion, that women subjected to these wholesale examinations, are exposed to risk from mediate contagion, and I am quite prepared to defend that opinion; and, also, that the English Acts are simply copied from the French, and as nearly as possible identical with them, the only material difference being, that the framers of the English laws have carefully omitted those clauses which in the French code are designed to protect women who are not common prostitutes from the despotism of the police. I shall be glad also to adduce overwhelming evidence to show that such regulations have failed in every known clime and age to repress disease. The writer of the article in question remarks—"that the argument attempted to be raised against the Acts, from the length of time that constitutional syphilis may remain uncured, ignores the fact that if primary syphilis is detected, and treated in time, we should have very little constitutional syphilis to deal with." Here the writer himself ignores the fact that the local lesion, in true syphilis, is merely an indication of constitutional infection, and that no treatment applied to primary lesion will suffice to prevent the constitutional infection, which has indeed already taken place, and of which it is merely an indication. This form of infection is, moreover, comparatively rare, and the only venereal malady which can on any plea be considered a matter of State concern. It is also so frequently impossible to detect the condition which communicates this disease in the female by any mode of examination, that Dr. Drewitt has observed it is impossible to keep it out. No better illustration of this fact can be given than the one furnished by Messrs. Puche and Fournier's tables, which show that out of 873 males who contracted true syphilis in Paris, 625 owed their misfortunes to intercourse with public prostitutes subject to the French regulations.

I am, Sir, your obedient servant,
C. Bell Taylor, M.D., F.R.C.S.E.

We have explained our reasons for giving publicity to this letter. We may add, that it is with regret we have observed that on this question it is very difficult to meet with any calm and judicial estimate of the facts that have been adduced by the two parties that threaten to divide the country. One asserts, the other denies, and *vice versâ*, until we are weary of the controversy. No doubt, medical men are deeply interested in this, as they are in other social questions; but those who have taken a part in it have apparently been as excited as non-professional persons. We wish, as Editors, we could succeed in imparting a little calmness to our numerous correspondents on the matter. The violence of not a few letters suffices to exclude them from our columns. We have during the past year inserted many communications on the subject, and should feel considerably relieved if we could regard the controversy as settled. We fear, however, this is not the case.

There has just been forwarded to the Home Secretary a memorial, signed by eighty-seven physicians and surgeons of eminence, maintaining the utility of the Acts. This is, no doubt, an important manifesto, though it will very likely be met by a similar one from the opposing party.

The following is a copy of the memorial alluded to:—

To the Right Hon. H. A. Bruce, M.P., Secretary of State for the Home Department.—Sir,—We, the undersigned, beg to express to you the deep and continued interest we feel in the subject of legislation for the diminution of Contagious Venereal Disease. Firmly convinced, as we are, of the deteriorating influence exercised by this form of disease on the public health, and painfully familiar with the serious suffering which it entails on large numbers of innocent individuals, we are most anxious that in any forthcoming measure nothing should be done to weaken the beneficial sanitary operation of the Acts at present in force, which can be shown to have reduced the more serious form of disease by considerably more than one-half in the districts where they are in operation (see the evidence of Dr. Balfour before the Royal Commission). We especially wish to protest against the erroneous supposition that a personal examination is deemed by the women themselves either so degrading or repulsive as has been represented. We know, by long experience of this class, that they will flock in crowds to our public hospitals for admission, although the presence of a number of medical students renders the exposure far greater than in the private chambers of an institution appropriated for this purpose by the Act. There is no difficulty in obtaining their voluntary attendance for even public examinations when sick and incapable of further struggle with disease, but we know that, with rare exceptions, they cannot be induced to seclude themselves for treatment in the earlier and less painful stages of their complaints, when, for obvious reasons, they are most actively instrumental in communicating infection. We therefore believe it to be absolutely essential to the success of any Act of the Legislature on this subject, that it should provide effectually for the earliest possible detection and treatment of disease in public women, and we are unable to see how this can be accomplished otherwise than by a system of periodical examinations. If, then, Sir, we are warranted, by recorded facts, in our belief that the temporary seclusion of these diseased women in a more healthy moral atmosphere has been found to contribute in no unimportant proportion of them to their restitution to the paths of virtue; if, both physically and morally, they have been thereby raised in the scale of humanity, we trust you will not listen to a factitious opposition, founded upon a most imperfect knowledge of the character and altered nature of these women, and of the extent of the evils to be remedied. We conclude, Sir, with the expression of a most earnest hope that in any future legislation on the subject, the main principles of the Acts of 1866 and 1869 may remain unaltered.

AMERICAN DEGREES.

At Shrewsbury last week Thomas Andrews was charged with an infringement of the Medical Act, by falsely assuming the title of M.D. It was proved that defendant, who had been for some years a druggist in the town, had recently sent out a bill for professional attendance, had attached M.D. to his name, and had "M.D." painted underneath his name on a lamp in front of his door. For the defence it was shown that defendant had received a diploma of the Medical University of Pennsylvania; and Mr. Motterham, barrister, who appeared for the defence, *contended that even if the college had no power to grant the diploma, if defendant believed that it had, the charge must fall to the ground, and cited cases in support of his view.* He called Mr. George Lever to swear to the authority of the diploma, which he did. Being asked to read it (it was in Latin), the witness declined to do so, and subsequently said that the knowledge of Greek and Latin was looked upon as a secondary consideration in the Medical University alluded to. He visited the University, and attended lectures; but he believed diplomas, after an examination by a duly authorised Board in this country, were granted. He had

no idea, however, what the nature of the examination was. The Bench fined defendant £20, but granted, on the application of Mr. Motterham, a case for the superior courts.

At the same time and place Andrews sued Mr. F. H. Davis for £4 13s. 6d. It appeared that Andrews had at length obtained a legal qualification, but that the debt had been contracted prior to his doing so. The bill was handed up to his Honour, and was as follows: —

"Shrewsbury, November, 1871.

"Mr. Frank Harry Davies

"To Thomas Andrews, M.D.

"To professional attendance, medicine, &c., £4 13s. 6d."

Andrews's solicitor, in spite of the statement in this bill, maintained that the charge was made only for medicine supplied as a chemist.

In reply to several questions the witness would give no further description of the diploma than that it was an American one, and reiterated that he was not charging as a medical man. The bill-head had been made out by an assistant since his examination.

The Judge suggested that the case should be adjourned, in order that the plaintiff might give particulars of his claim, and amend his bill.

This course was strongly objected to on behalf of the defendant. Plaintiff came there as a medical man; if he were such, he would be on the "Register," and defendant would have no answer; if not, why was defendant brought there? He denied that he was instructed by any other person than the defendant, and objected to the proposed course, even if the expense was borne by the plaintiff.

The Judge, however, considered that the right course would be to give the plaintiff an opportunity of amending his particulars; and, in spite of a vigorous protest the case was adjourned for that purpose.

The two cases here recorded are very important to the Profession. In the first place it is now, we believe, for the first time set forth that a quack must have guilty knowledge that the American diploma under which he practises is a fraud. That proposition, if it be maintained, will be equivalent to a ruling that every person practising knows the schedule of the Medical Act, in which legal degrees are set out, and is aware that this sham degree is not therein contained, before he can be prosecuted for "wilful and false" misrepresentation. The second judgment seems to be a very curious one indeed. It is, that if a chemist furnishes his account for medical advice, he is, on second thought, allowed to go back on the transaction and write up a medicine bill for the amount, and thus enforce a claim under one denomination, for which he is legally incapacitated from making any demand under another. There is only one conclusion for all this, that the Medical Act is a stupid and useless piece of legislation, and as the conclave of do-nothings which it has created don't care to amend it, the Profession must be content to endure the encroachments of all forms of medical swindlers.

THE MEDICAL ASPECT OF THE FRANCO-PRUSSIAN WAR.—No. V.

The German Soldiers.—We have already noticed some of the points in which a material difference exists between the respective troops of the two great powers lately at war against each other. Before we pass on to other subjects in connection with the medical bearings of that war, however, it occurs to us to make one more brief allusion to what we find said and written regarding them.

The able and literally prophetic reports by Baron Stoffel on the state of the German armies, which he sent to his own Government from Berlin, where he was officially employed in the capacity of military *attaché* to the French Embassy, are probably familiar to many of our readers. If so, it will be remembered that in regard to the materials comprising the rank and file of each, he observed two points of advantage, neither of which existed in the other. In the army of France one of those advantages was in the greater number of *old* soldiers in the ranks; the other, the greater number of *old* non-commissioned officers. In the German army there were observable two points of superiority, which, as the event proved, more than counter-balanced those of the French, namely—military service is obligatory upon all, and the masses are better educated than are the soldiers of France; may we not add, than those of England either?

It is now only necessary, in addition to the remarks already made in regard to the soldiers of the French army, to observe that the evils arising from the law of 1793, by which military service became obligatory upon the male population, with certain specified exceptions, between the ages of eighteen and forty, was considered so obnoxious to the people, by the subsequent calls to supply the ranks under the Empire, that its provisions were modified in 1814, when it was replaced by voluntary enlistment, and the payment of fifty francs per man to the recruits. This plan in its turn proved unsatisfactory, and accordingly in 1818, at the instigation of Marshal St. Cyr, an enactment was passed, under which the army was henceforward to be recruited: 1. By voluntary enlistment; 2. By conscription; and, 3. By re-engagement of time-expired men. In 1832 a further change was made, which although perhaps commendable in theory, has unquestionably exercised a most injurious effect upon the army. In that year it became legal for men "drawn" under different numbers or divisions of the conscription, to exchange places, and, moreover, for men to *compound* professional service by payment of a certain sum. In 1855 a sum was set apart for the purpose of increasing the pension of non-commissioned officers, and soldiers retired from the service.

Although in the different codes of regulations above quoted the *military* age is laid down at twenty years, the fact is well known that during the late war many of the young men in the ranks were not above eighteen years of age, many others apparently not more than sixteen, and quite unfit, physically, for undergoing the hardships of a campaign.

Reverting for a little to the German soldiers, it may be observed in this place that in Bavaria and Wurtemberg, conscription takes place on the 1st of January, and includes all who, during the year then beginning, will attain their 21st year. In North Germany the liability to military service begins at twenty years and a half, but it appears that of those "drawn" for service, a very great proportion are rejected as being physically incapable, while on the last occasion a selection of the strongest of those in the ranks was made to fill the ranks of the forces advancing through France to Paris. Besides the drafts above alluded to, volunteers are received. Those who as such enrol themselves for three years, are permitted to do so at the age of seventeen or eighteen. A recruit of this description is permitted to select his own regiment, and to re-

main in his own district, during the period of his obligatory service, which in the cases of such men is completed by the time he attains twenty-one years of age.

No doubt the German is physically more powerful than the Frenchman, but the following extracts from some of the reports on their respective qualities may not be without interest:—

"The superior physique of the German soldiers has been dwelt upon by all who have written on the late war, and it is not to be questioned that to this superiority over their opponents is to be attributed their success in close combat, as well as in the duties of a campaign. It was not often throughout the war that hand to hand fighting took place, but even when it did the odds were in favour of the muscular German. The lithe supple Frenchmen recoil like so much india-rubber before the straight, sturdy shoulder push of the Prussians. But India-rubber recovers its elasticity and rebounds, the French never rebound."*

"Of the power of the Germans for performing long marches much has also been said. They have been described as cheerful after getting over twenty-five miles of road, their knapsacks sometimes carried by themselves, sometimes placed upon light carriages for the purpose"

General Administration in the French Army.—In the remarks already made we have had occasion to notice some of the important differences existing in the armies of France and Germany, and upon the existence of which the issue of the late great contest has most undoubtedly to a great extent depended. But great as have been the differences already recorded, they have not exceeded in degree that observable in the "administration" of the respective armies in the field. Some of the more important failures in that of the French army are related in the correspondence† discovered in the Palace of the Tuileries after the Revolution of the 4th September, 1870, and subsequently published. The examples for the sake of convenience will be best given in the order in which they occur. On the 14th of August, 1870, General de Failly telegraphed from La Marche, requesting the Minister of War in Paris to send to him shoes, shirts, and *tentes abri*, adding that a large number of men had arrived without tents (p. 433), yet it will be observed that this was almost immediately after the campaign had fairly opened. At Metz, on 20th July, the Intendant-General telegraphed that the troops had neither sugar, coffee, rice, brandy, or salt, and very little of either pork or biscuit (p 438). On 18th July, at Bitche, there was no money either in the public treasury, or in the military chest (p. 438). On 21st July the officer commanding at St. Avold, telegraphed to Paris that although he had large quantities of useless charts, he was at the time without one of the frontiers of France (p. 439). On the same date General Michel telegraphed from Belfort that he had arrived there, but was neither able to find his brigade, or general of division; he asks what he is to do, that he knows nothing as to the whereabout of his regiments (p. 439). From Thionville, the officer commanding the 4th Corps, reported on the 24th July that he was without either canteens or ambulances or waggons for the corps or staff, that all were completely wanting (p. 440). On the same day the Intendant of the 3rd Corps at Metz declared that he had neither engineers or artizans of the "Admintration," nor ambulance waggons or field ovens, and implored the Minister of War in Paris to help him out of his difficulties (p. 440). On 25th of July the Sous-Intendant at Mezières reported that there existed then neither biscuit nor salt provisions (p. 440). From Surreguemines the Major-General telegraphed that the organisation was very incomplete (p. 441). From Metz on the 26th of July there was, according to the Intendant, at that place an absolute want of bakers, the troops were therefore obliged to eat the biscuit which should serve as a reserve for 12,000 troops; no more than thirty-eight new bakers could be found (p. 441). On the 27th of the same month he reported that among other wants of the troops arriving there was that of tents (p. 441). On the 29th a telegram was sent to Paris from Metz that biscuit was needed to enable the troops to march forward, that camp equipment, *tentes abri*, blankets, water vessels, and mess tins were insufficient in quantity (p. 445). The Intendant of the 7th Corps at Belfort reported on the 4th of August that he was without engineers, workmen, or *train* (p. 444). At Verdun, on 7th August, wine, brandy, sugar, coffee, pork, rice, vegetables, and fresh meat were urgently required in case of a siege. On the 8th, the Intendant at Chalons reported that he had neither a ration of biscuit or of food for the field, with the exception of sugar and coffee (p. 446). On 10th of August General Canrobert telegraphed from Chalons to beg the Minister for War to remember that many fugitives, sick, and wounded, were arriving at that place; that he was still unprovided with cooking or water vessels, bed-sacks, insufficient shirts and shoes, and asking for instructions on the subject of his deficiencies (p. 445). At Strasbourg, on the 11th, the authorities were without money to pay for food or comforts for the wounded in the neighbouring villages into which they were collected (p. 449). At Langres on 13th, it was reported that there were neither water vessels or mess tins for the Garde Nationale Mobile of the neighbourhood (450), and at Besancon on the 15th of the same month, eight battalions of mobiles were without an article of equipment, blankets, cooking vessels, water bottles, or mess tins (p. 430).

The correspondence of the *Daily News* relates the condition of the French in their retreat from Forbach; the road taken by them was blocked by waggons of provisions and clothing, the woods filled with stragglers (p. 31).

* Correspondence: *Daily News*, p. 277.

† "Papiere et Correspondence de la Famille Imperiale." Livraisons XIV. et XV.

Notes on Current Topics.

Rhinoplasty—Taliacotian Operation.

Dr. J. F. Miner, in the *Buffalo Med. and Surg Journal*, reports a successful case of rhinoplasty after the *Taliacotian* operation. The patient, a young woman, when first exhibited to the class, was deficient in the entire lower half of the nasal organ, leaving the nasal cavity exposed and unsightly. Three months after the operation the patient was again introduced, with a restored organ, so perfect in all respects as not to attract attention as presenting anything unnatural. It has been examined by many surgeons of great experience, both in our own and foreign countries, who pronounce the result in all respects unsurpassed.

The experience in this case leads him to believe that the *Taliacotian* operation is very difficult and uncertain, and that, though successful in this instance in a remarkable degree, yet many partial or entire failures will accompany every such case of success. The risks of

non-union, the liability to death of flap after separating it from the arm, the certainty that any change or pressure upon the delicate vessels which supply the part attached, will interrupt the circulation, or destroy the vessels altogether, constitute sources of entire failure; while miscalculation in the size, shape, and adjustment of the new material is liable to cause failure in obtaining proper contour of the organ. The whole procedure is attended by difficulties and uncertainties; but if attended by success in one case, the achievement will amply compensate for several failures.

Medical Teachers' Association.

At the last meeting of the Council, it was resolved that, as the Association had now for four years satisfactorily performed the objects for which it was originally instituted, and as it did not appear that there were any points connected with medical education requiring the special attention of the Association, it would be expedient that the Association should for a time suspend its meetings.

It was further resolved that no change should be made in the constitution of the Association, the existing officers remaining in office, but that no call for subscriptions for the ensuing year should be made upon the members unless the Association should resume active work.

It was further resolved that the officers should be empowered to call a meeting of the Council should necessity arise, and that they should immediately summon a meeting on their receiving a requisition signed by three members of the Association.

Houses Without Drains.

We have several times called attention to the infamous deceits practised by unprincipled builders and contractors, A little while ago, we showed that whole terraces were built without proper foundations, and that no proper provision for sewerage was made. We now hear of another case which we give on the authority of a contemporary.

The *Parochial Critic* says:—"A startling fact will soon be inquired into—that in the parish of Lambeth there are new houses having only sham drains, and those houses occupied! They are fair to the eye, with all the appliances for drainage, but no connection has ever been made with the main sewers! It is one of the grossest and wickedest pieces of deception that ever came to our knowledge. Most shocking is it to think of families occupying houses standing, as it were, in cesspools that are increasing in size and poisonous power every day. And what makes it more alarming is a well-grounded suspicion that the particular houses we refer to are not the only ones having sham drains. No wonder that typhoid is so often found lurking in the parish—that little children look sickly and feeble—and that fever is so frequently fastening upon the poor. If the houses are not sold, a proper punishment to the builders would be an order to pull them down, or one to prevent occupation for twelve months."

The Late Dr. Davidson.

The death of this gentleman in the Middlesex Hospital, where he filled a resident office with great credit, and where he died from typhoid fever, contracted in the discharge of his onerous duties, has given rise to the following resolutions of the Medical Committee and Weekly Board:

"The Medical Committee desires to express its great regret at the death of Dr. John Davidson, late house-surgeon and resident physicians'-assistant, whose intelligence, devotion to duty, high principles, and amiability, won the esteem and respect of the whole staff."

"The Weekly Board desire to record how cordially they unite with the expression of sympathy with the Medical Committee at the death of Dr. John Davidson, and their thorough appreciation of his most excellent character and services."

Preserved Meats.

A capital pamphlet by Dr. James Bird has recently been published by Mr. Hardwicke. It shows that the various cooked meats sent to this country from Australia are both wholesome and palatable, constituting an important addition to the food supply of the people. There is, however, another way in which the food supply of the country may be increased, about which we have often reflected, and which we are happy to see has at last been suggested by our admirable contemporary *the Globe*. This is the proposal to send meat to this country, from places whence the voyage is not to long, without any preservation at all. Last week *the Globe* remarked:

"At Halifax the ordinary prices of butchers' meat are not very much in excess of those ruling in Australia; and we do not see why the prime portions of the carcasses of sheep and cattle, leaving the heads, necks, shoulders, and houghs behind, should not be available for the supply of the manufacturing districts, and even of London itself. The passage from Halifax to Liverpool varies from eight to ten days. A few hours more would distribute the meat in the provincial markets, or take it to London, and in cold weather it would be improved rather than deteriorated by being kept so long, while before transit in the warmer season the beef might be salted and the mutton dried. The expense of freight would be far less than from Australia, while the cost of tins and artificial preservation would be altogether avoided. Even if only used in Liverpool, Manchester, and other manufacturing towns, it would, as a matter of course, increase the supply of beasts, and lessen their prices in London. Surely this proposed means of procuring good meat on reasonable terms for the public should at least get a trial. It requires but small capital, is attended with little risk, and, if successful, would prove most remunerative to the undertakers. But of all things, it would be necessary to have special depots for its sale, for if it fell into the clutches of the butchers, it would be dealt with in a manner to ensure its condemnation."

A Pharmaceutical "Mrs. Harris."

A correspondent has favoured us with a documentary exposure of one of the medical swindles which are becoming now a matter of extra-professional notoriety.

We all know of the obscene quack—retired clergyman—or institute secretary, who gives his marvellous recipe for pure philanthropy and without charge. One of these fellows, who calls himself "The Medical Reform Society," advertises that he will forward free to all applicants an excellent botanic recipe for indigestion and liver complaints.

The dyspeptic who answers this advertisement, receives in return a prescription of "powdered Susquehanna root, sulphate of quinine, and extract of sarsaparilla" with the following moving exordium:

"Persons requiring this remedy, are strongly recommended to purchase the ingredients, and prepare it at home, and in no case entrust to a druggist the duty of compounding it: the interests of druggists being so closely identified with the allopathic system of Latin prescriptions and mysterious designations of the simplest articles, is naturally opposed to the present Medical Reform Movement."

It appears lower down in the said bill, that the Susquehanna root cannot be obtained in the United Kingdom, and therefore the Society, for pure philanthropy, encloses three drachms. But unfortunately the philosopher's stone is *not* enclosed, but a little notice is sent instead, to the effect, that "the committee regret to state that in consequence of the immense number of applications, the Society's stock of Susquehanna root is exhausted. A fresh supply is on its way from America, and is expected in two or three weeks: on its arrival, applicants will be supplied as hitherto gratis. The Society have, however, a considerable quantity of pills on hand, and so forth. The usual postage stamp remittance."

Of course it is unneccessary to say, that the Susq uehanna root is a myth whose function is to lead up to the two-and-eightpenny box of pills.

The Use of the Milk of Cows suffering from Typhus.

THE question has already been debated as to what injury may be sustained by the use of the milk of cows suffering from typhus. M. Husson has made the matter the subject of a communication to the Paris Academy of Science. Having analysed the milk of twenty-two animals, both in health and typhoid disease, he found:—

1. That neither milk nor meat are capable of transmitting typhus to man, or to any animal, except a ruminant.

2. But even in the first stage of the typhus, when the yield of milk is still normal, it ought not to be used as an aliment for young children, in consequence of the modification it undergoes in its constituents.

3. Towards the end of the disease the cream part of the milk disappears almost entirely. The nitrogenous materials, on the other hand, increase, and are soon found to be mixed with sanguinolent matter, and frequently agglutinated particles of mucus and pus are seen in it.

Conversion of Albumen into Urea.

M. RITTER has sent to the Paris Academy a note on the transformation of albumen into urea under the influence of slight oxydation. These experiments confirm absolutely those of M. Bèclamp, upon which doubts have been thrown. We learn, therefore, that it is possible to obtain artificially the metamorphosis which operates in the normal act of nutrition upon the albumen and fibrin introduced into the stomach.

Is Interstitial Corneitis a Syphilitic Lesion?

M. PANAS has, by a communication to the Surgical Society of Paris, challenged Mr. Hutchinson's statements on this point. From his observations he draws the following conclusions:—1. That the syphilitic origin of diffuse keratitis, described by Mr. Hutchinson as *heredo-syphilitic keratitis*, may be doubted. 2. That the configuration of the teeth, said to be proper to this disease, is far from being constant. When it does exist it is identical with conformation of teeth in rachitis. 3. The name of *diffuse cachectic* keratitis is that which describes the disease best. 4. The medicine which seems to exercise the most beneficial effect is iodide of potassium; mercury is contra-indicated by the cachectic state of the patient.

M. Panas perfectly expresses the result of our own experience of the class of cases referred to by Mr. Hutchinson. Many patients suffering from interstitial keratitis present no symptoms of syphilitic taint; many patients present the peculiar conformation of the teeth without either corneitis or heredo-syphilis; and lastly, the mercurial treatment of the disease has been, with us, by no means satisfactory. Mackenzie's connexion of the corneitis with scrofulous cachexia seems to be the true solution, and the treatment of iodide of iron the most effective.

Concealment of Contagion in Foreign Ports.

IT appears that an extension to foreign ports of the principle which condemns any person who knowingly conceals the existence of epidemic disease in his house, and thereby imperils the lives of those who may unwittingly come in contact with it, is much to be desired. The last statistical report of the health of the navy contains the following paragraph:—

"The culpable concealment of the prevalence of epidemic diseases in foreign ports by the local officials has frequently been alluded to in these reports. The only safeguard against this would be vigilance and prompt action on the part of our consular establishments when any of our men-of-war were signalled as approaching the harbour. Unhappily this does not appear to constitute any part of consular duties, and our vessels for the most part are first made acquainted with the existence and prevalence of infectious diseases by their sudden appearance amongst the ship's company."

It ought hardly to be necessary, one would think, to issue a special order to British Consuls abroad that they should warn Her Majesty's ships of their approach to the dangers of epidemic disease. It appears that this simple act of humanity is not done because it is not in the list of a Consul's business, yet, the inquiry as to the state of the port is an obvious precaution which any sensible ship captain would adopt before taking his crew into danger and it is not too much to expect that the commanders and medical officers of the Queen's ships should ask a few questions before they send their men ashore.

Free Trade in Physic.

THE *Australian Medical Journal* utters the agonised complaint that "the whole population are rapidly becoming either club or hospital patients." "The provisional Committee of the Protestant Alliance Friendly Society [which we take to be an insurance company] opened a lodge, and initiated ninety-eight candidates. There are in both lodges as many more enrolled, who could not be initiated, owing to their not having passed the required medical examination. About the same time a medical man was applied to, to act as examiner. He remarked that he should be happy to do so, and wished to know at what rate he would be paid for his services. The reply was, that it was never contemplated to pay any fees. In other districts the examinations had been made by gentlemen, on the strength of their expectation of being afterwards appointed medical officers to the lodges. The promoters of the movement regarded the distinction of a surgeon being applied to, and permitted to conduct the examinations at all, quite sufficient remuneration for any trouble encountered! The gentleman to whom the application was made did not accept this distinction, but he found himself quite solitary in his refusal. The committee had no difficulty

whateuer in obtaining as many honorary medical examiners as they wanted."

As a corrollary to this statement the following advertisement appears in the *Melbourne Argus:* "Wanted, a Resident duly-qualified Medical Practitioner, to attend the members and families of lodges and tents in and near Whittlesea. Tenders will be received on or before July 31, by the Rev. H. C. E. Morris, Whittlesea."

The Profession in Australia are enjoying free trade with a vengeance, and we see no sign which should give us any omen that we in Britain may not come to the same complexion before very long. If it should be so, we cannot complain, for whatever hardship individual members of the Profession may endure, they would no doubt be treated to the stone if they were confidingly to ask political economists for bread.

No doubt all this is grand political economy, but it is nevertheless the worst of policy, the greatest of injustice, and the most one-sided system. If Mr. Gladstone's lamb, the "working man"—that most inconceivable of political bores—were to hear of his neighbouring labourer taking the work for nothing which he should be paid for, or of his own personal job being sold out of his hands to the highest bidder, he would meet the emergency in a dozen hours by stealing his competitor's tools or blowing him up—not figuratively, but actually—with gunpowder.

If he were to resort to those forms of persuasion which are now recognised in England as peculiarly his own, it would be, in Mr. Gladstone's eyes, a very allowable weakness. He would appear only as an injured innocent exercising the right of a free Briton to conspire and combine, and an Act of Parliament would be speedily made to protect him from the impertinent intervention of the law.

Is the Medical Profession expected to take the same road to remedy? to ratten contumacious members or mob them in the street? If they cannot do so, we submit that medical free trade is a humbug, and that as buyers of medical advice cannot be expected to judge between good and bad work, free trade is ridiculous.

We do not, of course, ask for a law to remedy the difficulty, but, if not too aspiring, we might hope that committees and boards would recollect that they are supposed to be dealing with gentlemen.

Whether "gentlemen" guardians are mindful of that fact is indicated by a little episode reported to us by a correspondent. A Mr. Curling, at Abbeyfeale, in the county Limerick, who, we believe, acts as agent, or something of the sort, to some magnate in that neighbourhood, persuaded the board of guardians of which he was chairman into passing a resolution that the salary of the medical officer should cease if he became ill enough to have a *locum tenens*. On the next board day, the chairman being engaged in the congenial occupation of dispensing the chimney-sweeping patronage of the workhouse, entered the following in the minutes:—"Tender accepted on the distinct understanding that in the event of John Barry (the sweep) becoming unwell and being obliged to go to the sea-side or to Lisdoonvarna, for the benefit of his health, the guardians will not pay another for any work which he may be called upon to perform." If smutty faces go along with smutty manners, we should say that John Barry need not go outside the Board-Room for a *locum tenens* if he should fall ill; and we should hope, for the sake of the Union, the interregnum would not last long.

We further observe that this Mr. Curling has resigned his office because the guardians were restive under his whip, and objected to starve the doctor. We hope he will exercise himself during the leisure thus afforded him in the unwonted endeavour to learn how to behave himself when he has to deal with a member of a gentleman's profession.

The Guinea Fee in Ireland.

THE *Journal* of the British Medical Association has, we observe, taken in hand an agitation to reduce the medical *honorarium* in Ireland from a guinea to two and sixpence. It publishes in its last issue a long letter from "an ex-officio guardian" in favour of this movement. The experience of this correspondent enables him to say that "with the exception of the well-known heads of the profession and some of the hospital physicians and surgeons, a guinea or a pound is not the fee, at least not the fee per visit that they do receive in Ireland, and that five shillings is much nearer the amount." And further more, "If every dispensary doctor in Ireland would make known to his committee that he would take a fee of 5s., or in certain cases even 2s.6d., it would very much curtail the issue of dispensary tickets." And in support of this proposition the "ex-officio guardian" informs us of the interesting fact that when a dispensary became vacant in his Union, he was one of those who "endeavoured to obtain a physician who would agree to take 5s. fees. Several of the candidates declared that it would be *infra. dig.* to do so, but the guardians, of course, found the sort of man they wanted, who, we are informed, "finds it very much to his advantage."

We rather think the medical men of Ireland, even the dispensary men whom the correspondent of the *British Medical Journal* mentions in such a slighting tone, will decline to have the value of their services assessed by the extra-officious guardian, or according to the scale which is current in the British Medical Association. Anyone who thinks over the subject must know that uniformity of fee is a nonsensical proposal and an unwarrantable interference with private feeling. A man may stand out for his guinea if he finds that the demand for his services, or the plenitude of his pocket, or of the pockets of his patients enables him to do so; or on the other hand, he may descend to the half-crown minimum if his time hangs heavy on his hands, or if he is very hard up, or if his clients are poor, but what right has any man or journal to say that the doctor who is placed under the more desirable circumstances ought to reduce his *honorarium* to the same level as if he lived under the less fortunate conditions? The "ex-officio guardian" ought to know that he and his co-guardians have no right whatever to ask from any candidate for a dispensary a guarantee that he will work for a stated fee. He is bound to select the best man who possesses certain stated qualifications of which a 5s. fee is *not* one, and any Board of Guardians which exacts such illegal undertakings is prostituting the interest of the sick poor to that of the farmer who they consider ought to pay five shillings, but is usually well able to afford the guinea when he chooses.

AMONGST the gentlemen ordained by the Bishop of Ripon last week, was Dr. Henry Scott, a licentiate of the Royal College of Physicians. He was licensed to the curacy of Morley St. Peter, Leeds.

THE cholera continues to rage at Constantinople and St. Petersburgh. In the first of these cities the latest reports inform us of an increase in the number attacked.

TWO magnificent specimens of aerolites have been presented to the Paris Academy of Sciences by the Danish and Swedish Governments. One of these falling stars is 40,000 kils. or about 36 tons in weight.

WE are sorry to have to record an alarming increase of small-pox in Birmingham, Norwich, Nottingham, and several other large towns. In some cases the hospital accommodation is totally inadequate.

A CORRESPONDENT of the *Leavenworth Journal of Pharmacy* reports the result of an examination of a specimen of opium, purchased from a wholesale house which boasts that the opium sold by them is selected by their agent at Smyrna. One pound and a half of the opium in question was found to contain four ounces of gravel mixed with a few particles of iron pyrites.

CHLORAL in cod-liver oil is said by an American contemporary, to render it much less nauseous, and prevents the night-sweats of the phthisical patient, induces sleep, and creates appetite. The pure chloral-hydrate crystals may be added to cod-liver oil in the proportion of ten grains of the former to one hundred and ninety of the latter.

TRUE bills have been returned by the grand jury on both counts, of wilful murder and feloniously administering poison, against Miss Edmunds, the notorious Brighton poisoner. It will be remembered that the accused—a young lady of position—mixed both arsenic and strychnine with a large quantity of sweetmeats, cakes, &c., giving them indiscriminately to grown up people and children, apparently without any criminal motive.

IT is stated in a recent number of the *Birmingham Morning News* that injurious results have followed the use of a disinfectant supplied to the town of Wolverhampton by its authorities, and conjectured to contain carbolic acid. In one establishment where it was used, the *Pharmaceutical Journal* learns that the sickness of three men is attributed to the disinfectant, as well as the death of two valuable dogs.

SCOTLAND.

EDINBURGH UNIVERSITY COURT.—A special meeting of this court was held on Thursday, to hear an appeal against the resolution of the Senatus regarding the rescinding of the regulations for the medical education of women. Professors Masson, Calderwood, and Bennett, spoke in support of the appeal. Professors Masson and Calderwood's arguments were similar to those employed by them on former occasions. Dr. Bennett alone had the satisfaction of introducing a fresh argument in favour of the medical education of women, and which from his point of view is certainly unanswerable. He has found it to be an excellent way of increasing his emoluments as a professor, and states that he will receive this year £160 from the females attending his classes. Professors Muirhead, Turner, and Lister, spoke in opposition to the appeal. The court adjourned consideration of the matter till a future day.

SURGEON-MAJOR FASSON, Registrar of the Herbert Hospital, Woolwich, has been appointed superintendent of the Royal Infirmary, Edinburgh.

Foreign Medical Literature.

HISTORY OF THE DOCTRINE OF CONSTITUTIONAL SYPHILIS.

By DR. FERRARI, of Bologna.

(Translated with notes by C. R. DRYSDALE, M.D.)

From *Lo Sperimentale*, t. XXVIII.

As to re-inoculation, H. Lee (*Br. and For. Med. Ch. Rev.*, 1856), first of all pointed out how excessively difficult it was to re-inoculate the infecting ulcer, and this was proved by many other experiments arranged for the purpose. Fournier, in ninety-nine cases produced auto-inoculation only once; Puche, in 100 cases, succeeded twice; Laroyenne, once in nineteen cases; Rollet, six times in 100 cases; and Poisson had the same result in fifty-two cases experimented on; Diday believes that the greater or less capacity of the infecting ulcers to be re-inoculated depends on the period in which the ulcer is, from which the secretion is taken. He thinks the best time to succeed is when the ulcer is in the period of invasion. Bœck, however, affirms that all periods are suitable. Dr. Ferrari, of Bologna, thinks it is impossible that one infection can succeed another, and holds it only possible that new infection shall take place when the virus has abandoned the organism—a most rare case, but one occasionally observed according to Virchow. As a general rule, the infecting ulcer is not re-inoculable, except when the syphilitic poison has entirely left the organism; otherwise we have to do with a mixed ulcer. The non-infecting ulcer is re-inoculable sometimes a thousand times on the same person. The infecting ulcer is usually accompanied by multiple and enlarged glands, whilst the non-infecting either causes no alteration of the glands in the groin at all, or, when it does, there is but one gland usually affected on one side, which suppurates and ulcerates. This peculiarity, which is a great addition to the facts already mentioned, in showing the difference between the sores, is warmly disputed by the unicists, who adduce several cases to prove the contrary. Davasse cites eighty-nine cases gleaned from Fournier's work, in which the bubo was not verified except in one-third of the cases. In twelve cases the bubo was not noticed, in thirty-nine it did not exist, and in three it suppurated, whilst it was resolved in seven cases. But this does not suffice. This writer remarks how, even when suppuration of the bubo took place, still constitutional infection sometimes occurred. Thus, in one observation, an ulcer appeared three days after connection, yet a suppurating bubo followed, and the patient had afterwards induration and syphilitic eruption on being inoculated from his own ulcer. (Record "Traité de l'inoculation," 1838.) In another observation, it is mentioned that an ulcer, which was followed by double suppurating bubo, was inoculable, and this was followed by pustules of ecthyma on the limbs and penis, and mucous plates in the genito-cruro folds.

From the statistical tables of Bassereau, it also results that of one hundred and sixty-seven cases of ulcers followed by syphilitic skin eruptions, the ulcers were accompanied thirteen times by suppurating bubo. Melchior Robert observed in eighteen cases of bubo symptomatic of infecting ulcer, that they terminated eight times in suppuration; and Bertini reports the case of a child of four months in which there was seen an infecting ulcer with suppurating bubo. To these cases we may say, that they may be examples of double inoculation, with secretion from both kinds of ulcers.

Two years after Bassereau had published his doctrine concerning the duality of the venereal ulcer, Clerc, in a work entitled "Mémoire du Chancroide syphilitique," 1854, also confirmed the fundamental principle of the said theory, adding, however, that as to the nosological process of the two ulcers, he believed that the secretion of the non-infecting sore was a true modification of that of the infecting one, by passing through a system already a prey to the syphilitic dyscrasia, and that the said ulcer is fit to transmit itself indefinitely without again resuming its infecting power; and he finds between the two ulcers the same analogy as exists between variola and varioloid, and between small-pox and vaccination, so that it appears just to him to call the infecting ulcer chancre, and the other *chancroid*. But how much this theory is in fact without foundation may be judged both from history and from clinical experience. Syphilis is a disease of the tissues and the blood, and in the blood, as well as in the liquids of nutrition, there circulate diseased cells and nuclei, which, being deposited in the tissues, lower and disorder the normal function of the health-cells and nuclei, so as to lower the nutrition and weaken the organs and their functions. And is it not proved by modern researches that these contagious elements do not at all have their properties modified in the system? The contagiosity of secondary symptoms and of the blood is a clear proof of this. In 1860, Rollet, of Lyons, called attention to another fact. He observed that whilst the two ulcers might be both naturally and artificially inoculated, each in their own species, still their products may occasionally be found united, so as to form a composite ulcer, which he calls *mixed*. The theory of the Lyons' physician does not appear irrational, since we cannot see why this should not be so, and it seems also to explain well those cases of soft sore, which, according to some authors, cause syphilis. H. Lee, Baerensprung, and Sigmund, are, in fact, of opinion that in such cases "mixed chancres" have been present. The mixed ulcer is probably only a mixture of the two elements of contagion, as sometimes happens with the pus of gonorrhœa and of ulcers.

There were formerly some, before the days of Rollet, who attributed the varieties of syphilis to the objective variety of the virus. Such were Carmichael, of Dublin, who spoke of four poisons, which, although they all were capable of infecting the economy, some alone were incapable of being cured without mercury. But, as was natural, such ideas, finding no reception even in his native land, were very speedily abandoned. Langlebert thinks there exists but one ulcer-virus which is dissociated from the pus, and exists in the serosity. He thinks that the *soft sore* is "the result of the action of the globules of syphilitic pus on a healthy or syphilitic person," whilst the *infecting ulcer* is the product of the isolated action of the syphilitic serosity. According to him, the inflammation excited by the former sore is an obstacle to the virus entering the economy; but in this Langlebert is in error, since now-a-days, thanks to the information afforded by the microscope and experiments, it is not admissible any longer to seek for the active principle of any virus in peculiar modifications of the albuminoid materials of the serum or pus. We ought to look for them in the solids. The experiments of Prevost and Dumas on the fecundatory properties of the spermatozoids, and not of the fluid which surrounds them, as those recently made by Keber, Chaveau, Beecham, and Mouchy upon vaccinia, variola, and the pus of *Charbon*, show this clearly. Langlebert, in order to sustain his thesis, invokes the experiments of Bœck, Köbner, and Bidenkap, of Christiania, who, irritating with powdered savine an infecting ulcer or a mucous-plate, which was in the way of healing, say that they obtained by inoculation of the purulent product, a non-infecting ulcer. To this it may be replied, that the assertion is far from having been verified, since the experiments have either not succeeded when repeated, or the lesion which ensued was only a simple wound, due to the local irritation of the pus elements arising from a hyperplasia aroused by the irritation caused by the powder,

Thus, after all, if we come to a general conclusion, it is desirable to admit that, among all the theories recorded, the one which has the most facts in its support is undoubtedly *dualism*. Dr. Drysdale thinks that this is the best essay on Duality which he has seen.

Literature.

SIMPSON'S WORKS.—VOL. II.

THE second volume of the collected works of the late Sir J. Y. Simpson* comes to us with the name of the present baronet as its editor, and forms a handsome volume uniform with its predecessor which we noticed some time ago.

Not being a medical man, the editor would not apparently have undertaken this volume had his father's papers required more than careful selection and arrangement. The volume is, however, chiefly occupied with those subjects that have excited intense interest outside the profession, and on which probably the son has long occupied himself. The first part of the volume nearly half, is devoted to anæsthesia. Here we have most of the illustrious author's scattered papers on this subject, which is indelibly connected with his name, and nearly every one of which will prove most attractive to the reader. They are arranged for the most part in a logical rather than chronological order, but the editor has wisely placed the dates of original publication at the head of many of them. He remarks that, although a new work written by his father in later years would have perhaps given more prominence to some points and less to others than these papers do, yet they will be found to touch upon most topics that would have come under discussion in any new work on the subject.

This is true enough, but although a new treatise could not have been without its value, yet there is in these papers a freshness and an almost historically personal interest that would have lent them a charm in the presence even of a new work. They carry us back to the early history of anæsthesia, to the defences that it was necessary to put forward to the silly objections of well intentioned people, whose religious scruples were so delightfully demolished by the keen argument and biting satire of one who was far better informed and known to be quite as devout as those who had dared to attack him.

We suppose no one who has once read his replies to religious objections will ever forget, the triumphant way in which, by the union of common sense with great learning—theological as well as medical—he put them completely out of court, and closed by archly citing the first surgical operation, when prior to the taking the rib to form Eve, Adam was made to fall into a deep sleep, which Simpson observed should have been translated—coma, or some word exactly corresponding with anæsthesia, Hebrew, Greek, Latin, and other translations and authorities, were poured out by the medical writer in a style that startled his theological opponents, and in not a few cases completely silenced them.

It is really as refreshing as it is strange, to look over again these evidences of the many sided ability of the late baronet, and call to mind what power of pen he wielded.

Passing to the next subject, we come to the debate on hospitalism, from which the lamented author was called away before it was completed.

Six carefully arranged chapters on hospitalism contain all the author lived to write, in defence of his well-known views on the subject. These have recently been so fully before the profession, that they need not detain us further

* "The works of Sir J. Y. Simpson," Vol. II. Edited by Sir W. G. Simpson, Bart., B.A., Scholar of Gonville and Caius College, Cambridge. Edinburgh: A. & C. Black.

than to remark that no one can pretend to understand the position of this controversy, until he has mastered Simpson's views, and these are happily now accessible in the volume for which we thank Messrs. Black.

Then follow seven chapters on hermaphrodism, which is reviewed in a most thorough way by the author who had paid much attention to it.

The volume closes with the well-known proposal to stamp out small-pox and other contagious diseases, a proposal which in the face of recent epidemics retains its original interest for all sanitarians and medical men. The future probably will see bolder attempts at legislation against the spread of disease, and public opinion, in spite of much apathy, is without doubt growing in a direction towards legislative sanitary measures.

We close by expressing our pleasure with this volume, and our special thanks for a complete index to the subjects that has been carefully compiled and considerately supplied.

Correspondence.

TWIN BIRTHS.—DR. LUTHER'S REPLY TO DR. SHEIL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I shall commence my letter on this subject by an aphorism after Bacon, "Art is but Nature's handmaiden, and if she usurps her mistress' place, she will cut but a sorry figure." Reducing the application of this saying to the matter in hand, is equivalent to stating that "meddlesome midwifery is dangerous," which no one denies. But the too often repeated inculcation of this doctrine created a school of timid practitioners, who are fast dying out, and have been succeeded by a band of reactionists, with whom I perhaps may class myself, who evince a predilection for the forceps, and manual interference in difficult or simply tedious cases. But, Sir, no educated practitioner or disciple of any school could uphold the course pursued by Dr. Sheil, of Killyleagh, which I condemned. He says he "passes over as altogether unworthy of notice the unwarrantable liberty I took in my opening sentence with the Doctor" (Query.—What Doctor? Himself?) I really thought my language was parliamentary. True, I did say his letter displayed "naiveté," a word equivalent to innocent candour. I beg his pardon, and hasten to withdraw the obnoxious phrase. His second letter (correcting the original text) leaves me in no doubt that it was mis-applied. But "litera scripta manet," and I appeal to your readers if Dr. Sheil, in his *first* letter, made any mention of the "*repeated examinations* made both night and day all the time, as the patient resided not fifty perches from his door." This, of course, materially alters the complexion of the case, reducing a very grave error to one of minor degree. His first letter would condemn him before any jury of gross negligence. After the birth of the first child, "the midwife called him aside," but what followed from the consultation he omits to say; but, presumably, she told him her suspicion that another infant remained in utero. Acting on this surmise he gave ergot, which was not quite correct, without he first ascertained that the presentation was normal, or at least not transverse. Then he waited for two hours, but no labour supervened, when he left the woman, and so far as any one reading that letter (the first) could judge, for three days, when he was sent for and found Nature more pitiful than is her wont, doing his work, and delivering the woman of an infant, which came into the world feet foremost. I suppose, had it been a hand presentation, Dr. Sheil would have awaited spontaneous evolution! If Dr. Sheil could not find the second bag of waters, and he doubts that I (Dr. Luther) could,* neither could he be sure, unless by stethoscopic examination that a twin remained in the womb, for a more than ordinarily bulky placenta, and a relaxed uterus might cause one to suspect a second child was present. Introduction of the hand into the vagina would, of course, put the matter beyond doubt. This course Dr. Sheil should have pursued; as it turned out in his case, he would undoubtedly have met the bag of waters which he should have ruptured, caught a foot as the feet happened to present, and at once completed the delivery, which I maintain any competent accoucheur could have done, because the parts were dilated by the passage of the first child. I also maintain that, supposing in Dr. Sheil's case (no labour pains being present) that the hand, shoulder, or head presented, it would have been easy for any competent accoucheur to turn the child, while floating in the liquor amnii, and quickly deliver. I speak from experience, and have done it. The forceps, also, is useful, and easily applied in such cases. Of course, I mean when the head presents. Dr. Sheil seems to take umbrage at my assuming that it was a dispensary case. He takes care to inform an anxious public that it was a private one. I declare I did think, when I read his first statement, how he left his patient for three days with either a second child or a placenta in her womb (making no proper examination, it was guess-work), that she must be one of "those paupers whom nobody owns." I am yet of opinion that he ought to have either done something or called in a consultant. He thanks Providence that he had not me for an assistant, as I would indubitably have caused the death of mother and child. I can only say that, in seven years (since I came to Cappoquin) out of some 130 women whom I delivered, I lost but one (a case of placenta prævia), where copious hæmorrhages for months prior to labour, blanched the patient to lily whiteness. Delivery by turning was easy, but she died on the seventeenth day of anæmia. I reported that case to the Cork Medical Society. Three of the number were hand presentations after rupture of the membranes. In all, I saved the mothers—in two of those the children. Dr. Hartland, of Villierstown, called me into one of them. I have, also, called him in as consultant. Likewise, I have had the aid of Dr. Flynn, of Dungarvan. I have used the forceps at least a hundred times with success. If I deserve the appellation "fast," and I do not repudiate it in this instance, I retort by saying Dr. Sheil is a very "slow coach" indeed. But stay I must not catch the infection of bad manners from him. Enough!

I am, Sir, yours faithfully,

FRANCIS M. LUTHER, M.D.

Cappoquin, 20th Dec., 1871.

* "Quae sibi quisque facilia factu putat aequo animo occipit tumida, veluti ficta pro falsio ducit."

Medical News.

The Medical Graduates Association of St. Andrew's University have presented Dr. B. W. Richardson, F.R.S., with a Gown and Hood of the Doctor of Medicine, as a slight acknowledgment of the services rendered by him to the Association during the four years he occupied the presidential chair.

Society of Apothecaries.—At a Court of Examiners held on the 21st inst., the following gentlemen, having passed the necessary examinations, received the L.S.A. Diploma, viz.:—Messrs. A. A. Beardsley, of Grange-over-Sands, Lancashire; J. Chilcot, of Southsea; J. S. Cowley, of Upton-on-Severn; W. E. Griffiths, of Kensington; Frank Lungley, of Lewes, S.; W. E. Parkes, of Handsworth; J. E. Richards, of Ruabon; C. W. Sayer, of Sutton; G. C. Searle, of Tewkesbury; E. Sergeant, of Leeds; G. M. Sharpe, of Hunslet, Leeds; E. D. Wallis, of Bodmin; J. C. Wilkinson, of Spalding, and G. Willis, of Soham. At the same court the following passed the primary professional examination, viz.:—Messrs. Francis Thomas Atkins, of Guy's Hospital; Frederick Barrow, of King's College; J. M. Bromley, of University College; C. F. Bryan, of Guy's Hospital; E. J. Crouch, of Charing-cross Hospital; G. E. Keer, of Guy's Hospital; W. G. Nash, of Guy's Hospital; J. O. O'Brien, of Guy's Hospital; H. M. Page, of the Birmingham School of Medicine; D. P. Saer, of St. Mary's Hospital; and H. P. Tayler, of Guy's Hospital.

Dr. Prosser James has been elected a corresponding Member of the Academies of Medicine of Madrid and Barcelona.

Dr. Bamberger has been elected to succeed the late Prof. Oppolzer in the chair of Medicine at the University of Vienna.

The Italian profession is raising a subscription for a medal in honor of Professor Virchow.

Professor Erasmus Wilson, F.R.S., has presented to the Hunterian Museum a large specimen of the *Berardius Arunxii*.

Cholera has again broken out at Medina and some other places.

Small-pox is very prevalent in Philadelphia.

Diphtheria and the Exanthemata are prevalent in Vienna and some other parts of Austria.

Hamburgh is suffering from an epidemic of small-pox.

The Academy of Medicine of Paris has awarded the Amussat prize to Dr. Berenger-Fèrand for his treatise on ununited fractures and false joints.

A bust of the late Dr. Bright has been presented by his widow to the Royal College of Physicians of London.

Dr. Handfield Jones has been elected a Councillor of the Royal College of Physicians, London.

Dr. Beales, of Congleton, Chesh. has been elected a Justice of the Peace for Cheshire.

Dr. Alfred Meadows has been elected a corresponding Member of the Boston Gynæcological Society.

Dr. Tilbury Fox has been elected corresponding Member of the Dermatological Society, New York.

Sir James Paget and Sir William Fergusson, of London, and Professors Donders (Utrecht), Skoda, Hebra, Billroth and Sigismund (Vienna), Frederichs (Berlin) and Polli (Milan), have been elected Honorary Members of the Royal Society of Sciences of Brussels.

The Public Health.—We learn from the Registrar-General's report that last week the aggregate mortality in London and 19 other large towns of the United Kingdom was at the rate of 35 deaths annually to every thousand persons estimated to be living. While the rate was 23 in Portsmouth, it rose as high as 62 in Wolverhampton. In the metropolis 2,263 births and 2,121 deaths were registered, the former having been one below, and the latter 491 above the average. There were 106 deaths from small-pox, 97 from measles, 37 from scarlet fever, 17 from diphtheria, 99 from whooping-cough, 42 from different forms of fever (of which 9 were certified as typhus, 23 as enteric or typhoid, and 10 as simple continued fever), and 15 from diarrhœa. The fatal cases of measles and whooping-cough showed a further increase upon the numbers in recent weeks. Excepting only the 15th of November, the mean temperature was continuously below the average from 2nd November to 13th December, both days included; the average daily deficiency in these 40 days was 7·1 deg. During the four days ending Saturday last there was an average excess of 2·5 deg. The increase of deaths last week was principally due to the greater fatality from bronchitis, to which 482 deaths were referred. Enteric fever has declined, and it is probable, the Registrar-General thinks, that the sudden increase of deaths from this cause was due to the sudden depression of the temperature which set in on the 4th and attained the lowest pitch on the 8th of the month. By inducing pulmonary complication the cold proved fatal to the system suffering from the fever in its advanced stages. This shows the importance of sustaining the night temperature as well as purity of air in enteric fever. With the mild weather the deaths will decline; but the great excess of the week arises from the accumulation of deaths from bronchitis and other diseases previously contracted. The following cases of complicated typhoid fever were recorded, in addition to those printed last week: a retired grocer, aged 38 years, died on the 15th instant, from "typhoid fever, 10 days, congestion of the lungs, 4 days;" a housekeeper, aged 53 years, on the 14th, from "typhoid fever, 13 days, pneumonia, 4 days;" a blacksmith, aged 37 years, on the 11th, from "typhoid fever and bronchitis, 13 days;" the son of a packer, aged 3 years, on the 15th, from "pneumonia and enteric fever;" the daughter of a gentleman, aged 7 years, on the 11th, from "typhoid fever, 3 weeks, congestion of the lungs, 8 days." To different forms of violence 66 deaths were referred last week. Of these, 54 were the result of accident or negligence, including 24 from fractures and contusions, 13 from burns and scalds, 12 from suffocation (including 10 infant cases), and 1 each from poison and drowning. Of the deaths from fractures and contusions 5 were caused by horses or vehicles in the streets. Four cases of suicide and two of infanticide were registered during the week.

Richmond Hospital.—We understand that Dr. Gerald Yeo, of Dublin, has been appointed Assistant-Physician to the Richmond Hospital. The office has now been created for the first time, and we believe no salary is attached to it.

On the Therapeutic Value of Nitrate of Amyl:

By H. C. Wood, Jr., M.D., Physician to the Philadelphia Hospital.

It will be remembered that the conclusions arrived at in my paper upon the nitrite of amyl, which was published in the last number of this *Journal*, were, that in its action on animals it is an almost universal sedative, impairing the power of muscular fibre to contract, and the nerve to carry the motor impulse; lessening the reflex excitability of the spine, &c., and acting similarly, though much more feebly, on the centres of sensation and consciousness. As regards the circulation, its uniform action was to lessen arterial blood-pressure, although at first this diminution of force in the circulation is associated, at least in the dog, with a wildly excited action of the heart, without loss, and possibly even with gain, of power in the individual heart beat; in a little while, however, the heart itself manifests very plainly the sedative influence. It was further shown that the nitrite of amyl catalytically arrests oxidation.

These views are apparently not in accordance with the theories of some previous writers, that the nitrite acts upon man as a powerful stimulant. The systems chiefly affected, *i.e.*, motor and circulatory, are so consonant in their functions throughout the higher vertebrates, as to render it inconceivable that a drug which acted as a uniform depressant upon the lower animals should be a stimulant to man. Fortunately there have not been as yet any cases of human poisoning by the drug, and no one in experimenting upon man, that I know of, has as yet carried the effect far enough to produce serious spinal symptoms. Strychnia, woorara, calabar bean, &c., affect the motor apparatus of man as they do that of the dog; and there is no reason for believing that the nitrite of amyl differs from them in this respect. In a case of Dr. Da Costa's, the remedy, which he had used with good effect, was administered too freely during his absence from the city, by another physician, and produced alarming general prostration; the evidence, as far as it goes, therefore favours the view so strongly commended by *à priori* reasoning.

The most prominent symptoms induced when the nitrite of amyl is inhaled by a man in moderate quantities, are a sense of great fulness and distension of the head, amounting at last to severe pain, and accompanied by intense flushing of the face, a deep, laboured respiration, and an exceedingly rapid, violent action of the heart.

It is these latter symptoms which have been looked upon as demonstrating that nitrite of amyl is a direct vascular stimulant. I think, however, they have a different significance. The sensations in the head, and flushing of the face, are evidently explainable as being the results of the dilatation of the capillaries. The excited, violently laboured action of the heart is no indication of increased arterial blood pressure, since it is precisely what is seen in the dog, under similar circumstances, associated with lessened arterial pressure. If the windpipe of a man or animal be suddenly compressed, the same violent respiratory efforts, and the same wild tumultuous action of the heart result, and I believe from the same cause. When the nitrite is taken into the lungs, it instantly arrests or diminishes oxidation, and a thrill of impending suffocation runs through the system, in obedience to which the respiratory and circulatory organs gather up and exert to the utmost their forces. The central impulse sent to the cardiac and respiratory muscles, is at first much more than sufficient to overcome any direct action of the nitrite upon them, but the inhalation being persisted in, the impulse is constantly growing weaker, and the direct influence of the drug stronger, so that there soon comes a time, when the reverse is true, and the heart's power is more or less nearly extinguished. Any one reading the account of the experiments previously given, can note this as true in regard to the dog, and some who have administered the remedy to man with a little too great boldness, have been sorely frightened and puzzled by the same phenomenon. This loss of power comes on too quickly, is too great and progressive, and is too clearly connected with the presence of a certain amount of the nitrite in the system, to be explained as a mere secondary depression from over stimulation. Those who

have watched the steady whirr of the heart in a case of atropia poisoning, know how it often takes hours of intense action to exhaust the viscus. Nor is the loss of heart-power at all comparable to the deadly paralysis sometimes produced by chloroform. It comes on gradually, rapidly to be sure, but still by degrees, and not abruptly, and as before hinted at, is always proportional to the dose. For these reasons, I do not see how the phenomenon can be explained otherwise than above, and believe it fairly demonstrated that nitrite of amyl acts upon man precisely as upon the lower animals. A recent writer in the *London Practitioner* deems the fact that the nitrite relieves the paroxysms of angina pectoris sufficient to prove that it is a stimulant. The truth is, we have no positive knowledge of the real nature of the disease alluded to. How futile then to attempt to explain the physiological action of a medicine by its effect upon it. This attempting to study physiologically a not understood medicine by its influence upon a not understood pathological condition, is unfortunately not new in medical annals; to complete its absurdity is only needed the common practice of explaining also the disease by the influence of the medicine upon it. Surely, this reading the unknown by the unknown resembles the youthful gambols of a kitten in pursuit of its tail—a circle of useless labour.

The question now arises of what practical value is the nitrite of amyl? Its peculiar physiological power of checking oxidation and lowering temperature suggests its use in fevers, when it is desirable to lessen the rapidity of the tissue changes. Its action upon the nervous and circulatory systems would, however, very possibly, do more harm in a low fever than its other powers would do good. I have, however no clinical evidence to offer, and therefore the matter must be left as a simple suggestion. There is one disease in which theoretically it ought to be of great value, *i.e.*, tetanus. There is scarcely any doubt but that there exists in that affection a condition of exalted functional activity of the reflex motor centres, and of these centres the nitrite is a powerful depressant. Moreover, in many cases of tetanus, there is an enormous rise in the activity of oxidation and consequently of temperature of the body, so that the nitrite would meet a second indication. Clinical evidence also is not altogether wanting, and although not enough to warrant any conclusion, is sufficient to encourage further trials.

Two cases of recovery from tetanus are reported in the *Lancet* of the present year (vol. 1. p. 572), one of which was treated by nitrite of amyl alone, the other by it and chloral. I am under the impression that another successful case has been reported, but cannot refer to it.

There is one fearfully painful affection, namely, angina pectoris, in which a considerable amount of clinical evidence shows the nitrite of amyl to be of very great value. Quite a number of cases have been reported, in which the inhalation has been of very great service in affording rapid and permanent relief. Nor are these cases limited to true angina pectoris, in which there is no evident organic cardiac diseases; on the contrary, many of the patients have been sufferers from very well marked valvular disease. Among the cases reported the following may be cited, the reporter's name and journal being alone given: Brunton, *London Lancet*, 1869, and *Medical Times and Gazette*, 1870; Lieshmann, *Glasgow Medical Journal*, August, 1869; Haddon, *Edinburgh Medical Journal*, 1870; Anstie, Thompson, *Medical Times and Gazette*, 1870; also, *Clinical Society's Transactions*, vol. viii.

I have had an opportunity of using the nitrite in one case of severe suffering connected with valvular disease, and the effect in relieving the heart pang after the failure of other remedies was astonishing. The following *resume* of the case is offered:—

H. D., coloured female, æt. twenty-one, sick in Philadelphia Hospital with chronic pneumonia and heart symptoms believed to depend upon chronic mitral disease. There was slight increase of cardiac dulness, with a soft, but loud systolic murmur, loudest at the apex, but audible at the base, and very distinct between the shoulders.

Feb, 20.—Commenced to suffer with paroxysms of severe pain in the region of the heart, with suffocative feeling; chiefly complained of a griping sensation as if some one was holding and choking her in the cardiac region. She stated that she was in agony, and appeared to suffer violent pain. Various remedies were used without decided relief; I copy now from my note-book.

March 2.—Suffered from anginose attack last night; during a "spell" this morning was allowed to inhale nitrite of amyl very cautiously, with apparently marked relief and shortening of paroxysm. 3 p.m. Found by Dr. McCoy, resident physician, suffering from a severe spell. He reports: "Her pulse was 34 in a quarter of a minute. Five gtt. of the nitrite were placed upon a handkerchief and held over her nostrils. In second quarter of a minute pulse rose to 40; third quarter, 39, and Dr. Bullard, of Brooklyn, who was present, said 'weaker.' In a minute she appeared easy, reclining on a pillow (during paroxysm she always sat up bent forward), and soon after she said her pain was gone."

3*d*.—Had a very severe spell, during which she was seen by Dr. Murray (resident physician), who reports: "Found her suffering great agony; gave by inhalation 5 gtt. of the nitrite of amyl; pulse 37 in the quarter of a minute preceding inhalation; same for the three-quarters after giving the medicine; she appeared easy in half a minute; could not answer questions as to how she was for a minute after; heart agony instantly stopped."

6*th*.—Had a paroxysm during my visit; pulse 110; five gtt. of the nitrite on a handkerchief held at a little distance from her nostrils; 1 minute, says she is somewhat relieved; pulse 110; 2 minutes, 5 gtt. more put on handkerchief and held close to nose; 3 minutes, says she is completely relieved.

15*th*.—Has had several spells since last entry, all of them at once controlled by the nitrite. They have been gradually occurring at longer intervals, and have now apparently ceased.

20*th*.—Had no more spells.

In regard to the method of administration, I am not aware that the nitrite has been given otherwise than by inhalation. Its totally insoluble and highly volatile nature renders it unfit for exhibition either in solution or mixture; but I do not see why it could not be given dropped upon a piece of sugar. In cases of tetanus it seems plausible that the remedy would be more efficient if given by the stomach in frequent small doses. When it is to be inhaled, five drops should be placed upon a handkerchief and held close to the nostrils, the pulse being closely watched and taken as a guide for the continuance or withdrawal of the drug. If necessary the dose should be repeated. When giving it by the stomach I do not think it would be safe to start with more than two drops until the effects of the medicine so administered have been more studied than at present. Nitrite of amyl is without doubt a powerful agent in its action on the economy, and yet my experience with it on animals would seem to show that, with proper care and a due understanding of its physiological action it is a safe remedy. By this is meant that it does not act unexpectedly and out of proportion to the dose. I have never seen indications of anything such as constantly happens in the use of chloroform upon dogs, sudden arrest of the heart's action, unexpected death, the mysterious production of symptoms apparently out of proportion to the amount given. On the other hand, I have frequently been astonished at the ease with which very serious symptoms have been shaken off, the animal reacting rapidly from a condition on the very border lines of death.

NOTICES TO CORRESPONDENTS.

Medical Declaration Respecting Alcohol.—Dr. Brown. We have forwarded your name, to be appended to the above declaration, to the President of the Royal College of Physicians, who supplied us with the signatures published in our last, and who will doubtless add the name to any future list which may be issued.

Dr. L.—You are perfectly correct in your assumption.

BOOKS, PAMPHLETS, and MEDICAL JOURNALS RECEIVED.

On the Treatment of Gonorrhœa. By J. L. Milton, M.R.C.S. London: Robert Hardwicke.

The Power above Matter. By Dr. De Berdt Hovell.

The Chemist's and Druggist's Diary for 1872.

On Intermittent Malaise. By Dr. H. Adams.

The Relations of Therapeutics to Physiology. By Dr. H. R. Madden.

The Utilisation of Sewage, and the "A.B.C." Process.

The Detroit Review of Medicine; La France Médicale; Le Mouvement Médical; Boston Medical Journal; Australian Medical Gazette; Nature; The Chemist, &c.

OPERATION DAYS AT THE LONDON HOSPITALS.

Thursday, Dec. 28.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

Friday, Dec. 29.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

SATURDAY, Dec. 30.
HOSPITAL FOR WOMEN, Soho square.—Operations, 9½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
MONDAY, Jan. 1.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
TUESDAY, Jan. 2.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL,—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.

Deaths.

DAVENPORT.—On the 20th inst., at the Grange, Chigwell row, Essex, Chas. Davenport, L.S.A., aged 67.
HECKFORD.—On the 14th inst., at Ramsgate, Nathaniel Heckford, M.D., M.R.C.S.E., founder of the East London Hospital for Children, Ratcliffe-cross, after a lingering illness, brought on by his efforts to help the poor, especially in the East-end of London.
MACKENZIE.—On the 13th inst., D. J. MacKenzie, M.D., House-Physician, City Fever Hospital, Edinburgh, aged 29.
NORTON.—On the 5th inst., J. E. Norton, M.D., of Grey Friars, Chester.
SPENCER.—On the 7th inst., at Brompton, J. Frowd Spencer, M.R.C.S.E., formerly of Fonthill Gifford, Wilts, aged 89.

STOCKWELL FEVER HOSPITAL.—The Managers of the Metropolitan Asylum District require the services of a RESIDENT MEDICAL SUPERINTENDENT for the above Hospital.

The appointment will be made upon a probation of three months, and the salary is £400 per annum, with an unfurnished residence (detached from the Hospital building), and coals and gas.

Applicants must possess a Medical and Surgical qualification as required by the Regulations of the Local Government Board, and produce satisfactory testimonials of their qualifications for the appointment.

Forms, on which only applications will be received, may be obtained at the Offices, No. 37 Norfolk street, Strand, where the applications, accompanied by testimonials, are to be delivered by or before the 1st January, 1872.

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W. F. JEBB, Clerk to the Board.
37 Norfolk street, W.C., 6th December, 1871.

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MEDICAL OFFICER WANTED.—The COMMITTEE of the above District will, at their Meeting to be held at Stoneyford on THURSDAY, the 11th day of JANUARY, 1872, at the hour of Eleven o'clock, A.M., proceed to Elect a Medical Officer, having the proper qualifications (in the room of DR. THOMAS BRADLEY, who resigned), at a Salary of Ninety-five Pounds per annum, exclusive of Registration and Vaccination Fees.

Personal attendance of Candidates will be required.

Applications, enclosing Testimonials and Qualifications, will be received up to Half-past Ten o'clock, A.M., on the abovenamed day, by
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Inisnag, Stoneyford, December 12, 1871.

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Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all Certificates and Testimonials required by the Bye-laws are to be left at the same time.

Pall Mall East, 1871. H. A. PITMAN, M.D., Registrar.

ROYAL FREE HOSPITAL, GRAY'S INN ROAD.—There is a vacancy for a JUNIOR HOUSE-SURGEON at this Hospital. Candidates, who must be members of the Royal College of Surgeons, are requested to send in their testimonials to the Secretary on or before Wednesday, the 27th inst. The appointment will be made for six months only, but the holder will be eligible for re-election. Board and residence are provided in the hospital.

JAMES S. BLYTH,
Secretary.

NAAS UNION.
KILCULLEN DISPENSARY DISTRICT.

THE COMMITTEE of MANAGEMENT of the Kilcullen Dispensary District will, at their Meeting to be held at the Dispensary, Kilcullen, on Friday, January 5th, at 12 o'clock, proceed to the appointment of a Medical Officer for the District, at a Salary of One Hundred Pounds per annum, exclusive of Registration and Vaccination fees.

The gentlemen to be appointed must possess the professional qualifications, prescribed by the Poor-law Commissioners, and will have to reside in the town of Kilcullen.

Applications from Candidates (who are required to be in attendance), accompanied by testimonials, diplomas, &c., will be received by me, up to the hour of 11·30 o'clock, on the above day. The Clerk of the Naas Union will supply any information required.

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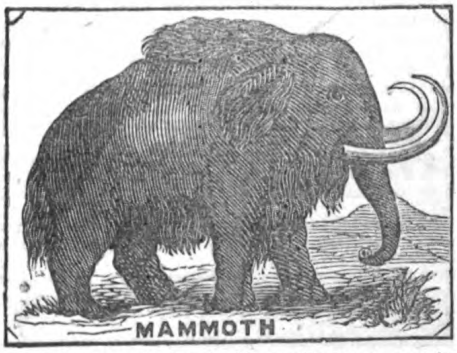

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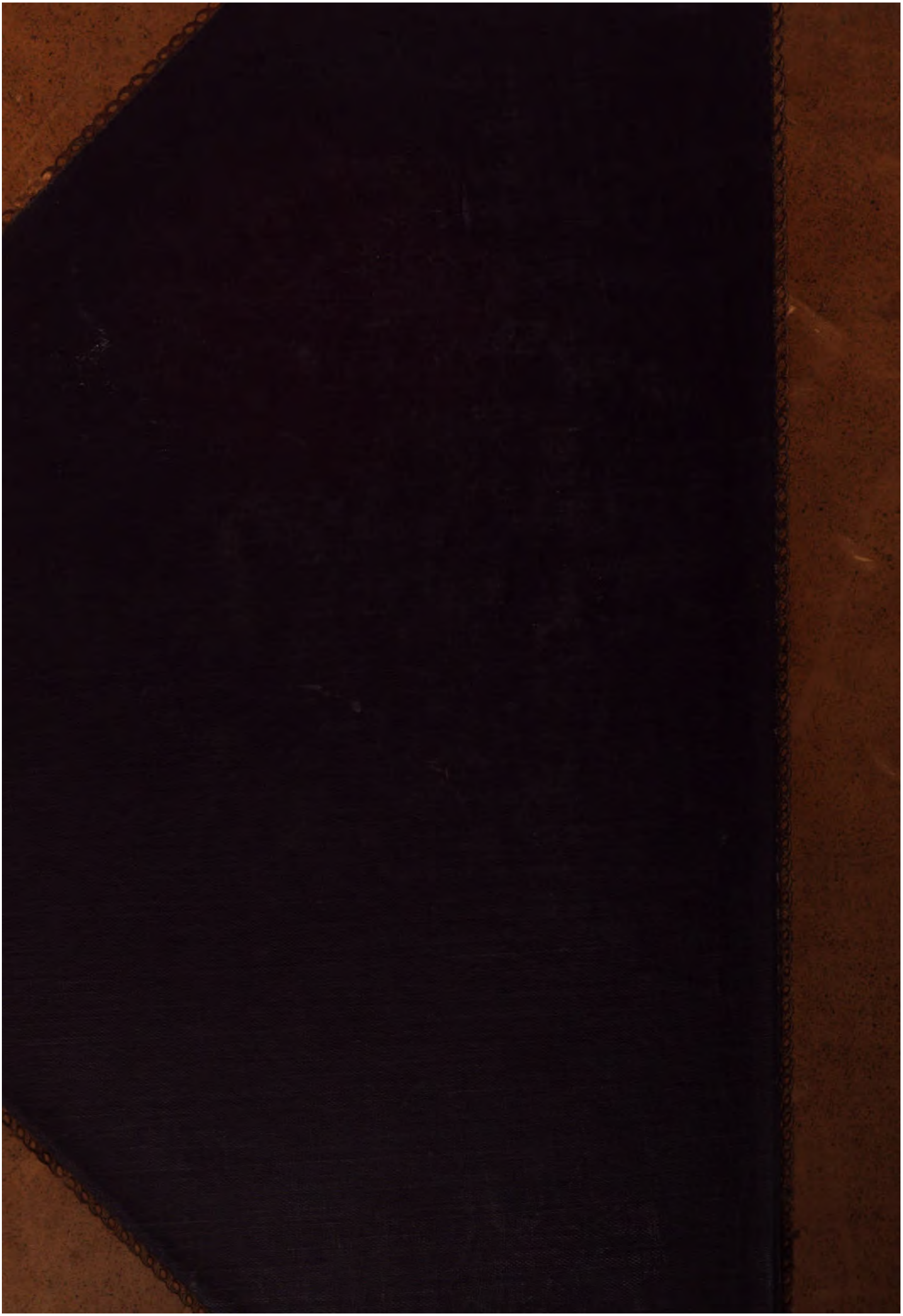
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